

# Black Country Transforming Care Partnership

Strengthening community services for people with learning disabilities and/or autism



# Transforming Care – homes not hospitals

The Black Country Transforming Care Partnership (TCP) was established in April 2016 to transform health and care services for people with learning disabilities and/or autism. The programme aims to reduce the number of people with learning disabilities and/or autism residing in hospital so that more people can live in the community, with the right support, close to their home.

The partnership is made up of:

- Dudley Clinical Commissioning Group (CCG)
- Dudley Metropolitan Borough Council
- Sandwell and West Birmingham CCG
- Sandwell Metropolitan Borough Council
- Walsall CCG
- Walsall Council
- Wolverhampton CCG
- City of Wolverhampton Council
- Black Country Partnership NHS Foundation Trust



For people with learning disabilities and/or autism in the Black Country

# Case for change – Winterbourne View Hospital

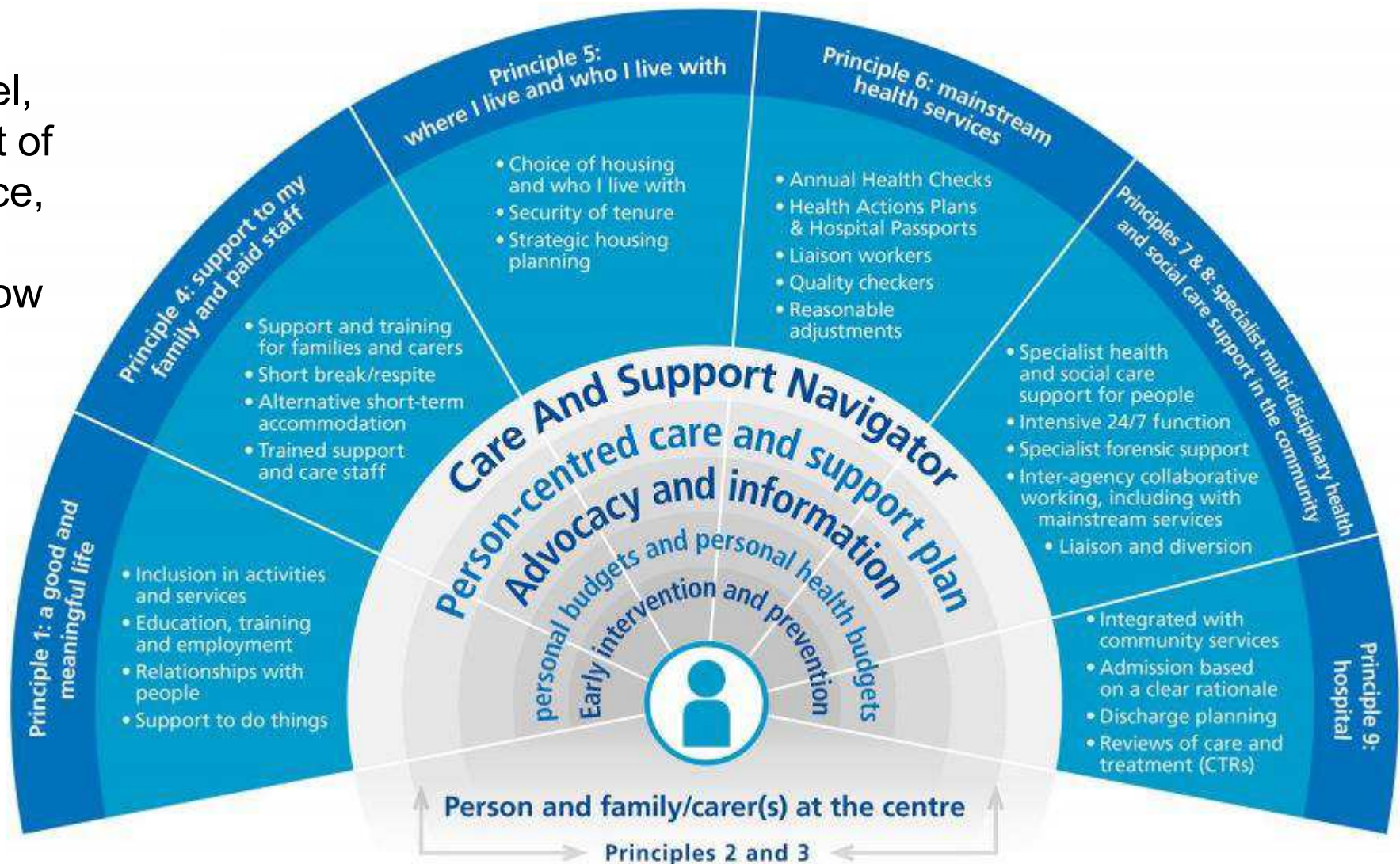
- 2011 BBC Panorama investigation exposes the **physical and psychological abuse** suffered by people with learning disabilities at Winterbourne View Hospital, South Gloucestershire.
- A clinical psychologist who reviewed the footage **described the abuse as “torture”**
- Hospital closed - **11 staff members sentenced** for criminal acts - **six imprisoned**.
- Damning verdict of the serious case review, calls for hospital placements for people with learning disabilities and autism to be radically reduced and subject to greater levels of scrutiny.
- Programme of action published, highlighting that people who are kept inappropriately in hospital should be transferred to community-based care.
- NHS England publishes a national plan in 2015 - ‘Building The Right Support’ to drive system-wide change and put in place new models of care by March 2019.

