Local Members' Interest
NA

Safe and Strong Communities Select Committee – 12th December 2016

Transforming Care Partnerships – Adults Safeguarding Implications

Recommendations

1. That Members of Safe & Strong Select Committee consider the progress made towards the development and implementation of the Transforming Care Programme; and

2. Members consider the findings of the needs assessment and give their thoughts on priorities for development and next steps.

Report of Cllr Alan White, Cabinet Member for Health, Care & Wellbeing

Summary

What is the Select Committee being asked to do and why?

3. This report updates the Committee on progress made on the development and implementation of the Transforming Care Programme following its sign-off by Cabinet on 18 May 2016, and the request by Members to understand the safeguarding implications arising from the above.

4. Since this time, the local programme has made significant progress in scoping the needs of the existing in-patient cohort and mapping the current admission, discharge and Section 117 preventing re-admission pathway. However, discharging people from long-term in-patient care has proved more challenging. The reasons for this are set out in this report together with the proposals for development of the local provider market and a Dynamic Purchasing System to support patient discharges and develop a new model of care to support people to live in the community.

Report

Background

5. The Transforming Care Programme is a national programme that was set up following a slow and limited response to the Winterbourne View scandal which highlighted the abuse of some long-term in-patients with learning disabilities and/or autism. Led by NHS England, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), the programme aims to transform the way services for children, young people and adults with these diagnoses, including those with mental health conditions or challenging behaviours, are commissioned and delivered. It aims to reduce the current reliance on in-patient treatment, often for long periods of time in locked facilities far from home.

6. The programme will stop people being referred to hospital inappropriately, provide the right model of care so people can live in the community, either at home or in more supported settings, and drive up the quality of care and support for people with these diagnoses. The programme will achieve this through the delivery of a:

   a. New national service model to provide support to live in the community

   b. National resettlement programme to move service users out of hospital/care home settings into more appropriate local accommodation. The programme aims to reduce reliance on in-patient beds, which result in the closure of some facilities.
   The programme will be underpinned by more appropriate, personalised models of care and provision of support for people closer to their families. Nationally, local partnerships should the new service model should be in place by March 2019, alongside completion of patient discharges and the associated bed closure programme.

7. The Transforming Care Partnership Plan was brought to the Healthy Staffordshire Select Committee on 10 May prior to its approval at Cabinet on 18 May 2016. Questions at the time were raised regarding the financial implications for our care budgets arising from the discharge of in-patients from long-term health settings into the community, which are currently being negotiated with the CCGs to limit the impact.

8. The Select Committee is being asked to review the progress made towards to development and delivery of the proposals set out in the Staffordshire and Stoke Transforming Care Partnership Plan, which was approved by NHSE in May 2016. This set out how the Staffordshire County Council, Stoke on Trent City Council and the six local Clinical Commissioning Groups will work together to deliver the discharge and resettlement programme from long-term in-patient settings and to commission and deliver the new service model to support this cohort to live in the community.

Staffordshire & Stoke on Trent Transforming Care Partnership

9. The Staffordshire and Stoke on Trent Transforming Care Partnership is a commissioner led partnership, which brings together Staffordshire County Council, Stoke-on-Trent City Council together with the six local Clinical Care Groups (CCGs), NHS England and patient representation via Health Watch to plan and deliver the programme.

10. The cohort of individuals affected by the resettlement strategy for Staffordshire and Stoke currently stands at 53 per NHS data submitted. This is a moving population as admissions to an inpatient setting can vary from week to week. NHSE have set all local partnerships a trajectory for discharges with an aligned bed closure programme to release funding to fund the development of services and support needed to prevent admissions and support people to live in the community leading satisfying and valued lives.

11. Since the programme was established in January 2016, the initial focus was on developing a Transformation Plan and then on carrying out a detailed needs assessment of the current in-patient cohort to understand where they are now, where they want to be and their current and future needs. The needs assessment highlights a local need for accommodation, support and provision for people with autism, challenging and forensic behaviours, particularly in Stoke and the south of the county. These needs

will be reflected in updated commissioning intentions for health and care for all-age disabilities.

