Governing Body Report
10 September 2019

Agenda item 10

TITLE OF REPORT:	Black Country TCP Community Model
AUTHOR(s) OF REPORT:	Helen Hibbs
SENIOR RESPONSIBLE OFFICER:	Helen Hibbs
PURPOSE OF REPORT:	To review the new community model for intensive support and forensic support for patients with Learning Disability and or Autism. To consider the engagement report as part of the consideration of the location of assessment and treatment beds in the Black Country To make a recommendation to the governing bodies on the future of assessment and treatment beds and the associated community services
ACTION REQUIRED:	☒ **Decision** ☐ **Assurance** ☐ **Information**
KEY POINTS:	• The Black Country Transforming Care Partnership Programme Board has commissioned a community intensive support team and forensic model for patients with Learning Disability in line with the national service specification • This new model is now starting to embed as business as usual and is starting to become effective • As a result of changing the model of care to one much more focused on community provision and less on bed based services the number of assessment and treatment beds required in the Black Country has reduced. • Consideration needs to be given to the location of the ongoing assessment and treatment beds ,the number required and closure of those no longer required
RECOMMENDATION:	• The impact of the new model of care is noted • The engagement report on the location of assessment and treatment beds is reviewed and any mitigations are discussed and agreed • A recommendation goes to all Black Country CCG Governing bodies on the future bed base for assessment and treatment beds with any beds no

	longer required being closed.
KEY IMPLICATIONS/RISKS:	There remains a key risk for the Black Country Transforming Care Programme Board that we will not be able to meet the NHS Midlands agreed trajectory for reducing the number of patients in beds.
CONFLICTS OF INTEREST MANAGEMENT:	None known at time of writing the report
LINK TO TRIPLE AIM OPPORTUNITIES WITHIN THE BLACK COUNTRYSTP CLINICAL STRATEGY	These proposals meet the triple aims with improvements to health, quality and also to financial sustainability in the longer term.

Background

Following the Panorama programme exposing the terrible abuse of residents at Winterbourne View in 2011 a full investigation of the circumstances leading to the situation was instituted. It became evident that the NHS was too reliant on using long stay inpatient facilities for a minority of children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

As a result in February 2015, NHS England publicly committed to a programme of closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community. This was outlined in the document Building the Right Support.

A national ambition to reduce the specialist hospital beds for adult patients with a Learning Disability was set at 55%.

All areas across England were formed into Transforming Care Partnerships (TCPs) which include commissioners, local authorities and providers. These TCPs have been set challenging trajectories to reduce the number of patients in inpatient beds. For clarity, our TCP covers the four CCGs and their registered patients) within the Black Country (BC), West Birmingham is within the Birmingham TCP.

NHS England commissions High, Medium and Low secure services for patients with the most complex and challenging needs who pose a risk either to themselves, to others, or both. Almost all of these patients will have been in contact with the criminal justice system and will have been charged and convicted of a criminal offence. These individuals will be detained under the Mental Health Act 1983 and

the decision to admit to these beds will have been based on a comprehensive risk assessment and detailed consideration of how the identified risks can be managed.

The CCGs commission locked rehabilitation inpatient services which provide secure but less restricted environments for those individuals who still pose a risk to themselves and or others and who are usually also sectioned under the Mental Health Act. These services are usually considered appropriate for people who are still receiving treatment, but where they no longer require the procedural, relational or physical security of a secure service.

In addition CCGs commission assessment and treatment inpatient services. These services are for adults with learning disabilities who need to go to hospital because of either a mental health problem or behaviour that is labelled as challenging. Patients should stay in these beds for a short period of time whilst they receive assessment and / or treatment to enable them to return home or occasionally to be transferred to another more appropriate hospital setting. With the changing model of care fewer assessment and treatment beds will be required and it is these beds and the new complimentary community services which are discussed further in this report.

In the Black Country taking into account adults and children we have reduced in patient bed usage by 24% whilst nationally the reduction is closer to 13%. This reduction took place during the reporting period 31/12/2015 – 31/03/2019. In Wolverhampton the IST has been embedded for three years and this area has seen an overall reduction in in-patient beds of 41% suggesting that the IST and forensic teams become more effective over time.

1. Our Response to the Transforming Care Challenge/Our Model

1.1. The Black Country has an adult population of around 1.147,000 of which 2-3% of people are predicted to have some level of learning disability. Of these, approximately 20% are predicted to have a moderate to severe learning disability and to be in receipt of services.