***The Black Country TCP is now working with people with learning disabilities and autism, their families and carers to agree and deliver local plans for the programme.***

# 'Building the Right Support' National Service Model

The National Service Model, developed with the support of people with lived experience, clinicians, providers and commissioners, sets out how services should support people with a learning disability and/or autism.

***With the right set of services in place in the community, the need for inpatient care will significantly reduce.***



# Developing a Black Country clinical model

Using the nine principles from the National Service Model and guidance from NHS England, the TCP has developed a new clinical model for learning disabilities services in the Black Country. Before undertaking the development of the new model, a series of internal processes were strengthened in order to support the transformation required.

The following areas were identified as key building blocks for developing the model:

- Support the main provider and commissioners to produce an adult community and inpatient model for services. This model should cover the next five operational years and should include staffing structures and service capacity (with consideration of other resource implications).
- Consider the children and young people pathway and provide recommendations for future inclusion, with particular reference to transition
- Engage and involve social care and the Third Sector as part of the community based model of provision
- Ensure that community based providers can be supported to meet the needs of people moving out of hospital.

# Developing a Black Country clinical model

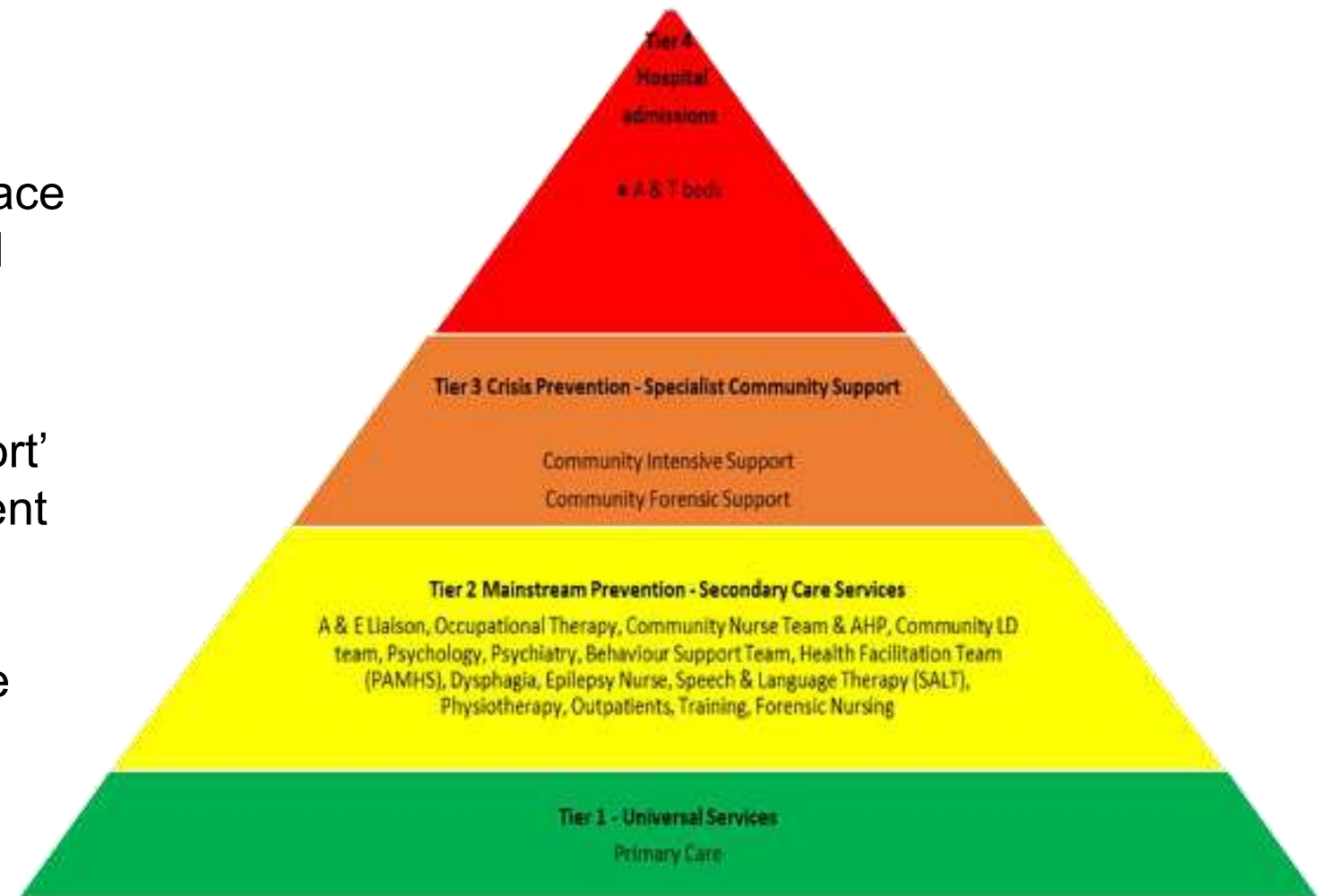
The National Transforming Care Programme mandates that each TCP meets the nationally prescribed trajectory for bed reduction by March 2019. For the Black Country this is reducing CCG commissioned beds from 41 to 16.