Findings from the Needs Assessment and Review of Current Pathway

12. The current “AS IS” pathway for admission, discharge and preventing re-admission have also been mapped with local health providers and included engagement and consultation with people with lived experience, their families and carers to identify issues with the current pathway to support it re-design. Review of the current patient pathway has found that the current system is reactive and focussed on the assumption of admission.

13. The needs assessment highlights that there is a need to:

    a. design integrated, joined-up approach for the whole of Staffordshire with all providers following the same pathway so that all patients experience the same
    b. proactively manage the barriers to discharge – funding, lack of providers and the lack of the right placement.
    c. ensure providers actively plan for discharge during in-patient treatment
    d. develop alternatives to admission, such as respite, in the community and provision of on-going support and upskilling of care providers to prevent admission.
    e. develop the market to make sure commissioners have the right providers, for the person in the right place.
    f. involve social care throughout admission and discharge process
    g. develop integrated health and care teams
    h. pool funding and integrate commissioning

Next Steps

14. As part of the next phase of the programme, commissioners from health and care will work with providers to re-design the pathway to agree one way of working across north and south of the county based on true partnership working between health and care. This will include reviewing the Multi-Disciplinary Team meeting so health and care staff work effectively to ensure timely discharge.

15. The needs assessment demonstrates a new for new ways of working and alternative provision to that currently available in Staffordshire and Stoke. Commissioners are currently conducting a gap analysis between need and current provision to see what support and services need to be developed – this will include flexible, short term respite accommodation and enhanced crisis support to help people stay out of hospital. It is likely to include enhanced intensive community support for complex needs and development of a step-up/step-down approach recognising that some individuals will need additional support at certain times.

16. To overcome funding issues over whether patients have a health or care need, commissioners will establish a virtual pooled fund. Work to establish a combined Dynamic Purchasing System with Stoke City Council, local CCGs and NHSE has commenced. This will work alongside existing frameworks the Council has negotiated to provide health and care needs for the TCP cohort and other complex needs that are not covered by existing procurement frameworks, which will be set up in 2017 alongside market and workforce development activity.

17. In addition, further work is planned with ASIST, a local voluntary and community group who supports people with learning disabilities, who have been commissioned by CCGs to support identification of accommodation, forensic and community service needs and to support the re-design of any new services and support. This has been funded by national transformation funding for partnerships and will add to the existing service user, family and carer engagement as part of the pathway mapping.

18. Alongside developing the new service model, commissioners are also progressing the discharge of individual patients with patients and their families supported by advocates from ASIST in the Care and Treatment Reviews. However, the pathway review shows that there is still more that can be done to support patients and to actively plan for their discharge, which will be reflected in the re-designed pathway.

19. In some instances, these are highly complex individuals who have been in institutionalised care for a number of years. Focus is therefore being given to ensure that they are discharged safely, receive the right care and treatment and are in the right environment. In some cases, where there are forensic needs, this may mean they are still cared for in secure environments but that these will be more home-like settings with appropriate care and support.

20. The Council has robust policies and procedures and risk assessment processes in place to support patient discharges so that nobody will be discharged unless it is safe to do so. A key focus of the local partnership is development of the market to support the Transforming Care cohort and other people with complex needs so that there is sufficient, appropriate and high quality local provision to support people in the community. Alongside this, the programme will focus on workforce development to ensure that there is an appropriately qualified and empathetic workforce to support people with dignity.

21. Negotiations are also on-going between the Council and CCG partners to ensure that discharge programme does not result in a cost pressure to the Council as people are discharged from health setting into the community and care. An outline proposal has been produced setting out guiding principles to support to ensure the Council limits the cost and liability associated with the discharging patients when they transfer from health to care budgets. Once agreed in principle, this will need to be reflected in a signed legal agreement.