1.2. Within this cohort, at any one time, there are a number of people living with learning disability and or autism who have a mental health problem or who display behaviours that are labelled as challenging. Our response to how we support these people is central to the delivery of our programme.

1.3. A national service model has been developed and adopted within the Black Country. This describes a philosophy of care that delivers the following objectives.
Citizens with Learning Disabilities and or Autism:

- Are supported to live great lives in their own homes as much as possible
- Access mainstream services in the same way that people without learning disabilities do
- Have access to specialist care services only when needed
- Don’t live in hospital
- Are cared for with the least restrictive option

1.4. At the start of the programme, the Black Country had some differences in the delivery model in the different places and retained a large number of inpatient beds including assessment and treatment beds in Sandwell (Penrose), Dudley (Ridge Hill), Walsall (Daisy Bank), Wolverhampton decommissioned its inpatient beds early in this journey replacing them with enhanced community services.

1.5. During the programme the Black Country TCP has worked together to implement a Black Country wide Forensic and Intensive Support Community Team in line with the national service specifications.

1.6. The four CCGs continue to commission place based community learning disability services in the four localities of the Black Country close to people's homes. These community learning disability teams are made up of nurses, psychologists, Occupational Therapists, Psychiatrists, Physiotherapists, and Speech and Language Practitioners. The community facing learning disability services provided by BCPFT have not changed and vary across the four areas dependent on historical investment and historical service configuration. In some cases some of the services are provided for our citizens from alternative providers**.** For example in Wolverhampton physiotherapy is provided by the mainstream community services and not by the Learning Disabilities service provider.

1.7. The new community model works with a tiered approach requiring a small number of assessment and treatment beds for those patients who cannot be safely supported at home. The length of stay in these beds is now kept to the minimum required. The next smallest cohort of patients are able to access community intensive support team and forensic community team to support them at home in a crisis situation. The third cohort receiving secondary care services are those using the local learning disability services including the community LD nurse team, psychology, psychiatry, behaviour support, dysphagia, SALT, physiotherapy, outpatients etc. The final cohort and the majority of people living with learning disabilities are able to be supported in mainstream primary care and mainstream services.

2. Process We Went Through

2.1. Considerable work was undertaken by the commissioners and the service provider to transform our local services. This involved the development of a business case and service specifications. During this development phase, a model of coproduction was used both with service users and with the provider.

2.2. The provider has worked with its staff in a management of change to enable the new services to be mobilised. Mobilisation of the Intensive Support Team and Forensic Community Team started in September 2018.

2.3. A Quality Impact Assessment (appendix 1) and Equalities Impact Assessment (appendix 2) have both been undertaken to ensure that the new

model being proposed did not negatively impact on quality nor increase inequalities.

3. Engagement

4.1 Dudley Voices for Choices (DVC) are a self- advocacy organisation supporting people who have a learning disability or autism and are a member of the TCP programme board. Their membership is to ensure that people with learning disabilities are represented at programme level. In appendix 3 you can see a report which summarises the involvement of key stakeholders in the development of the community model. This includes work with service users and their families.

4.2 The following common themes have emerged across the different engagement processes:

- Service users had a negative experience of hospital care and were much happier in their community placements where they generally felt safe and experienced improved health
- Service users have a variety of aspirations and ambitions and should be helped to pursue them to promote independence and self-confidence
- Increased focus on early intervention is vital to avoid hospital admissions
- Service users and their families should be seen as partners in planning their care
- Service users require consistent and ongoing support from a multi-specialist team to avoid/alleviate crisis situations and prevent future hospital admissions

4.3 During the summer of 2018 the TCP Programme went to each Local Authority Health Scrutiny Committee to share the development of the model, the engagement process and the proposals to reduce the number of Assessment and Treatment Beds. Further contact was made to each of the Health Scrutiny Committee Chairs and to NHS England in February 2019 by the programme manager to detail the formal engagement process and confirm that consultation was not required.

4.4 The formal engagement exercise was undertaken by the CCGs from Thursday 21 March 2019 to Thursday 23 May 2019 and the full report can be found in appendix 4a and 4b.

4.5 The purpose of the engagement process undertaken was to seek the views of stakeholders, service users, carers and family members on the following:

- The introduction of a new community model for people with learning disabilities that provides enhanced support in the community.
- The permanent closure of specialist inpatient beds at Ridge Hill Hospital, Dudley and Orchard Hills/Daisy Bank, Walsall. (These are beds that are reserved for assessing and treating people with learning disabilities and are not connected to general hospital services).