- **Dudley** - Beds at Ridge Hill have temporarily closed to new admissions due to staffing provision concerns. The provider undertook an estates assessment and concluded that the most efficient and effective resource to deliver assessment and treatment would be located from Sandwell Heath Lane Hospital.
- **Sandwell** - A provision of 10 assessment and treatment beds will remain open at Sandwell Heath Lane Hospital, as a single facility to serve Black Country patients. This is in alignment with the national recommended bed provision in proportion with the population size.
- **Walsall** – Patients have been using a range of independent assessment and treatment facilities as all current beds are spot purchased. Following the temporary closure to new admissions at Orchard Hills, patients use other facilities in the Black Country.
- **Wolverhampton** - Assessment and treatment beds at Pond Lane closed following a consultation process in July-August 2016. Patients use other facilities in the Black Country.

# Proposed Black Country Transforming Care Model

The new clinical model for the Black Country, focuses on having the right support, at the right time, in the right place to maintain people's rights, respect and dignity.

- It is based on the nine principles outlined in 'Building the Right Support'
- Focused specialist care and treatment will be available for the people who require it
- Admissions to hospital will be for the least amount of time required.

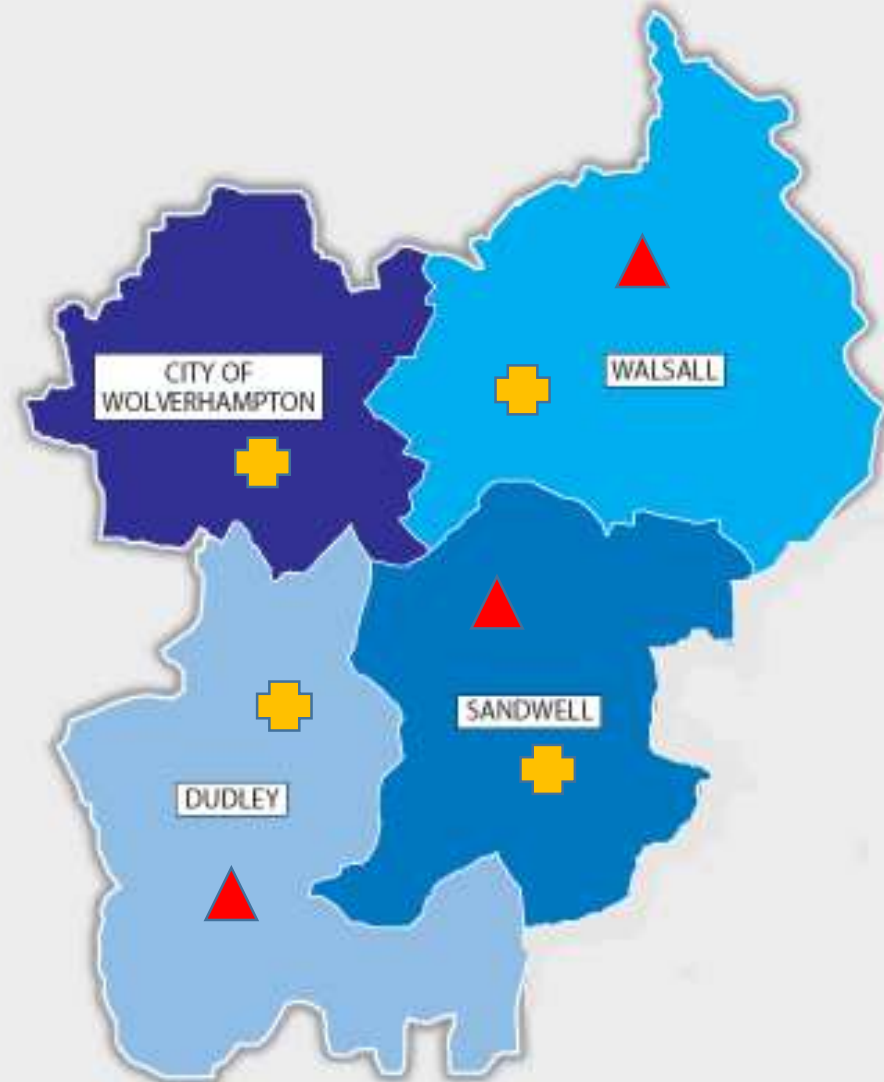


# Black Country Transforming Care

## Current service provision

### Current service provision

- **Community Learning Disability Service** +  
- delivered locally across the four Black Country boroughs
- **Assessment and treatment beds** ▲  
- available for the few people who need it and those who do not have access to intensive support services or specialist care.  
Walsall - Orchard Hills temporarily closed to new admissions  
Dudley - Ridge Hill temporarily closed to new admissions.



