

7 September 2015**Agenda Item: 6**

REPORT OF THE SERVICE DIRECTOR FOR SOUTH NOTTINGHAMSHIRE TRANSFORMING CARE (WINTERBOURNE) UPDATE REPORT

Purpose of the Report

1. To inform Committee members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.

Information and Advice

2. In December 2012, the Department of Health's (DH) report Transforming Care: 'A National Response to Winterbourne View Hospital' was published. The report identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities and / or autism, particularly those that are identified as having challenging behaviour, so they can receive high quality healthcare and be supported to live in the community. At the same time a national Concordat Programme of Action was published backed up by a joint improvement programme led by the Local Government Association (LGA) and NHS England.
3. In June 2015, Nottinghamshire (Nottingham City, Nottinghamshire County and the seven Clinical Commissioning Groups (CCGs)) was identified by NHS England as one of five 'fast track areas' required to undertake a programme of work to transform services for people with learning disabilities and / or autism.
4. There is an expectation that the work undertaken across these five initial sites will be rolled out across the rest of the country.
5. As Nottinghamshire is one of the fast track sites, it will now be eligible for extra support to help us transform services. This is in the form of facilitation from NHS England, an initial £100,000 for the area and a chance to bid for a share of £10m one off funding, although it is likely this funding will have to be matched by the CCGs.
6. The other sites are:
 - Greater Manchester and Lancashire
 - Cumbria and the North East
 - Arden, Herefordshire and Worcestershire
 - Hertfordshire

7. To date we have done a lot of work around moving people out of in-patient care back into the community – thirty-four people to date, including people admitted to the Assessment and Treatment Unit (ATU) with nowhere to return to upon discharge. The aim of the fast track is to transform the way services are commissioned and delivered to stop people being referred to hospital unnecessarily – this means that there should be less in-patient beds commissioned and alternative crisis services available as well as the development of more on-going long-term accommodation and support solutions.
8. Nottinghamshire has been chosen because there are one hundred and eighty in-patient beds for people with learning disabilities and mental health / challenging behaviours within the county boundaries. However, Nottingham and Nottinghamshire only commission approximately forty-five of these. There are another twenty-two people in hospitals out of county who are from Nottinghamshire or Nottingham City. We are, however, expected to help with the hospital closure programme by reducing the need for in-patient beds so this is likely to mean some work with other authorities to ensure that they are working towards moving people out of Nottinghamshire hospital beds.
9. The initial letter informing us we were a fast track authority was received in early June with an NHS England briefing event taking place on 10 July.
10. Each fast track area is expected to create a plan by early September to show how they will develop services locally to prevent new hospital admissions and support people appropriately within the community.
11. A draft national service model has been produced to help guide the development of these plans, giving suggestions for how future services can be shaped.
12. New guidance has also been released around Community Treatment Reviews (CTR) which should be undertaken for all people in hospital within two weeks of them entering hospital and then at least annually. However, these reviews also need to be undertaken for people deemed to be 'at risk' of entering hospital. Health colleagues in the Community and Treatment Teams are keeping a record of people whom they feel may be at risk of hospital admission. The aim of the community CTR is that commissioners and practitioners and family and providers can get together to try and put in place strategies to prevent hospital admission. A key to this is having suitable accommodation and support options when people are at a time of crisis but also to help prevent the crisis in the first place.

Progress in Nottinghamshire

13. In Nottinghamshire we already had a Transforming Care Board which has been working on moving people out of hospital and has also begun to explore issues around prevention of new hospital admissions.
14. To establish cross-system governance arrangements for transformation across city and county, a new programme board has been set up with representatives from all seven CCGs, NHS England Specialised Commissioning (which commissions secure hospital placements on behalf of the CCGs) and both local authorities. The senior Responsible Officer is Sally Seely from Nottingham City CCG with Caroline Baria acting as deputy.

15. The board has worked with NHS England to draw up a package of support to help with the transformation project.
16. The board is drawing up a joint plan for transforming services, against a national template, including bids against a central £10million transformation fund to kick-start service change in the latter half of 2015/16.
17. This is a very challenging timescale but Nottinghamshire is in a good position to be able to carry plans forward.

Financial implications

18. Potentially the CCGs are required to make match funding against the £10million bid, however, this issue has not yet been clarified.
19. Any Adult Social Care and Health (ASCH) spend to date for people leaving hospital and going into the community and the additional specific staff resource has come from a CCG funded 'Winterbourne pot'. However, this pot is not sufficient to cover predicted spend for 2015/16 and further discussions are being held with the CCGs around on-going funding, and a pooled budget is still being explored.
20. In addition to the spend clearly related to the project around moving people out of long stay hospitals, the requirement to keep people out of hospital often means increased levels of support in the community which may be fully or partly funded by social care. There is also an impact on staffing resource due to increased case management and involvement in all CTRs. The full impact of this is not yet known but will be monitored over the coming year.
21. Social care commissioners are also taking the lead in the development and commissioning of appropriate support and accommodation services.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That the Committee notes the national profile of this piece of work and six monthly updates, or more frequently if specific progress or issues to report, are sent to Committee on progress against fast track targets and the action plan.

Constitutional Comments

23. Constitutional Comments are not required as the report is for noting only.

Financial Comments (PF 13/08/2015)

24. Financial implications are contained within paragraphs 18 to 21. The Winterbourne Reserve had a balance of £1.01million as at the 1 April 2015, and additional funding is required to cover predicted spend in 2015/16, with additional long term funding solution required thereafter.

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Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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