

**Transforming Care for People with Learning Disabilities (Fast Track Plan)**

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**Report of Louise Okello, Senior Commissioning Manager, Joint Commissioning and 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, a report was last received by the Board in November 2015.

**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 Sir Stephen Bubb Report, the transformation programme was developed. Since then the national plan Building The Right Support ([Link](#)) has been published which sets out the vision and ambition for achieving better care and life opportunities for people with a learning disability.
- 3 By improving community infrastructure, supporting the workforce, avoiding crisis, with 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 over the next five 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.
- 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. This arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

## Progress to Date

- 6 Since the plan was accepted “in principle” by local Health and Wellbeing Boards across the region, work has been ongoing to implement the recommendations and the following progress is expected to be achieved by March 2017.
- 7 The North East and Cumbria Transforming Care Programme Board (NE +C) has committed to reducing the number of beds by 42 by the end of March 2017. The trajectory for achievement of this is now being monitored across North East and Cumbria on a monthly basis.
- 8 Whilst there have been some concerns that the NE +C are admitting too many people to institutional care, NHS Trusts have confirmed that bed closure trajectories will be achieved by March 2017.
- 9 In terms of current activity, the total number of beds commissioned in County Durham are highlighted below:

<b>CCG</b>	<b>CCG Commissioned Patients Total</b>	<b>Specialised Commissioned Total</b>
Durham Dales Easington and Sedgefield CCG	8	10
North Durham CCG	11	15

- 10 NHS England (NHSE) have acknowledged that whilst good progress has been made there is still much to do to ensure that, where it is appropriate, people are cared for in the community and closer to home. The level of scrutiny linked with this programme of work is intense with weekly updates to the Secretary of State.
- 11 As part of the ongoing monitoring programme NHSE have asked the Senior Responsible Officer for the North East and Cumbria programme to closely scrutinise the following areas:
  - a. Community and post-admission Care and Treatment Reviews (CTRs) being completed for individual patients;
  - b. Achievement of planned discharge dates;
  - c. Resolution of any financial dispute cases;
  - d. A clear focus on the patients who have been in hospital for five years and moves towards discharges, where appropriate;
  - e. Review of cases where patients have been readmitted to identify any lessons learned.
- 12 The enhancement of intensive home support services to intervene early when individuals experience behavioural challenges, so avoiding crisis, is essential if hospital admissions are to be avoided. This provision needs to be available on an out of hours basis ensuring responsive specialist interventions can be delivered in a person’s home, wherever that may be.

- 13 From a County Durham perspective so far there have been some very positive examples of individuals being supported through enhanced joint working between the community provider and the specialist team from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). The October Transforming Care Board supported in principle; the proposed service models for community services that will support reduced admissions, and reduced readmissions and facilitate discharges for current in-patients. The proposal for a Secure Outreach and Transitions Team (SOTT) has been submitted to Regional Leadership Group (NHSE) for agreement. The SOTT is based on the nine principles of the National Service Model and has been developed by the Forensic Services at TEWV and Northumberland and Tyne and Wear NHS Foundation Trust and with experts by profession, and a series of co-production events with service users and carers. The CCGs are reviewing the community proposals as part of the current contract negotiations.

### **Communication and Engagement**

- 14 Within the previous update, reference was made to a presentation which was scheduled for the Regional Overview and Scrutiny Committee. This took place in January 2016 and an update presentation is scheduled early 2017.
- 15 The Regional Overview and Scrutiny Committee, whilst understanding of the need to improve the service offer to people with a learning disability, expressed concern regarding issues relating to bed availability and potential costs to Local Government. Information relating to such concerns is outlined in paragraphs 19-21 of this report.
- 16 A Confirm and Challenge Group, comprised of service users and carers, sits beneath the Transforming Care Board. Its role being to champion co-production and ensure the needs and views of users and carers are appropriately represented in relation to new service models.
- 17 Local implementation groups are also expected to evidence engagement with users and carers. It should be noted that any changes to an individual service user's care and treatment arrangements will be subject to usual Care Act assessment processes which mandate engagement with those directly affected.
- 18 The Transforming Care Programme is also part of the Sustainability and Transformation Plan (STP) for both North East footprints.

### **Challenges**

- 19 The Transforming Care Programme needs to be acknowledged in the backdrop of extreme financial pressures both in the NHS and Adult Social Care. The Health and Wellbeing Board will recall that in the previous update specific reference was made to the potential risks associated with dowry allocations which were limited only to a small cohort of learning disabled people. Concerns were also expressed regarding the lack of clarity on dowry allocations.

20 Representations have been made on the financial barriers to delivering on the new Transforming Care programme, particularly from the North East Region, led by Adult Social Care in County Durham. Limited capital funds have been made available and regional representatives are in discussions regarding the funding and affordability of individual care dowry payments. In addition, no additional revenue has been released to establish core provision in the community.

### **Recommendations**

21 The Health and Wellbeing Board is recommended to:

- Note the content of this report.
- Agree to support officers in continuing to lobby for the financial position of the Transforming Care Programme to be reviewed.
- Agree to receive a further update to a future Health and Wellbeing Board meeting.

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## **Appendix 1: Implications**

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### **Finance**

Potential shortfall in funding arrangements. Management of the financial consequences of supporting more people in community settings including:

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

### **Staffing**

Potential inability to recruit a skilled flexible workforce who can deliver evidence-based care including subsequent significant training and re-skilling 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 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 of staff currently employed in in-patient 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 (Transfer of Undertakings [Protection of Employment]) implications.