

## Health and Wellbeing Board

10 May 2023

### Update on Transforming Care, Learning Disability Commissioning Strategy and Think Autism Strategy



## Report of Sarah Burns, Joint Head of Integrated Strategic Commissioning for North East and North Cumbria Integrated Care Board and Durham County Council

### Electoral division(s) affected:

Countywide

### Purpose of the Report

- 1 To provide the Health and Wellbeing Board with an update in relation to local delivery and progress of the Transforming Care Programme, incorporating a brief update on the Joint Health and Social Care Learning Disability Commissioning Strategy (2019-2022) and the Think Autism Strategy for County Durham (2018-2022)

### Executive summary

#### Context

- 2 The legacy impact of the pandemic on the entire Health & Social care system, not least community care and support services, continues into 2023/24. The post Covid 19 landscape in healthcare and social care has been affected by a reduced available workforce and rising costs for current and planned development projects, ultimately impacting on timescales for delivery. Case managers and community teams continue to support people in the community, although several community social care and nursing services are facing noticeable pressures relating to increased anxiety and associated behaviours that challenge. Whilst there have been several successful discharges to the community, the acuity of some patients and the need to ensure that there is a safe and stable community package of care has resulted in the pace and trajectory of inpatient discharges being impacted.
- 3 Nevertheless, the focus to deliver Transforming Care objectives continues to remain strong in County Durham through the local planning mechanisms: Transforming Care Partnerships, Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) working to deliver the NHS Long Term Plan commitments for learning disability and autism locally and across the North East and North Cumbria (NENC) region.

## **Reducing the reliance on inpatient provision**

- 4 Working as a system, the NHS and Local authority partners are continuing to develop responses to address the over reliance on inpatient care. Delivering the key NHS Long Term Plan ambitions and transforming the way communities are supported, there is a clear goal that by March 2024 no more than 30 adults (with a learning disability and/or who are autistic) per million adults and no more than 12–15 under 18 years (with a learning disability and/or who are autistic) per million are cared for in an inpatient unit.

## **Community developments**

- 5 Two key accommodation-based developments are in progress, which will form part of the joint health and social care response to increase our housing and support provision in County Durham, alongside supporting people to develop their life skills to promote independence.
- 6 The strategic needs assessment of people with a learning disability and people with autism is constantly under review to enable services to be shaped around current and future demand. Plans for the commissioning of specialist accommodation and support over the next five years are being developed and implemented.

## **Recommendations**

- 7 Members of the Health and Wellbeing Board are recommended to:
  - a. Note the progress made with plans for new community services for people with the most complex needs including the use of the Community Discharge Grant, which will support the Transforming Care objectives over the next year and in the longer term (noting the case studies in Appendix 2).
  - b. Receive further regular updates to retain oversight of the Transforming Care agenda.

## Background

- 8 The background to the Transforming Care programme has been included in previous reports to the Health and Wellbeing Board, for example the 'Learning Disabilities and Transforming Care Update' presented on the 17 September 2019 and the update reports in March 2021 and May 2022. Regular updates have also been shared with the Local Safeguarding Adults Board.
- 9 This report aims to give an overview of the progress made with the strategic priorities, with a clear focus on Transforming Care. This update is from the perspective of the Integrated Strategic Commissioning service within the County Durham Care Partnership and takes into account the impact of the Covid 19 pandemic on service delivery and strategic objectives.

## Current position- Inpatient Trajectory

- 10 In line with Integrated Care Board (ICB) Planning Guidance, ICBs are expected to reduce the inappropriate hospital occupancy of people with a learning disability, autism or both to meet a planned trajectory. By the end of the financial year of 2023/24 the ICB across the whole of NENC region is expected to commission an adult inpatient capacity of 72 total inpatients including ICB and Secure beds. In terms of Local Durham sub-ICB this would equate to 13 adult inpatients beds per million adult population, and 17 adult inpatients in NHS England-commissioned specialist (secure) beds per million adult population. Table 1 sets out the local Durham current inpatient position as of the end of Q4 2022-2023. This shows that the number of inpatients (26) has not yet reduced to target levels (16 inpatients).

*Table 1- Inpatient Position Q4 22/23*

NCNE ICB	Q4 Target	Q4 Actual
County Durham Inpatients	6	15
County Durham Secure Services Inpatients	10	11
Totals	16	26

- 11 Of the 15 ICB County Durham inpatients within trajectory scope, 11 are within NHS Mental Health inpatient settings and 1 person is within an

Independent Sector Hospital setting, 2 are within Forensic rehabilitation services, and 1 person is in a Learning Disability and Autism specific hospital.

- 12 Table 2 shows the position across NENC as at 10<sup>th</sup> March 2023, as an actual and against the trajectory. Again, the number of inpatients has not reduced down to target levels.

