

13 March 2017

Agenda Item: 7

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING**

TRANSFORMING CARE

Purpose of the Report

1. To advise Committee on the current progress and barriers to delivering the Transforming Care agenda across the Nottinghamshire Transforming Care Partnership.
2. To seek approval for the establishment of a temporary 0.5 full-time equivalent (fte) Social Worker post (Band B) to undertake a social supervisor role until 31 March 2019.

Information and Advice

3. Nottinghamshire County and Nottingham City Councils and Clinical Commissioning Groups (CCGs) are working together in a Transforming Care Partnership (TCP - previously referred to as the Winterbourne View programme) in partnership with and reporting to NHS England. The aim is to reduce the number of people with learning disabilities and/or autism in long stay specialist mental health hospitals.
4. The programme is working towards this aim in two ways:
 - a. by moving existing people out of long stay hospital and
 - b. trying to prevent new admissions to hospital.
5. There are annual targets across the partnership which reduce the hospital population for this cohort from 75 at April 2016 to 36 by March 2019. By the end of March 2017 the target was to have reduced the hospital population to 65.
6. 2016 quarterly targets with performance to date are as follows.

	30/6/16		30/9/16		31/12/16		31/3/17
	Target	Actual	Target	Actual	Target	Actual	Target
Total	73	70	71	71	69	80*	65

*(NB – 41 of the above are County CCG service users and 39 are City CCG).

7. For the first two quarters of 2016/17, the partnership was on target as it had been moving people steadily out of hospitals into either residential care or, in Nottinghamshire, more often than not into supported living.
8. However, results at the end of quarter 3 showed an increase in admissions across the partnership, particularly for Nottinghamshire and a slow down in the number of people being moved out of hospital meaning that it is unlikely that the year-end target of 65 people remaining in hospital will be reached.

Factors that have specifically impacted this quarter

9. Three people were admitted to mental health beds in quarter 2 and have been diagnosed with autism whilst inpatients. They did not therefore meet the Transforming Care criteria until receiving the diagnosis.
10. Two of the above people do not originate from Nottinghamshire but were subject to custodial sentences at HMP Nottingham and due to the operation of the Responsible Commissioner guidance have been allocated to Nottingham City CCG though may not be the responsibility of Nottingham City Council.
11. Two discharges have been held up due to delays created by the necessity of going through the Court of Protection to implement Deprivation of Liberty Safeguards for the community placement.
12. One discharge was delayed due to social supervision being required and there being no available service. This is specific monitoring in the community of a person in hospital due to a criminal conviction – individuals referred to as restricted patients and for whom the Ministry of Justice requires ongoing monitoring reports.
13. There have been delays in developing the following necessary community services which are key to preventing admissions and expediting discharges:
 - Enhancement of the existing Intensive Community Assessment and Treatment Team (ICATT) who can offer specialist health support to individuals within the community as well as offering advice and support to carers, both paid and unpaid, on how to manage challenging behaviour. A new service specification has been developed but implementation has been delayed due to extended negotiations with Nottinghamshire Healthcare Trust on the required changes to the activity given the available financial envelope.
 - The TCP sought to commission a respite service that offers an alternative to a hospital admission for those that do not require hospital but do need to leave their current accommodation. However, there was insufficient interest from the provider market and so additional work has been undertaken, including further market engagement, to inform changes to the service specification. A further tender is currently underway to procure this service.
 - The availability of community placements as the residential market has not substantially grown in the area of challenging behaviour and due to the current uncertainty over future

funding of supported accommodation, no new supported living developments have happened during 2016/17.

- Providers continue to experience difficulties in recruiting skilled experienced staff as carers, despite providers offering enhanced training, management support and, in many cases, higher levels of pay, due to the enhanced supported living plus hourly rate or senior staff rate in care homes paid by Nottinghamshire County Council.

Mitigating actions

14. These are as follows:

- Care and Treatment Reviews are being carried out wherever it is identified there is a risk of hospital admission, where relevant professionals and people who know the person meet together to consider and plan support to prevent hospital admission.
- Meetings are taking place to finalise the additional ICATT service which will be in place before April 2017.
- The TCP is going out to procurement for a second time with a modified service specification for the respite service following some market testing with providers.
- The TCP has successfully bid for some 'accelerated discharge' monies which will help to expedite discharges for five patients before 31/3/17.
- Successful capital bid to the Department of Health for £520,000 for supported housing and technology. Only £270,000 of this will directly be targeted at the Transforming Care cohort but provides the full purchase price of a single property and so holds no risk for housing provider development.
- Current bid for capital into NHS England for the development of further supported living properties.