4.6 Engagement process

- The CCGs managed all stakeholder engagement across the Black Country and West Birmingham.
- The CCGs commissioned NHS Arden and GEM CSU to produce an engagement document to promote understanding of the TCP programme and the proposed new model and questionnaire to allow feedback; to advise on the format of the stakeholder events; to capture all feedback at those events.
- As Dudley Voices for Choices support people with learning disabilities and autism to speak up for themselves, they were also commissioned to undertake outreach engagement in the community and produce an easy read version of the engagement document and questionnaire.
- Arden and GEM were also commissioned to analyse all feedback from the engagement process and to produce the engagement report.
- Several thousand stakeholders were contacted by the CCGs and invited to get involved by attending one of the four stakeholder events and/or completing the online questionnaire.
- Four stakeholder events (one in each of the Black Country and West Birmingham CCG areas) took place to explain the TCP programme and hear views on the proposed service model. All feedback from the stakeholder events has been collated in this report.
- Outreach engagement with service users, their carers and families was undertaken by DVC; 174 conversations took place. DVC undertook interviews across Sandwell, Wolverhampton, Walsall and Dudley.
- A press release and social media also informed people how to get involved by attending one of the four stakeholder events and/or completing the questionnaire.
- Information was published on the CCG websites.

4.7 Key themes from the stakeholder events included:

- Positivity for the community focus offered by the new model.
- The importance of relationship building and maintaining good relationships between, patients, family members, carers and professionals.
- Transport and access to the Penrose site for visitors.
- Consideration for those with autism.
- Consideration for those in transition (aged 16-18 years old).
- The response to crisis.
- The number of treatment and assessment beds (10) in the new model.

4.8 Key themes from the outreach engagement included:

- Transport and access to the assessment and treatment centres.
- Cost implications of travelling around the areas.
- Enough beds to meet the needs of all areas.

4.9 Questionnaire analysis (50 surveys completed)

- Most respondents (62%) felt it would have a positive impact if care and support was delivered in the community rather than in a hospital, compared to 10% of respondents who said it would have a negative impact.
- Nearly half of respondents (46%) felt it would have a positive impact if care and support was delivered in the community for a person with a learning disability and/or autism displaying challenging behaviours, compared to just over a quarter (28%) who believed this would have a negative impact.
- Many more family members and carers (44%) felt it would have a positive impact if care and support was delivered in the community, than felt it would have a negative impact (14%).
- When asked: 'If the assessment and treatment centre was based at Penrose House what would the impact be for you?', 28% of respondents felt it would have a negative impact; 22% believed this would have a positive impact. Other responses (36%) included: 14 respondents were not sure; three believed the distance to be an issue; one preferred not to answer this question.
- When families and carers were asked about the impact of having the assessment and treatment centre based at Penrose House, 20.41% felt this would have a negative impact; 18.37% believed the impact would be positive. The largest number of respondents (51.02%) were unsure; 10.20% believe this would have no impact.
- People were asked how important help/support and information and advice was across a range of circumstances. This included: personal support; environments; family carer support; information and advice, for all areas most people selected 'very important' as their answer.
- People answered questions on prevention of crisis admission to hospital, categories included: support with daily activities; communication; understanding situations that may lead to challenging behaviour and avoidance; personal support; environment; family/care support and information and advice. For all answers most people said it was 'very important' to have support across all categories to prevent crisis.
- People were asked questions on support needed for discharge to prevent readmission. A range of categories were considered: support with daily life; communication; behaviour; personal support; environment; family/carer support and information and advice. Most respondents felt that support for all categories was very important.

4.10 When asked what respondents felt stopped or delayed a person getting the right support in the community areas included:

- Lack of family support and affordable care homes
- Lack of funding for services
- Lack of communication between the different services and professionals

- The need for accurate and up to date information about services to be available
- The need for more qualified staff

4.11 People were asked to consider their experience of things going wrong with being supported / supporting someone in the community, responses included:

- Lack of information for patients being discharged from hospital
- Lack of support when carers are sick
- The right support may not be offered
- Lack of communication and not planning for end of life care which can result in unnecessary hospital admissions
- Not having appropriate funding in place to support patients

4.12 Key themes and considerations

The majority of people asked believe strongly in the value of community rather than hospital based services. The key themes and considerations required by the Programme Board are below.