*Table 2-NENC Position March 22/23*

Trajectory 2022-2023 Regional NENC	Secure	ICB
Q4 Planned	68	57
Actual as at 10 <sup>th</sup> March 2023	76	85
Variance	+8	+28

- 13 During September 2021 a five-day design event was held to develop proposals for adult learning disability inpatient services that would meet the needs of the local populations across the Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) footprint. An important feature of this work was the various factors that had given rise to the current inpatient challenges, including changes in demand, levels of acuity, and community social care and workforce capacity. Community developments are vital in delivering alternatives to admission, such as respite breaks, safe spaces, and workforces sufficiently skilled to support people with often complex and challenging needs.

## **Community Developments**

- 14 Several new developments are underway. These services will be supported by the Specialist Health Team and integrated community teams, ensuring relevant expertise is on hand to support providers and help develop their skills and competence in working with people who have complex needs.

### **Whitebeam Gardens, Harelaw**

- 15 Ground works have commenced at the specialist supported housing development, Whitebeam Gardens at Harelaw in Annfield Plain. This £3.35m eco-friendly scheme, with Capital funding from NHSE, Durham County Council (DCC) and the housing Provider Choice Support, and a contribution for the Community Discharge Grant, will offer sustainable,

flexible housing to support adults (18+) with learning disabilities and autism with complex needs.

- 16 The new supported living service at Harelaw will help people to maximise their potential and remain as independent as possible through the use of assistive technology, skilled support staff and focused rehabilitation. There will be six properties, four longer-term homes, and two step up/step down properties, allowing people to progress at their own pace and in response to their own needs. It is envisaged there will be an option for the step-down/step-up homes within the development to become permanent if required.
- 17 DCC, County Durham Clinical Commissioning Group (CCG) and the Mental Health and Learning Disability Partnership, NHS England and the housing provider, Choice Support, have worked in partnership to plan the service. DCC has commissioned Embracing Care as the care provider for the service. The aim is for the new service to be operational by Summer 2024.
- 18 DCC and the ICB determined through their commissioning planning that there is currently a need to increase provision within County Durham for people with learning disabilities, and or autism, and other associated mental health conditions; at least two new accommodation developments will be required within the next three to five years. Following approval of the Integrated Commissioning Service's Specialist Accommodation plan, the options appraisal for 'Transforming Care 2' will commence.

### **Hawthorn House**

- 19 DCC are progressing plans to develop 2 self-contained, single occupancy units for use as a short term "step-up/step down" service in Hawthorn House in Durham, which is an in-house residential respite service and forms part of County Durham Care and Support within Adult and Health Services. The service will help people with learning disabilities, including those with autism to transition out of hospital or prevent hospital admission, enabling those in a crisis to receive the right care at the right time from appropriately trained and skilled staff in a safe environment.
- 20 DCC and County Durham CCG/ICB agreed to share the capital costs to adapt the current building and the ongoing revenue costs required for the project. Construction and renovation works are due to commence in November 2023 with the property expected to be fully operational by January 2024.

### **Other new developments**

- 21 Two more new supported living developments for people with learning disabilities and autism have been progressed in 2022/23 following

business case approval. While not specifically Transforming Care projects, they have been developed to increase capacity to meet current demand, accommodate a small number of people leaving hospital and to prevent hospital admission. These are Woodland View in Stanley for 19 people (5 bungalows and 14 self-contained flats) and Prince Bishops Court, Kimblesworth, near Chester-le-Street (5 self-contained flats for people).

## **Local strategies**

- 22 The 'Think Autism in County Durham Strategy' Autism Strategy for children, young people and adults (2018/19 to 2021/22) was reviewed in 2022/23 in line with the new National Strategy for Autistic Children, Young People and Adults (2021-2026). As a result, the local strategy is being refreshed for 2023/24 -2025/26. It is expected that this will be presented to the Health and Wellbeing Board in July 2023.
- 23 The focus of the County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities (Adults and Young People aged 14+) has been the development of the needs-led Specialist Accommodation commissioning plan, the key priority of the strategy, which incorporates the Transforming Care objectives.

## **Regional Plans**

- 24 The Regional Disability and Autism Plan is bringing a wide range of partners together to:
  - Agree what works well and what needs to change
  - Make best use of regional and local opportunities
  - Deliver a focussed action plan to influence market shaping and regional developments
  - Make best use of current governance arrangements to deliver at pace change to the timeframe of hospital discharges
  - Implement agreed actions over the next two years.

## **The Community Discharge Grant**

- 25 The Community Discharge Grant (CDG) is allocated to local authorities to accelerate the discharge of patients with a learning disability, autism or both from learning disability and mental health hospitals into the community. The funding can be spent on costs associated with discharge, including establishing community teams, funding accommodation and staff training.