15. In order to meet this requirement, it is proposed to establish a temporary 0.5 fte Social Worker (Band B) post until 31 March 2019, to link closely with the Forensic service, to undertake the social supervisor role for people with a Learning Disability, enabling discharge of patients who require monitoring to enable reporting to the Ministry of Justice.

16. In Nottinghamshire, the Forensic services, under Nottinghamshire Healthcare NHS Trust, provide the oversight of restricted patients who suffer from a mental illness. Nottinghamshire County Council fund two FTE Social Workers in the Forensic services, who take on the role of social supervisor for mentally ill patients. The Forensic services are not commissioned to undertake this service for people with Learning Disabilities and Intellectual Development Disorders, other than people with a mild learning disability, where this is not their primary need.

17. Funding continues to be a barrier for the partnership. The Government had envisaged that the closure of hospital beds would enable funding to move directly from hospital provision into the community, with the assumption that as community packages are usually cheaper

than hospital provision there would be enough funding for prevention and early intervention services to reduce the amount of people likely to go into hospital.

18. Much of the hospital funding is tied up in block contracts and held by Specialised Commissioning regionally. To date there has not been an agreed way forward nationally to release that funding and therefore there is a growing financial pressure on CCGs and the Councils for the provision of community services. Funding for individual packages is being found from within existing resources, putting financial strain on the community team budgets and Continuing Health Care budgets. Funding for additional prevention services is not currently identified.
19. In 2015 £1.2m transitional funding was provided by the Department of Health to Nottinghamshire TCP as a one off payment which was expected to be matched with CCG funding. The CCG match funding was identified from within current service provision such as existing spend on the ICATT with additional funding towards programme costs and undertaking Community Treatment reviews for people at risk of entering hospital. Social care has provided commissioning support and care management over and above 'business as usual' for the programme which is impacting on existing resources in both commissioning and front line services.
20. The £1.2m is set against programme costs (specifically related to co-ordinating the Transforming Care Board and working groups and undertaking reporting and monitoring directly to NHS England), enhancement of the ICATT and provision of the emergency respite service (for 1 year only) and advocacy.
21. Another bid is currently being submitted for 2017/18 and 2018/19 revenue funding but with only £20m for both years across the whole country, the contribution from NHS England is likely to be minimal.

Other Options Considered

22. The work of the social supervisor could be sent to the existing social workers in the Community Learning Disability Teams. However, this is felt not to be a satisfactory option as it is understood that this work necessitates a well-coordinated, multi-disciplinary approach, in a Forensic setting due to the management of risk under the direction of the Ministry of Justice. This specialist approach is accepted for people with a mental illness so it is felt that a similar level of expertise should be offered for people with a Learning Disability. By developing this post in the Forensic service, the post holder will be well supported by a team that specialises in managing restricted patients.

Reason/s for Recommendation/s

23. There are currently three people identified who require social supervision as part of their discharge arrangements. It is anticipated that this number will increase as plans progress for more individuals to be supported for discharge. The provision of social supervision to the three people in hospital would be met through a half time worker. Only one person is immediately ready for discharge but the other individuals will be coming out over the next 18 months. This is a low cost, high impact solution to ensuring that no further delays are made to the discharge of people needing social supervision.

24. As the Forensic team does not currently work with people with learning disabilities, this will enable the service to meet the needs of other people already living in the community who may need specialist input.
25. There is also a duty, under the Ministry of Justice, to provide this service to protect the public.

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 NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, 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.

Crime and Disorder Implications

27. There is a duty, under the Ministry of Justice, to provide the social supervision service to protect the public.

Financial Implications

28. The cost of a temporary 0.5 fte Social Worker (Band B) post is £22,888 per annum inclusive of on-costs.

Human Resources Implications

29. Management of the social supervision post would sit within the existing structure of the Forensic services of Nottinghamshire Healthcare NHS Trust.

Public Sector Equality Duty implications

30. By developing this post there will be an equality of offer for people with a Learning Disability who are restricted patients.

Safeguarding of Children and Adults at Risk Implications

31. The social supervisor role is a statutory role under the Ministry of Justice to ensure restricted patients can be safely managed in the community to protect the public

Implications for Service Users

32. People with a Learning Disability who are restricted patients will be able to move out of hospital to community settings. Service users with a learning disability living in the community will have access to specialist support to manage any offending behaviour.

RECOMMENDATION/S

That:

- 1) the current progress and barriers to delivering the Transforming Care agenda across the Nottinghamshire Transforming Care Partnership be noted
- 2) the establishment of a temporary 0.5 fte Social Worker post (Band B) to undertake a social supervisor role until 31 March 2019 be approved.

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Constitutional Comments (LM 17/02/17)

33. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (DG 28/02/17)

34. The financial commitments are contained within paragraph 28.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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