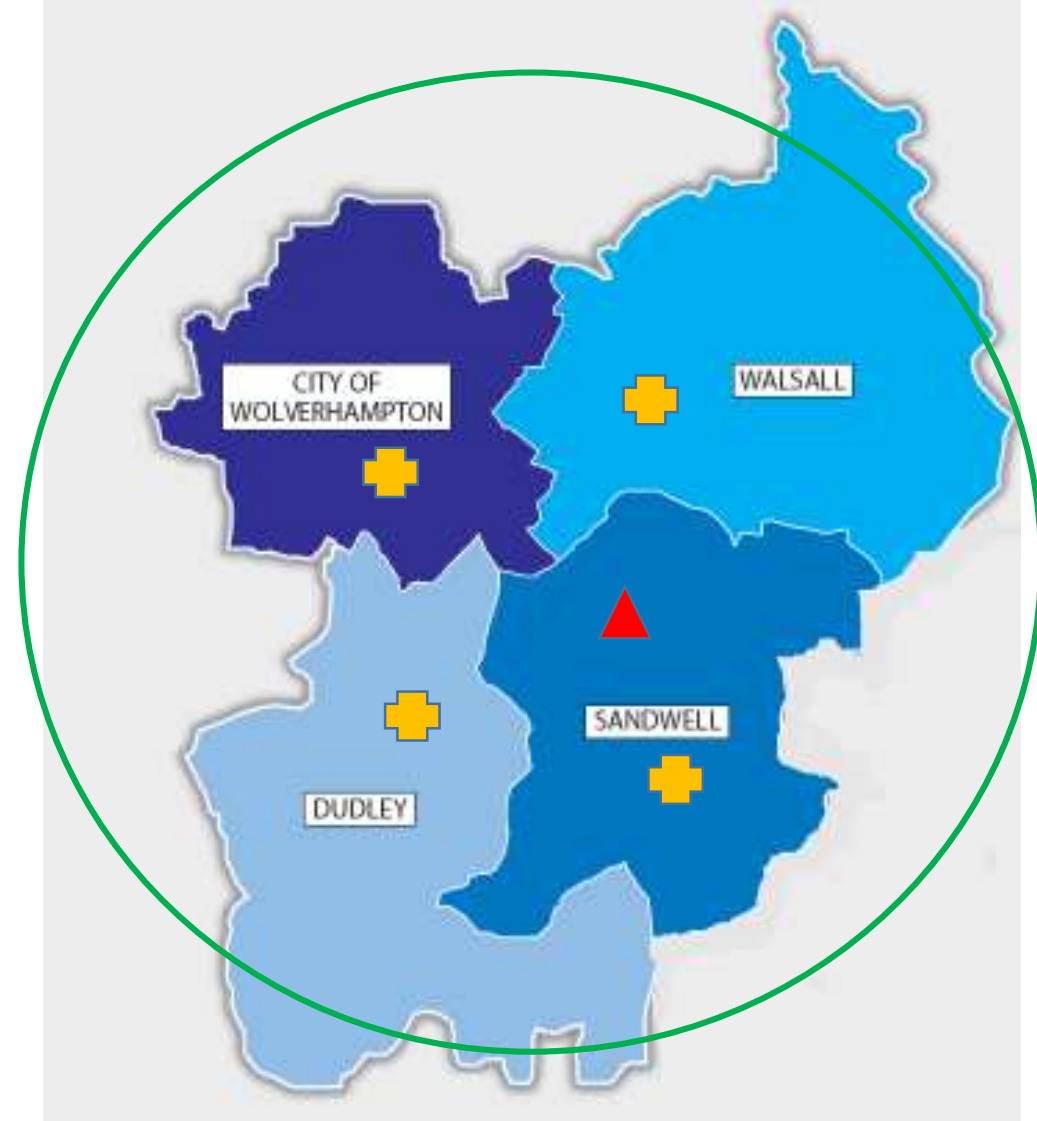


# Black Country Transforming Care

## Proposed community model

### Community model

- **Community Learning Disability Service** + delivered locally across the four Black Country boroughs
  - **Assessment and treatment beds** ▲ - available for the few people who need it
  - **Intensive support service** ○ **New Service** delivered at-scale across the Black Country
  - **Forensic Support Service** ○ **New Service** delivered at-scale across the Black Country
- Implementation of new services – September 2018.



# Black Country Transforming Care

## Assessment, treatment and forensic pathway



# Black Country Transforming Care

## Children and young people workstream

As part of this programme, children's commissioners and service providers are working together to ensure that children and young people with diagnosed learning disabilities and/or autistic spectrum disorder (ASD) are supported within local communities, within capable environments to avoid unnecessary inpatient mental health admissions.

The children and young people (CYP) workstream is currently focused on:

- Early intervention: Strengthening integrated working across the system to support children and young people with learning disabilities and/ or autism to stay well and out of hospital, particularly through transition
- Supporting timely discharge of children and young people currently in hospital – including strengthening of governance arrangements around long stays and delayed discharges
- Working with provider organisations to ensure there is the right support to prevent admission and support discharge
- Better understanding of the Black Country TCP CYP population through joint/aligned dynamic and at risk of admission registers
- Development of CYP and parent/ carer involvement

