

	<b><u>Agenda Item: 7</u></b>
<b>Report to:</b>	Birmingham Health & Wellbeing Board
<b>Date:</b>	22 <sup>nd</sup> March 2016
<b>TITLE:</b>	TRANSFORMING CARE IN BIRMINGHAM FOR PEOPLE WITH LEARNING DISABILITIES
<b>Organisation</b>	Birmingham Transforming Care Partnership including Birmingham CrossCity CCG, Birmingham South Central CCG, Sandwell & West Birmingham CCG and Birmingham City Council
<b>Presenting Officers</b>	<p>Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme</p> <p>Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme</p>

<b>Report Type:</b>	Endorsement
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<b>1. Purpose:</b>
To provide the Health & Well Being Board with an overview of the draft Transformation Plan that has been developed with partners across Birmingham. The final version of the plan will be submitted to NHS England on 11 <sup>th</sup> April 2016 once approved through formal governance processes.

2. Implications:		
BHWP Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

<b>3. Recommendation</b>
The Health & Well Being Board is asked to endorse the Draft Transformation Plan.

<b>4. Background</b>
<p>4.1 In 2011, a Panorama programme exposed evidence of abuse of some clients with learning disabilities, who were living in an Assessment and Treatment Unit, called Winterbourne View. Following the subsequent enquiry into this case, many changes have been made to services for people who have learning disabilities. One of these changes has been the development of the Transforming Care agenda which is a national workstream that focuses on ensuring that care is safe, appropriate and delivered in the least restrictive environment possible.</p> <p>4.2 In October 2015 NHS England, the Local Government Association, and the Association of Directors of Adult Social Services published <i>Building the right support</i> a national plan for people with learning disabilities and/or autism with behaviour that challenges including those with a mental health condition and a <i>new service model</i> for commissioners. Taken together these documents require Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services, close unnecessary inpatient provisions and redesign pathways to better support people with learning disabilities (including children and young people). The National Model is described in Appendix 1.</p> <p>4.3 The local TCP covers the Birmingham population and encompasses Birmingham City Council, Birmingham CrossCity CCG, Birmingham South Central CCG and also the West Birmingham population (Sandwell and West Birmingham CCG)</p> <p>4.4 The new national model of care requires a significant reduction in the need for hospital care and describes how in three years, local areas should need hospital capacity to care for no more than:</p> <ul style="list-style-type: none"> <li>• 10 – 15 inpatients in CCG-commissioned beds per million adult population at any one time;</li> <li>• 20 – 25 inpatients in NHS England commissioned beds per million adult population at any one time.</li> </ul> <p>4.5 In December 2015, NHS England set out the requirements for TCPs to deliver the first draft of a Transformation Plan by 8th February 2016 with the final plan due on 11th April 2016. Commissioners are required to:</p> <ul style="list-style-type: none"> <li>• Build up community capacity and close some inpatient services in order to shift the investment into high quality, personalised support;</li> </ul>



- Transform and redesign pathways (investing in preventative services/early intervention in the community) – not just ‘resettlement’ of current inpatients into the community.

4.6 In Birmingham the progress that has been made provides a good platform for the further development of supportive community services that will prevent hospital admission where appropriate, facilitate timely discharge and improve outcomes for people with learning disabilities.

4.7 Further work is required to develop a cohesive response to the complex needs of clients who are stepping down from inpatient provision. In particular, an understanding of the needs of those patients in NHS England commissioned beds, both adults and children, is required to plan and develop supportive community support to facilitate discharge and prevent readmission. The TCP together with, clients, carers, families and wider stakeholders is working to co-design services that will improve support and outcomes for this vulnerable group.

#### **4.8 The Transformation Plan**

4.8.1 The three year joint Transformation Plan has been co-designed with individuals with experience and partners across Birmingham and aims to simplify and improve support and services throughout the individual's life journey with the service user at the core. The key aims are to:

1. Improve the quality of care;
2. Improve quality of life;
3. Reduce the reliance on inpatient care;
4. Improve people's experience;
5. Improve health outcomes.