22. The programme is being led by the Transforming Care Partnership Board, supported by a Steering Group of lead commissioners for this cohort and the Transformation Support Unit. There are also a number of work-streams and task and finish groups to progress activity. An operational providers group has also been established, which will support the re-design of the pathway.

23. Transforming Care Partnerships are required to have discharged patients and delivered of the new service model by end March 2019 with progress monitored regularly by NHS England. A high level plan is set out in Appendix X showing key areas of activity so members can see the general scheduling. Now the main body of the needs assessment and “AS IS” mapping has concluded, the focus moves into the the re-design and commissioning of new services during 2017 and 2018.

24. Further reports to Cabinet, Select Committees and Safeguarding Boards will be brought to update on progress or to support key decisions.

Link to Strategic Plan

25. The Transforming Care Programme aims to improve the lives of disabled people in Staffordshire across all three Strategic Priorities but in particular:

    a. Be healthier and more independent
    b. Feel safer, happier and more supported in and by their community.

Community Impact

The CIA for the Programme has been updated and included below for reference.

	Impact Assessment	
SCC's Priority Outcomes & Impact Areas	**Impact**	**Provide brief detail of impact**
Prosperity, knowledge, skills, aspirations	Positive	The programme support people with a learning disability (LD) and/or autism to lead active lives in the community and improve their life chances.
Living safely	Positive	The programme will move current in-patients out of hospital/care home settings into more appropriate local accommodation and provide support live safely in their own homes just as other citizens expect to.
Supporting vulnerable people	Positive	The programme will ensure people with a LD and/or autism have the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. The national programme has a strong emphasis personalisation.
Supporting healthier living	Positive	The programme will ensure that people with a LD and/or autism have better health. It will deliver redesigned health and care pathways and support a resettlement programme for long-term in-patients into more appropriate community settings. The new service model will provide

		support to delay or prevent in-appropriate admissions to secure hospitals and in-patient facilities.
Highways and transport networks	Neutral	No direct impact.
Learning, education and culture	Positive	The programme will engage education providers and the Transitions Team to support life-long learning.
Children and young people	Positive	The programme aims to improve the life chances of people with a LD and/or autism including children and young people.
Citizens and decision making, improved community involvement	Positive	The national programme aims to deliver a shift in power to individuals with an emphasis on personalisation and giving greater control to service users, their families and carers.
Physical environment including climate change	Neutral	No direct impact.
Maximisation of use of community property portfolio	Positive	As part of work to deliver the resettlement programme, the local partnership will conduct a review of current accommodation provision to see if this meets current needs and whether there are opportunities to seek national match funding to deliver improvements, which may include consideration of existing community property portfolio.
Equalities Impact	**Impact**	**Provide brief detail of impact**
Age	Positive	The programme will improve the life chances of all people with a LD and/or autism. The programme focuses on people with a LD and/or autism
Disability	Positive	
Ethnicity	Neutral	No impact identified as part of the analysis conducted.
Gender	Neutral	
Religion / Belief	Neutral	
Sexuality	Neutral	
	Impact / Implications	

Resource and value for money (in consultation with finance representatives)	Contained n paragraphs 15 and 16 of the report.
Risks identified and mitigation offered (see corporate risk register categorisation)	There is a need to confirm the numbers and needs of any service users transferring from NHS care to social care. NHS England has not currently published any guidance on how the funding will be calculated, which remains a significant risk to the Authority. Work to confirm the numbers, need and financial pressures on the social care budget is on-going.
Legal imperative to change if applicable (in consultation with legal representative)	None directly arising.

Contact Officer

Report Commissioner: Nichola Glover-Edge
Job Title: County Commissioner for All Age Disability and Wellbeing
Telephone No: 01785 895186
Email: nichola.glover-edge@staffordshire.gov.uk

Appendices/Background papers

None.