# Black Country Transforming Care Equality impact assessment analysis

An equality impact assessment has been carried out for implementing the new model of care. Across all protected characteristics there are no negative impacts identified. There is a positive impact in relation to disability, as the proposed changes will provide service improvements for community care, and rights based principles developed by people with learning disabilities and/or autism.

**Increased investment in community services:** Assessment and treatment inpatient bed closures and reductions are in line with the national recommendations, so that reinvestment can be made into community provision. This shift means that care will be personalised to meet the individual needs of each citizen. This is a positive impact where investment in more appropriate, high quality services can prevent inappropriate hospital admissions and reduce reliance on unnecessary inpatient stays. The shift in the clinical model to community assessment and treatment will provide the right care, at the right time in the right place.

# Black Country Transforming Care

## Finance introduction

- **Activity overview**
- **Financial overview**
  - Modelling
  - Transformation monies
- **Financial implications** - service model
- **Issues and Risks**

# Black Country Transforming Care

## Activity overview

- Patient trajectory
  - Started with 102 Black Country inpatients in March 2017
- Current position

	ACTUAL 31/3/2017	ACTUAL 5/9/2018	TARGET 31/3/2019
CCG	41	35	16
SPECIALISED COMMISSIONING	61	45	27
TOTAL	102	80	43

- Performance against the trajectory
- Issues to consider
  - Local trajectory
  - Risks

# Black Country Transforming Care

## Financial overview

- Financial model
  - Each CCG and LA has modelled the impact
  - Total impact across the four Black Country CCGs and LAs circa £4m
  - Impact of new funding arrangements
  - Level of certainty
  - Varying impact for stakeholders
  - Affordability
- Transformation bid monies (matched funding)
  - 2017/18 - £559k
  - 2018/19 - £750k & £350k
- Investment in inpatient and community services
- Other local issues