4.8.2 In order to deliver this, services will be focused around the diverse and individual needs of clients, gathered in part through care and treatment reviews (CTRs) but also through engaging and listening to individuals, their carers and advocates. The provider market will be developed to meet specific needs and individual choice will be promoted through the development of personalised care packages and offering of personal health budgets and personal budgets.

4.8.3 The model of care focuses on:

1. Prevention;
2. Developing suitable post discharge support and community provision to keep people out of hospital;
3. Reducing the reliance on inpatient facilities.

4.8.4 Some individuals may have been in inpatient units for long periods of time and will need extensive support to transition from inpatient care to community care. Integrated teams will work to develop the support model needed with joint personal budgets that wrap around the needs of the individuals to improve the quality of care provided and also the individual's quality of life.

- 4.8.5 Often a hospital admission is the only option due to risks around keeping the person safe with staff that is skilled to respond. In order to reduce the reliance on inpatient services, the model will ensure that there are clear processes around crisis, crisis planning, respite services and places of safety. A joint policy/protocol will be developed to describe exactly what is needed prior to an admission and where further clarity and support can be found.

#### **4.9 The Model**

- 4.9.1 The local Transformation Plan is built on the 9 principles in the national model and also 11 "I" statements (see appendix 2) which the TCP has developed in collaboration with people with experience. Four key specific services have been identified that we would like to develop, test and evaluate to understand their effectiveness in enabling clients to be discharged safely from inpatient facilities and are able to live in the community as follows:

- Intensive and crisis support services by a multi-disciplinary health and social care team 7 days per week for children including behaviour support planning;
- Enhanced intensive and crisis support services by a multi-disciplinary health and social care team including social workers, 7 days per week for adults;
- Effective care, crisis and relapse planning with clients, carers and families including exploring the need for the introduction of an intensive wrap around service short term 'place of safety' linking to the Crisis Concordat and better access to understandable information (a capital bid will be submitted to support the 'place of safety');
- A Learning Disabilities HUB linking with local third sector developments to provide an advocacy, training and information HUB.

- 4.9.2 Delivery of the plan will require the following key developments and actions:

- Ensuring clients and carers/families are at the heart of the Transformation Plan;
- Ensuring that all pathways are clinically appropriate, safe and high quality through an Expert Reference Group;
- Standardising and integrating CTR processes across Birmingham;
- Further development and embedding of risk stratification processes and person centred care planning for adults and children;
- Further work to understand, develop and redesign Children's pathways and services;
- Developing the provider market to reflect the complex needs of clients, their carers and families;



- Integrated partnership working across organisational boundaries including work to develop the personalisation agenda;
- Understanding the required housing and accommodation provision to reflect clients' complex needs;
- Developing personalised care including processes for joint health and social care funded Personal Budgets and Education Health and Care Plans (children);
- Developing and integrating the workforce to reflect the changing landscape. This includes helping to up-skill clients and carers linking to outreach teams;
- Focusing on transition from inpatient care to community care;
- Developing the 5 year Joint Strategy to deliver the model of care from childhood to older adults;
- Producing a Communications and Engagement Plan which will include 'Making the Plan Happen' Events;
- Establishing programme management and delivery support.

4.9.3 The model will test a number of new ways of working that build on the work already undertaken locally and create a seamless journey for people with Learning Disabilities from childhood through to older adulthood.

#### **4.10 High Level Programme Timeline**

In order to deliver the final Transformational Plan on the 11th April 2016, the short term timeline is set out below:

- Stakeholder mapping event – 14th January 2016
- First Transforming Care Partnership Board – 21st January 2016
- Wider Stakeholder Event (including stakeholders, clients and carers) – 22nd January 2016
- Transforming Care Partnership Board (extra meeting to review draft plan) – 2nd February 2016
- Partner sign off in principle – 3rd -5th February 2016
- NHS England Submission – 8th February 2016 (midday)
- Fully understanding the complex needs of NHS England Specialised Commissioned data/clients – February 2016

- Gain wider stakeholder views – February 2016
- Incorporate NHS England feedback further to first submission – February 2016
- Submit revised plan to NHS England – 8th March 2016
- Governance processes (partner organisational sign off) – March/April 2016
- Submit Final Plan - 11th April 2016.

