

12 May 2014**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR SOUTH NOTTINGHAMSHIRE****WINTERBOURNE VIEW PROJECT 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 (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, 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.

Work with service users

3. The below table indicates the position as at 5th March 2014 regarding each individual service user identified as being as part of Nottinghamshire's Winterbourne cohort. The table shows the status of patients remaining in inpatient settings, the numbers of patients already discharged and new admissions to locked rehab and secure inpatient settings. There are currently 55 patients with learning disabilities in inpatient settings (this excludes new admissions to ATU).

CCG	Not ready for discharge	In active treatment or on s37/41 – may be ready for discharge soon	Ready for discharge by 1 June 2014	Already discharged	New Admissions
Bassetlaw	2	2	3	3	1
Newark and Sherwood	3	3	3	2	
Rushcliffe	0	2	0	1	3 (one from low secure and one Asperger's case added)
Nottingham North and East	1	0	0	1	
Nottingham West	1	1	0	0	
Mansfield and Ashfield	2	0	7	0	1
Low, medium and High Secure	18		0	1	2
Total	27	7	13	8	7

4. There were a total of 28 patients originally identified in the 'ready for discharge' category from locked rehab and ATU. One of these patients has stepped up to low secure and 8 have been discharged to date. Three of these are unable to leave hospital by June 2014 due to their Section 37/41 status. The criminal courts can use section 37 if they think a person should be in hospital rather than prison. A section 41 is a restriction order which can be added to a section 37 if there are concerns about public safety. These people will need Ministry of Justice agreement before they can move back to the community and this has not been granted yet. There have also been three patients who it was thought would be ready by June but who are still benefitting from active treatment and are not yet ready to leave locked rehab.
5. There are currently a total of 13 patients identified as 'ready for discharge' by 1st June 2014. It is currently expected that 12 of these individuals will leave hospital before the 1st June 2014. Together with the 8 that have already moved out this is 20 people who will have moved out of hospital back into the community as part of the Winterbourne work and this is all of the people who are currently deemed ready to leave with the exception of 1 person. This discharge is likely to be delayed by about two weeks, to mid-June, at the request of the family who have only recently been in agreement that he should be discharged.
6. There have been three new patients with a learning disability admitted to locked rehabilitation out of area placements since the start of the project. There has been one new patient admitted to low secure and one to medium secure since 31st March 2013 as far as our information indicates but there is no recent information from NHS England to confirm the position in secure services. This is due to information sharing restrictions between NHS England and the CCGs which are currently being addressed.

7. To meet the June 2014 deadline four service users will move to an interim residential care placement whilst they wait for their supported living accommodation to be built and this is expected to be ready in October 2014.
8. The 4 individuals moving into the interim residential placement in May are piloting a new type of service where the future supported living provider is seconding staff to the residential care home so that they will move with the service users to their permanent placement. If this is a success, then we are likely to repeat this way of working in future with up to 8 bed spaces.

Reducing hospital admissions/length of stay going forward

9. Transforming Care highlighted the need to reduce the number of inappropriate admissions to hospital and, once admitted, ensure that an appropriate standard of care is being delivered. Patients should then be discharged in a timely manner as soon as it is appropriate to do so.
10. Following the discharge of patients from hospital as part of the Winterbourne View work there will be the need to support more complex people in the community. We need to ensure we have enough resources in place to do this as well as the correct range of services. A piece of work is being carried out to assess the ability of community services to meet the needs of the increased numbers of people with challenging behaviour in the community.
11. By June 2014 there will be net increase of 16 people with complex needs who need to be supported in the community following discharge from hospital since March 2013. Going forward there will be an estimated net increase (i.e. more people leaving hospital than going in) for the next 2-3 years of about 3 people per year and it is likely that there will also be 3 people per year on average who are new to community services (either because they were previously funded by another authority or because they are coming through transitions or because they were previously living with carers with low or no support packages). Therefore we are estimating an additional 34 people with challenging behaviour and complex needs who will be new users of community services in Nottinghamshire by 2017.
12. There are already a range of services in Nottinghamshire that address the issues identified in Transforming Care. (Community Learning Disability Teams, Community Assessment and Treatment Team, Asperger's team, residential care and supported living and day services). However, there are some areas we need to strengthen that have been identified which are detailed below.
 - Make sure all patients at risk of being admitted to hospital have had involvement from the CATT team to avoid this outcome wherever possible.
 - Ensure that there is health input into meeting the needs of people with Autism in relation to diagnosis, occupational therapy and speech and language therapy.
 - Ensure all patients placed out of area continue to have involvement from their Care Co-ordinator. The Care Co-ordinator is key to ensuring the development of appropriate discharge plans so this can potentially delay discharge.