4.13 Positivity about the community focus offered by the new model

Most people were positive about the community focus of the new model. However, when asked about the location of the assessment and treatment centre, more people (28% of respondents) felt it would have a negative impact if the centre was based at the Penrose site; (22% believed this would have a positive impact). When carers and families were asked about Penrose as the preferred site 20.41% felt this location would have negative impact; 18.37% believed the impact would be positive. The negative response to these questions will need to be mitigated if the final decision made is to have the treatment and assessment centre based at Penrose. It is recommended that the provider communicates the outcomes of this engagement process and continues to involve service users in the future developments of the community service model, for example in the design of any new buildings/facilities.

4.14 Relationship building

The importance of relationship building and maintaining a good relationship between, patients, family members, carers and professionals.

4.15 Transport and access to the Penrose site for visitors

Many people were concerned about travel to the Penrose site. It is recommended that the equality impact assessment is revisited, and travel and access for all reviewed. Learning from the previous relocation of the Wolverhampton Assessment and Treatment service to the Sandwell site (Penrose) has been positive, with commissioners supporting the provider to offer transport costs to families, and additional, personalised support, as and when required.

4.16 Consideration for those with autism.

It is recommended that a plan is developed to take into consideration the needs of adults with LD and autism.

4.17 Consideration for those in transition (age 16 to 18yrs).

It is recommended that a plan is developed to take into consideration the needs of those in transition.

4.18 The response to crisis

It is recommended that consideration is given to the response to crisis.

4.19 The number of beds (8) in the new model

Ongoing communication with patients and the public is recommended to mitigate concerns that ten beds will be enough for service delivery going forward.

4.20 Concerns about not having enough staff

Ongoing communication with patients and the public is recommended to mitigate concerns about not having enough staff.

5. Mitigations

5.1 We have already taken mitigating action for many of the points above. We are developing services for people with autism, a pathway for children and young people which will include a focus on transitioning to adult care and Black Country Foundation Trust has made provision to provide transport for families and carers of service users when required subject to them meeting the appropriate criteria.

6. Outcomes – Is it working?

6.1 Since the introduction of the new community model, in September 2018, 20 admissions to hospital have been prevented by the new intensive support teams.

6.2 The current caseload of the forensic team is 66 and for IST it is 19. There are a further 6 people who are known to IST and being monitored closely through the place-based community MDT, but who are not requiring active direct interventions from IST.

6.3 Whilst the numbers for IST appear small, the stepped care model supports many more individuals who are in crisis. This can be through community nursing and the behavioural support team in addition to the IST and Forensic teams. The IST often works jointly with the community teams but step the individual up and down in relation to their presenting risk threshold as and when required. IST monitor all individuals on the learning disability risk registers for the 4 locality areas and deploy their support as and when required for any individuals that are not able to be managed via the community teams who are amber or red rated for their risk. This approach

supports and empowers community teams to deliver holistic care and support to people who are known to them, with a stepped model of advice and guidance, and then direct interventions as and when required.

6.4 BCPFT IST are part of a regional piece of research/collaboration with other Trusts that are benchmarking what caseloads IST Teams have. They are also examining quality standards for these teams. BCPFT are hosting the next meeting in the Black Country. It is anticipated that the research initial benchmarking data is likely to be available towards the end of this year.

6.5 For those patients who are inpatients in assessment and treatment beds, the length of stay from January 2018 – November 2018 averaged 298 days. From December 2018 to July 2019 (including current inpatients) average stay is 112 days.

6.6 Patient and Carer feedback on the new model of care has been positive. And a patient story is given below to highlight the work of the IST

6.7 An individual was discharged to a community setting following a long period in an assessment and treatment unit. The individual has a long history of multiple foster placements and has spent most of her adult life in institutional care. Several community placements had broken down in the past with recurrent hospital admissions. In her current community placement her behaviour started to deteriorate with an increase in self harm and staff unable to cope resulting in staff burnout and compassion fatigue. In order to manage the situation the IST provided assessment of the community placement advise to the care and support provider, training for the staff to implement a trauma model of care considering psychological defences and regular visits. Three months into the placement the new provider is managing the individual well with new systems implemented for early identification and management of risk and hospital admission was recently avoided when the individual went into crisis. There is clear and consistent support for the provider with an identified care co-ordinator, weekly reviews with the IST. Longer term monitoring is now in the process of being stepped down to the community learning disability team for intervention in line with presenting risk thresholds and least restrictive option. In the event of escalation a CTR will be held and the IST can again become involved.