#### **4.11 Funding the Plan**

- 4.11.1 National guidance on the financial mechanisms surrounding the Transforming Care agenda is expected in early March. It is currently unclear how payment mechanisms including dowries for people who have been in hospital long-term will work or indeed how many Birmingham clients will be eligible for a dowry, however there is a working assumption that funding will follow the patient. Detailed financial analysis is being undertaken and will be refined as we go forward.
- 4.11.2 To support the transition phase, NHS England has made available up to £30m of transformation funding nationally, which will need to be matched by CCGs. To support the Birmingham Transformation Plan, investment has been requested totalling £3.6m over 3 years. Commissioners are expected to match fund bids and the Birmingham plan includes match funding for adult intensive support team, additional staff capacity undertaking CTRs, in-house estates and communications support, in house programme leadership, management and finance resource, GP sessional time, and local authority advocacy support. Total match funding exceeds £1.5m per annum.
- 4.11.3 Capital funding is also available and investment of £1.2m has been requested to develop a 12 bedded step down unit in East Birmingham. NHS England has confirmed that details of funding awards will be received in April 2016.

### **5. Compliance Issues**

#### **5.1 Strategy Implications**

The Birmingham Transforming Care Partnership Programme supports the Health & Well Being Board aims including *Improving the health and well-being of our most vulnerable adults and children in need, Improve the resilience of our health and care system and Improve the health and well-being of our children*.

Some individuals may have been in inpatient units for long periods of time and will need extensive support to transition from inpatient care to community care and furthermore, to be supported to live active lives and develop positive social interactions. The aim is to make the journey for individuals as person



centred and inclusive as possible with personalised support and good communication all with the aim of keeping individuals well and out of inpatient facilities.

## **5.2 Governance & Delivery**

The local Transforming Care Partnership is a collaboration across Birmingham CrossCity CCG, Birmingham South Central CCG, Birmingham City Council, Sandwell & West Birmingham CCG and NHS England's Specialised Commissioning team together with service users and carers, professionals and provider organisations.

A programme of work has been created and will be delivered through the Transforming Care Partnership Board and a number of key workstreams. Regular updates will be provided to interested parties throughout the programme lifecycle.

## **5.3 Management Responsibility**

- NHS Birmingham CrossCity CCG, Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme
- Birmingham City Council, Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme
- NHS Birmingham South Central CCG, Sam Davies, Lead for Governance, Quality and Safety
- NHS Sandwell & West Birmingham CCG Jon Dicken, Chief Officer (Operations)
- Transforming Care Partnership, Roxanna Modiri, Programme Manager.

## **6. Risk Analysis**

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Available resources in the local health and social care economy are extremely challenging and therefore there is no new money to	Very Likely	Severe	Key partners will work across organisational boundaries in order to deliver the best care possible within available resource envelop. Shared working, resources and paperwork will reduce the

support Transformation Plans.			cost burden across the City. An assumption has been made that funding will follow the client and therefore will be sustainable in the longer term. This will be confirmed once the 'who pays guidance' is available.
The data provided by NHS England Specialised Commissioning requires significant validation in order for the Transformation Plan to be finalised. Where activity numbers do not reflect accurately the number of clients in inpatient units, the financial and activity plans will also be inaccurate.	Certain	Severe	The Birmingham Plan includes the immediate requirement to undertake joint CTRs and client profiling in order to establish the correct CCG and detailed care needs in order to effectively and accurately plan discharges to community provision and ensure financial planning is accurate.

#### Appendices

- Appendix 1. Building the Right Support, National Model (October 2015)
- Appendix 2. Birmingham Transforming Care Partnership - "I" Statements