- Ensure availability of suitable housing as the length of time it can take to set up an appropriate community package can lead to lengthy delays in discharge or the admission of someone to hospital simply because they have nowhere else to go.
- Ensure improved quality monitoring of placements and care co-ordination of patients that are 100% funded by health (through Continuing Care arrangements) in the community and in hospital. It is not usual practice for patients to be funded in hospital through Continuing Care but this does sometimes happen.
- Ensure the continuation of skilled care managers to meet the needs of people with behaviours which challenge following the changes to adult social care teams.

13. A joint strategy for meeting the needs of people with challenging behaviours is being written and a first draft will be available shortly. It will address future accommodation and provider development; resources required and early intervention to prevent admission where possible, including the development of a trigger system to identify people who may be most at risk from admission to hospital, including people coming through transitions from Children's Services.

14. Work is being undertaken to develop Providers who have key skills and knowledge for working with people with challenging behaviours and complex needs. Bids are currently being sought via the Care, Support and Enablement tender to run Supported Living Plus services which are specifically aimed at supporting individuals with complex and challenging needs. Work has also been undertaken to identify residential homes who have the capacity and skills required to work with service users with challenging behaviour.

Case-studies of service users

15. The attached document is enclosed to give members an idea of the needs of people moving out of hospitals.

Financial implications

16. Work is on-going to agree the baseline costs for inclusion in a pooled budget. To date, the proposal is that the following budgets will be included in the pooled budget:

- The costs of people in locked rehabilitation beds not funded as part of the contract with Notts healthcare trust.
- The costs of people living in the community who are under a section 117 (this means they have previously been in hospital under a section).

17. Individuals are being identified and the cost of their care in hospital or the community for 13/14 will be put into the pooled budget.

18. It is proposed that the proportion of the funding identified in the initial pot for each partner will be in the same proportion as each partner would contribute for any over or underspends going forward. This has yet to be agreed between the CCGs as there is the potential for them to use their risk sharing arrangements.

19. Nottinghamshire Adult Social Care have identified a potential risk around this proposal in that there are a number of people with no health funding currently on a s117 who may either be entitled to health funding or should no longer be on a s117. Therefore it is proposed that there is a review of these individuals before the final contribution proportions are agreed.
20. While there have been savings made by moving people from hospital settings to the community, where people are moving out of Notts NHS Trust services or low secure, currently commissioned by The East Midlands Specialist Commissioning Group the funding will not follow the individual as there are block contracts in place. While the local Trust units will be used in preference to private providers in future as the amount of people in hospital at any one time is expected to reduce, there is likely to be an on-going cost pressure due to this and the net increase in people in the community requiring this level of support. Work is being carried out over the next 3 months to give a more detailed prediction, however, agreeing the proportion of contribution to the pooled budget is crucial to enable partners to financially plan for these cost pressures. This issue will also be raised nationally regarding the specialist commissioning contract.
21. It is proposed that joint funding will also be agreed for a half time project manager to continue the work relating to Winterbourne and to oversee the pooled budget. This is likely to be total cost of approximately £21,000 per annum.
22. There will also need to be agreement between the parties regarding the finance resource required by Notts County Council as the host for the budget.
23. There is the potential in future to include any additional funding required for the Community Assessment and Treatment Team and social care case management which is directly related to meeting the needs of more complex patients in the community.
24. A full financial report will be available by the end of May to enable each organisation to understand the initial contributions required for the pooled budget. It is anticipated that the initial pooling arrangements will be agreed by 1 July 2014.
25. The development of specialist accommodation in the community is not a straight forward process due to the need for bespoke accommodation adapted to meet the individual needs of people with complex behaviours and disabilities. To help support this process the Council has allocated up to £3m towards capital costs of new accommodation, some of which will be used to develop accommodation for present and future Winterbourne people. The new supported living accommodation is anticipated to be more cost efficient for some service users against the cost of residential care and this will bring savings to the Council over 25 years which will more than offset the original capital cost. These savings will on average amount to £728,000 per year for 25 years for all service users who are moved from institutional care to supported living.

Statutory and Policy Implications

26. 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

It is recommended that the Health and Wellbeing Board:

- 1) notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings
- 2) agrees to receive an update report in July 2014 more financial details around the pooled budget, including cost pressures going forward, and the Strategy for People with Behaviours which Challenge Services.

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Constitutional Comments (SG 17/12/13)

27. The Board is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 18/12/13)

28. The financial implications are outlined in paragraphs 24-28 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

Electoral Division(s) and Member(s) Affected

All