7. Quality

7.1 From April 2019 the CQRM reporting requirements for Black Country Partnership Foundation Trust (BCPFT) as the provider of the new service and the Assessment and Treatment service has been strengthened within the 19/20 contract.

7.2 The four CCGs have worked collaboratively with BCPFT to revise the format of quality reporting to ensure there is an increased focus on outcomes,

actions taken and risk mitigation in place. Benchmarking data will also be included to enable comparison with model hospital data and national comparison. The reporting now includes an increased focus on theme and trend analysis and inclusion of month on month run chart data, with trend lines. Trajectories for improvement are then identified based on data analysis and identification of priorities.

7.3 The terms of reference for the CQRM have been reviewed and revised and this meeting is now chaired by Wolverhampton CCG Chief Nurse to highlight the significance of the meeting and provide strategic leadership and challenge. Previously the BCPFT CQRM focused on a service per month (Learning Disability, CAHMS and Mental Health) however from September 2019 the format of the meeting will change to ensure that a strengthened report is received from each service on a monthly basis. This will enable timely information to be provided with an increased focus on each service and overall organisation performance.

7.4 A visit schedule for the year has been established and collaborative visits have been undertaken to Learning Disability inpatient areas and inpatient mental health beds. This allows earlier identification of any quality issues arising and provides an opportunity to discuss actions planned to gain assurance.

7.5 This revised schedule and arrangements will also include the arrangements for TCP. In particular there has been significant and co-ordinated work related to the Penrose assessment and treatment unit – Wolverhampton CCG have led two co-ordinated visits to the unit and all 4 CCGs were represented. At the second visit positive improvements were identified with multidisciplinary working within the area, with Speech and Language Therapy, Occupational Therapy and psychology services based within the unit and strengthened leadership from a newly appointed Matron. Areas for improvement included increased support for staff when managing violence and aggression incidents and the provision of more autism training. BCPFT have agreed with the findings of the report and have produced an action plan to ensure progress. The visit reports are discussed at CQRM with action plans to drive improvement also monitored via the contractual route.

7.6 The TCP governance arrangements are being reviewed and will strengthen the assurance element of TCP delivery and future reporting at CQRM will include all TCP pathways.

6. Finance

8.1 The new service model will effectively represent a reduction in the expenditure associated with commissioning in-patient beds and an increase in investment in community services of circa £3m. The tables below show how the overall expenditure is to remain in line with overall costs of the old model at c.£14.7m

(at 18/19 prices) and there will be the relevant inflationary uplifts applied each year in line with tariff.

Previous Service Model	Total Expenditure (£000)
Acute Inpatient Assessment & Treatment Beds	5,609
Community Nursing (including BST)	4,178
Community AHP and Psychology	2,101
Outpatients	1,140
PAMHS	704
CQUIN	323
Ridge Hill Premium	693
TOTAL	**14,748**

New Service Model	Total Expenditure (£000)
Acute Inpatient Assessment & Treatment Beds	2,197
Observations	330
CLDT	8,123
Forensic, ISS and Management	3,405
Ridge Hill Premium	693
TOTAL	**14,748**

8.2 All CCGs within the TCP are committed to this level of investment to support a model that will enable patients to be discharged from an acute in-patient setting at the earliest opportunity. The reinvestment in areas such as the intensive support service allows us to enhance the community services in order to achieve this.

8.3 In addition, as a key part of our strategy, we are likely to attract £7.5m of capital expenditure in relation to the replacement Penrose facility planned for 2023/24 financial year (subject to NHS England / Improvement sign-off).

9. Recommendations

9.1 The Board are asked to

9.2 Consider all feedback from the engagement process recorded in this report and appendices before making a recommendation to the CCG Governing Bodies on the future of Assessment and Treatment Beds.

9.3 Discusses the mitigations required in order to recommend the closure of inpatient beds at Daisy Bank in Walsall and Ridge Hill in Dudley as these beds are no longer required with the new focus on maintaining patients in the community where possible.

9.4 Note the implementation of the new Black Country IST and forensic service across the Black Country in line with Building the Right Support and the national service specification.

10. Equality Implications

10.1 The equality impact assessment is included as appendix 2 and does not evidence any negative impact on equality

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Date: 2 August 2019

ATTACHED:

Appendix 1 – Quality Impact Assessment
Appendix 2 – Equality Impact Assessment
Appendix 3 – Stakeholder Event Summary
Appendix 4a – Engagement
Appendix 4b – Final Engagement Report