

## Health and Wellbeing Board

3 November 2015



## Fast Track Plan – Transforming Care for People with a Learning Disability

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**Report of Lou Okello, Senior Commissioning Manager, Joint Commissioning & Continuing Health Care, North of England Commissioning Support**  
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### Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on progress regarding the North East and Cumbria Fast Track programme.

### Background

2. During the 1990s and 2000s there were many resettlement programmes for people with learning disabilities. However, there is still an over reliance on hospital settings for the care of people with learning disabilities and/or autism. Following the Winterbourne View scandal and the Bubb report, the transformation programme was developed.
3. By improving community infrastructure, supporting the workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in systematic closure of learning disability in-patient hospital beds of the next 5 years across the North East and Cumbria.
4. The Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS with an emphasis on the oversight and support of Health and Wellbeing Boards.

### The Process

5. Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

6. The North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas have access to a share of a £8.2 million transformation fund to accelerate service redesign. An overarching North East & Cumbria (NE&C) plan (attached at Appendix 2) has been submitted with each of the 13 Local Authority areas also presenting their own plans alongside it which outline local initiatives that reduce the need for admission to hospital. An easy read version is attached at Appendix 3.
7. Notification was received from NHS England on 5th October that the North East and Cumbria had been successful in securing £1,432M from an available pot of £8.2 million. A further £672k has been withheld whilst business cases are developed which detail where double running/ transition costs are required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety. This information is currently being worked up by the Chief Financial Officer to the programme and will be submitted to NHS England for review.
8. It should be noted that the existing funding is not adequate in relation to covering the cost of the overarching plan and additional locality plans.
9. Money may need to be moved from one organisation to another and a dowry is a vehicle to do that. The dowry would be paid by NHS to Local Authority for those patients who have had an inpatient spell of 5 years or more and will be linked to the individual and will terminate on death
10. It is anticipated that the dowry would be paid for by the responsible commissioner at the point of discharge and will apply in prospective terms only. There will be no retrospective application
11. NHS England National team are working closer with the Local Government Association (LGA) around cases where there is a complex package of care, and looking at the affordability envelope – the cost of existing levels of care vs the cost of the new level of care will provide the affordability envelope for the dowry
12. There may be a requirement to move money between financial years and the Pooled Budget approach may be the best mechanism to enable this.
13. NHS England are developing the financial model using the working assumption of 5 years length of stay, prospective and linked to the individual. Further discussions are required with the LGA & Association of Directors of Adult Social Services (ADASS) regarding this and other financial principles.
14. Clearly however, further work is required in terms of building up a better picture of how many patients would be eligible for dowries and to understand the financial implications for the NHS and Local Authorities (LAs) but also to factor in the proposed investment in the future care model moving forward.

15. It is important to understand the geographic variation for possible dowry patients across the country. Therefore, any work that the North East & Cumbria can provide of numbers of dischargeable patients and the split of Continuing Health Care (CHC)/s117 funding going forward would help in understanding the cost implications across all the commissioners in the fast track area.
16. The ambition across the North East and Cumbria is to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There is also an ambition to reduce the number of specialised commissioning beds which are occupied by North East and Cumbria patients. This ambition relates to a 24% reduction in medium secure beds and 50% in low secure.
17. Across the North East and Cumbria there are a number different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.
18. In relation to governance Health and Wellbeing Boards will presumably expect progress updates and these can be provided from North of England Commissioning Support on a regular basis.
19. Whilst there is no expectation from NHS England that Councils' Overview and Scrutiny Committees will be consulted on detailed locality plans each Local Authority may wish to have conversations with their own committees to ensure members are aware of local progress. Furthermore the regional Overview and Scrutiny Committee are to receive the Fast Track plan at a specially arranged meeting in the near future. This will be presented by the senior responsible officer for Fast Track, Dr David Hambleton, the regional ADASS representative, Lesley Jeavons and Chief Operating Officers from Tees, Esk and Wear Valleys Foundation Trust and Newcastle, Tyne and Wear Foundation Trust.

## **Recommendations**

20. The Health and Wellbeing Board is recommended to:
  - Support and agree the plan, in particular the Durham and Darlington Locality Plan (attached at Appendix 4) which is embedded in the North East and Cumbria Fast Track plan.
  - Note the North East & Cumbria Fast Track - proposed trajectories attached at Appendix 5.
  - Agree to receive regular updates on County Durham's progress in relation to Fast Track implementation.

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## **Appendix 1: Implications**

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### **Finance**

Potential shortfall in funding arrangements.

Managing the financial consequences of supporting more people in community settings. Including:

- Funding released from de-commissioning inpatient services is less than the amount required for community based provision.
- Dowries and funding allocations insufficient with resultant potential cost shunt to Local Authorities.
- Potential to destabilise existing provider services.

### **Staffing**

Potential inability to recruit a skilled flexible workforce who can deliver evidence based care. Subsequent significant training and reskilling demands.

### **Risk**

Failure to deliver the agreed bed reduction trajectory.

The focus on 'bed closures' associated with the Fast Track programme may detract from the broader system wide transformation that is needed to achieve the safe and sustainable reduction in the number of people in an inpatient setting.

New community based support will require a significant lead in time.

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

No immediate implications although there is a potential impact on the rights of individuals who remain in hospital longer than expected due to a lack of appropriate infrastructure in community provision.

### **Accommodation**

Accommodation for alternative assessment and treatment provision will be required.

### **Crime and Disorder**

the Fast Track plan aims to support people who have potential risky criminal behaviour in their local communities.

### **Human Rights**

No immediate implications although there is a potential impact on the rights of individuals who remain in hospital longer than expected due to a lack of appropriate infrastructure in community provision.

### **Consultation**

Consultation with individual service users and their carers will take place as part of Community Treatment Reviews. Implications on staff currently employed in inpatient settings. Consultation will need to be undertaken with affected staff.

### **Procurement**

Potential procurement activity required for new models of delivery.

**Disability Issues**

Accommodation will need to be fit for purpose for people with a learning disability.

**Legal Implications**

Potential TUPE implications.