# Black Country Transforming Care Service Model

## Overview

- Total investment by CCGs with Black Country Partnership NHS Foundation Trust (BCPFT) in respect of LD services (£14m)

## Inpatient Service Model

- Reduction in beds
- New model – Unit of 10 assessment and treatment beds commissioned across the Black Country
- Cost reduction £3.5m

## Community Service Model

- Increase in community service provision (e.g. intensive support and forensic community services)
- The funding released from inpatient beds (£3.5m) is to be reinvested in community services



# Black Country Transforming Care

## Service User engagement

**Consultation with carers** - conducted by Chris Sholl in April 2016, commissioned by Sandwell and West Birmingham CCG

- Sent out to 26 families who had recent experiences of Care and Treatment Reviews (CTRs). 11 respondents and four families were met face to face and others engaged via telephone. One of the recommendations made by families was for an *“increased focus on early intervention to avoid hospital admissions”*.

**‘So what, what next’ project** - conducted by Community Catalysts, commissioned by the Local Government Association

- The project was initiated by the National Empowerment Steering Group, a group of people with a lived experience who say “getting out of hospital is important but the work doesn’t stop there.” The aim of the project was to talk to people with learning disabilities and/or autism and capture their experiences post discharge. Community Catalysts care are also helping to identify people across the Black Country who are happy to share their story. The findings of this report has been shared with the Board and is informing the roll out of the programme.

# Black Country Transforming Care

## Service User engagement

### **Patient experience questionnaires developed in easy read by Dudley Voices for Choice**

Piloted in Dudley and Wolverhampton during September 2017 (now being rolled out across the wider Black Country). The questionnaire identified current perceptions of services, impact of the care and treatment review process for Black Country patients, what was important to patients when looking at service improvement.

- 82 responses from people who are in assessment and treatment units or are at risk of admission. Respondents aged between 17-69.

Initial feedback has echoed the sentiments of the programme and has highlighted the importance of good quality care coordination, effective timely information and interventions. The results also highlighted that people were experiencing things very differently, with a wide variation in their responses that the services offered were very different.

Some stated that their experiences were positive, where others felt unsafe in their service. Two quotes which were received from patients were *“there was no choice in where I live”* and *“nothing to learn when I was in hospital”*.

# Black Country Transforming Care

## Service User experience and feedback

The priorities highlighted by patients were about activities and the lack of opportunities available to people with learning disabilities. Parent and carers comments were more focused on the lack of services available for people with learning disabilities.

Other key messages were:

- Questions around whether they would still see the same team and the same doctor
- A high number of respondents said they did not know who their key workers/contacts were
- The terminology used was unfamiliar and should not be used e.g. blue light review
- There was some doubt that the people who were asked to support others had the right skills and training
- Respondents were not sure about independent advocates and what support they provide
- Respondents who had not used the assessment and treatment service had little or no knowledge of what services were available if they were to go into crisis or need intensive support

# Black Country Transforming Care Engagement approach

Dudley Voices for Choice have been commissioned to develop communication materials in easy read formats and to carry out engagement activities for the Black Country TCP.

This will be a targeted approach with patients, relatives, carers and their representatives, whom the programme will have an impact on. There will also be a number of opportunities for the wider public and potential future users of the service to engage.

This will be a provider led, eight week exercise carried out in two phases:

- Phase one will consist of face to face meetings on an individual basis with patients and their relatives, with a focus on gathering patient experience/insight via face to face interviews
- Phase two will consist of patient and public engagement events with a focus on gathering feedback on the proposed community model, via questionnaire. Including the proposed future inpatient consolidation.

# Outcomes for vulnerable people balanced with community safety

Once the new community model is in place, all citizens in inpatient care will have a regular Care and Treatment Review (CTR). These reviews will assess whether someone's care is safe, effective, whether they need to be in hospital, and whether there is a plan in place for their future care.

Clinicians, commissioners and social workers will participate in these reviews. Treatment is personalised to address issues and if felt appropriate, planning for discharge will commence. Staff will use a 12 point discharge pathway with each individual to carefully plan a discharge and ensure all the right support is available in the community.

A small number of people in inpatient care will have Ministry of Justice (MOJ) restrictions. The risk assessment for these individuals will be particularly robust.

# Thank You

## Questions?