#### Signatures

*Paulette Hamilton*

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

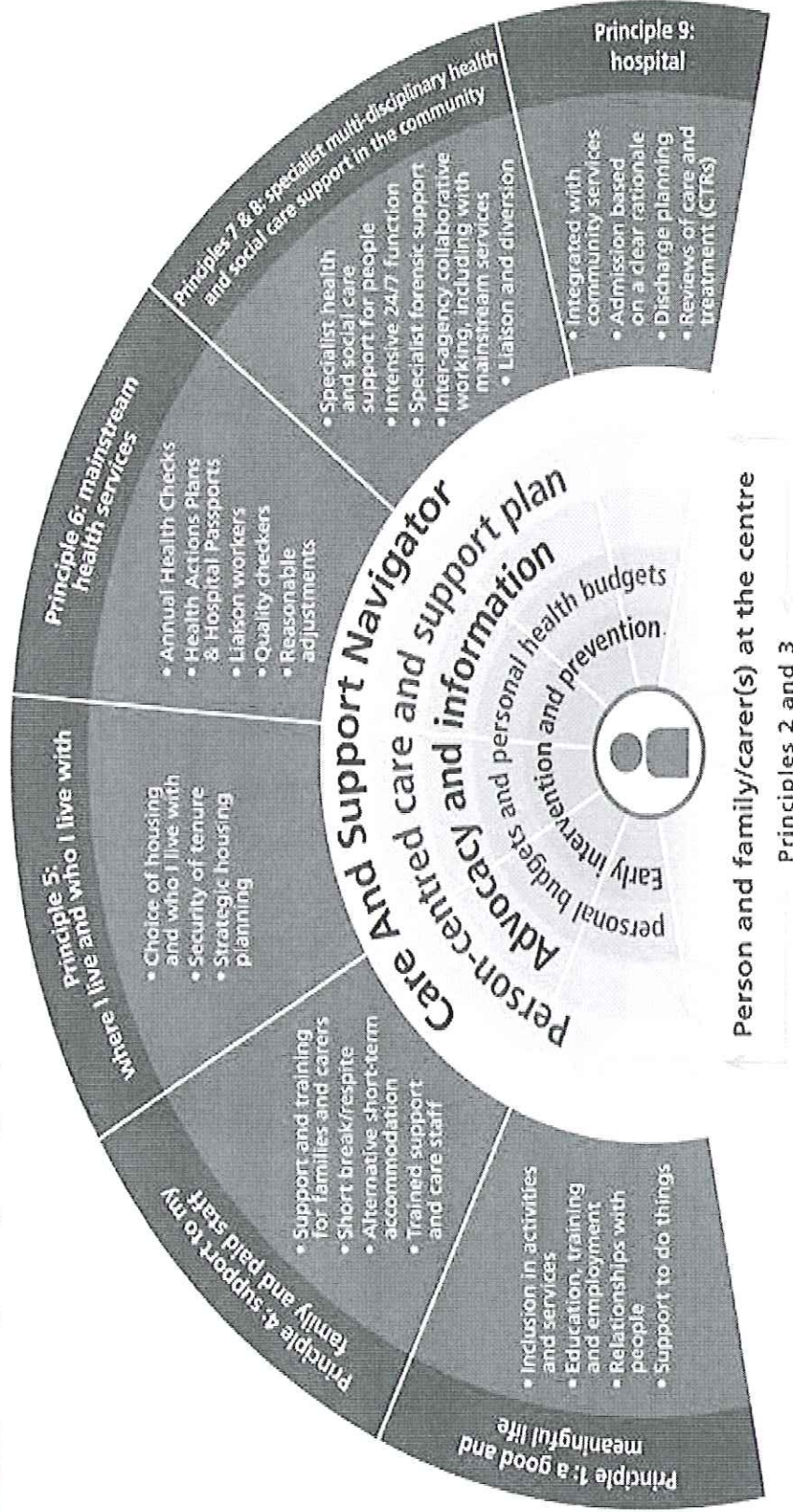
*11/3/2016*

The following people have been involved in the preparation of this board paper:

- NHS Birmingham CrossCity CCG, Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme ([jenny.belza@nhs.net](mailto:jenny.belza@nhs.net))
- Birmingham City Council, Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme ([maria.gavin@birmingham.gov.uk](mailto:maria.gavin@birmingham.gov.uk))
- Transforming Care Partnership, Roxanna Modiri, Programme Manager ([rmodiri@nhs.net](mailto:rmodiri@nhs.net)).



**Appendix 1 - Building the Right Support, October**



## Service Model

Commissioners understand their local population now and in the future

**Appendix 2- Birmingham Transforming Care Partnership - "I" Statements**