- 26 The CDG provides £62 million nationally over 3 years. The allocation to the North East and North Cumbria (NENC) was £1,292,915 for 2020-21 and £1,555,281 for 2021-22 and £1,779,000 for 2022-23 based on the number of actual and planned discharges for those periods.
- 27 Funding is allocated to DCC who is the nominated local authority for NENC Transforming Care Partnership, and a Memorandum of Understanding is in place naming DCC as the lead local authority. DCC allocates the funding to individual local authorities and coordinates the completion of a reporting tool to the Department of Health and Social Care (DHSC) for all of the 13 local authorities involved.
- 28 In 2021/22 DCC received c.£350,000 based on a figure of 23 actual and planned discharges from inpatient beds, which were commissioned by the CCG or Specialised Commissioning. For 2022/23 DCC received £399,883 from the CDG funding, based on 22 projected discharges from inpatient facilities.
- 29 For 2022/23, DCC reported to the DHSC that the CDG was used to speed up and facilitate discharges by paying for staff to aid the transition from hospital to community placements; providing furnishings and paying for rent or necessary works to be undertaken to secure housing and enable timely discharge.

## **Approach to Wellbeing**

- 30 Commissioning activity is already adopting the Approach to Wellbeing principles, e.g. for the planned Transforming Care services, consideration is being given to social value through service specifications and tender processes, which include collaborative commissioning and coproduction approaches. Local residents have been consulted through the planning processes, and the people who will be living in the new services and their families are being involved as much as possible in the design of the accommodation as well as care plans.
- 31 The new services are being commissioned to build resilience, maximise independence and improve outcomes for those who are currently in hospital or other restrictive environments. Commissioners are developing these services in partnership with health, social care and housing providers, working across different sectors to reduce duplication and have a greater impact.

## **Main implications**

- 32 Failure to develop our community services, the way that we support and keep people safe, will impact on the health and wellbeing of our learning disability and autism population. This would also present financial, political and reputational risks for the council and NHS in relation to increased hospital admissions, delayed discharges, poor quality of care and increased costs to the local health and social care system.
- 33 The development of the Specialist Accommodation Commissioning plan by DCC as part of Integrated Commissioning is a major step forward and will be the vehicle for much of the work to increase capacity in the system. However, the health and social care system are facing further challenges, particularly in relation to the increased admissions into Mental Health Services for people with Autism within the scope of Transforming Care. Further work to understand this and respond through local support systems, preventative resources, and wider partnerships is underway.

## **Conclusion**

- 34 Progress on meeting the Transforming Care trajectories has been impacted by the legacy of the Covid pandemic and the change in scope. This is likely to continue into the next financial year, and further progress may also be affected by additional requirements placed on commissioners by the NHS Long Term plan requirements, Quality Assurance guidance and changes to the Integrated Care System.
- 35 However, the political focus on Transforming care and the current local strategic priorities means that work to develop appropriate community services has continued over the last year. This has resulted in two business cases being approved for longer term and step-up/step down provision within supported living and residential care, which will be completed later in 2023/24.
- 36 There has also been a needs-led accommodation review, resulting in the development of a specialist accommodation commissioning plan for people with learning disabilities, autism and mental health issues. This outlines plans over the next 5 years to develop more suitable accommodation and support in the community, prioritising services that meet the Transforming Care objectives. Plans will utilise existing funding resources where available and identify where any new build services are required.
- 37 When these developments come to fruition, the broadening of appropriate community support and improved pathways will help facilitate hospital discharges and prevent unnecessary hospital admissions in the



future. They will also help improve health and social care outcomes and quality of life for individuals, as shown in the case study (Appendix 2)

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## **Appendix 1: Implications**

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### **Legal Implications**

Legal advice continues to be sought on all key aspects of new service developments.

### **Finance**

Capital and revenue requirements are incorporated into detailed business cases for new service developments

### **Consultation**

Consultation and coproduction approaches will be followed as part of new services developments and ongoing involvement in strategy implementation.

### **Equality and Diversity / Public Sector Equality Duty**

The strategic work outlined in this report aims to improve services for all people with learning disabilities and/or autism who may also experience mental health issues.

### **Climate Change**

No implications, climate change will be reference in service specifications for new services

### **Human Rights**

New developments and Quality assurance aims to ensure the human rights of people with learning disabilities/autism/mental health issues are protected.

### **Crime and Disorder**

No implications as a result of this report.

### **Staffing**

No implications as a result of this report.

### **Accommodation**

Referenced within the body of the report. New service developments may involve DDC owned land or buildings, as detailed in relevant business cases.

**Risk**

Risks of not delivering Transforming Care include poor outcomes for individuals and their families, unnecessary admissions to hospital, poor inpatient care, delayed discharges, increased costs to local health and social care system. Risks to completion/success of new developments required- impact of pandemic on timescales and commissioner and provider market capacity, workforce issues, political risks and financial risks (significant capital monies required dependent on successful bids).

**Procurement**

Contract Procedure Rules will be followed for all new services.