

JOINT STRATEGIC COMMISSIONING BOARD

Transforming Care Programme - update

Risk Please indicate	High	Medium Y	Low
Detail of Risk Description	There needs to be effective commissioning across Wirral health and Care Commissioning to reduce the risk and rate of acute hospital admissions of people with a learning disability or autism.		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: <ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	4 December 2018
Report Title:	Transforming Care Programme - update
Lead Officer:	Jason Oxley, Assistant Director of Health and Care Outcomes

1 INTRODUCTION / REPORT SUMMARY

- 1.1 This report describes the approach that is being taken by Wirral Health and Care Commissioning, to the commissioning of care and support services for people with a learning disability and/or autism in Wirral.
- 1.2 Wirral has put in place a programme of work to achieve a greater range of support options for people with a learning disability. This will increase choice and control and will improve wellbeing and independence for people.
- 1.3 The national Transforming Care Programme was developed to ensure that people are not inappropriately supported in specialist hospital placements for people with a learning disability or autism, when they could effectively be supported in a non-clinical environment such as their own homes, natural communities, specialist residential care and closer to home.
- 1.4 Both the Council and NHS Wirral Clinical Commissioning Group (CCG) have budget pressures and have recognised that services can be more effectively commissioned to enable independence. A broader range of support options are required in order to provide the right type of services to meet a broader set of support needs within the budget available.
- 1.5 This report describes the commissioning approach that will provide a broader range of support services to meet the needs of people with a learning disability and that will contribute towards the delivery of the Wirral Plan pledges

2 RECOMMENDATIONS

- 2.1 It is recommended that the Joint Strategic Commissioning Board note this report.

3 BACKGROUND INFORMATION

- 3.1 The Wirral Plan sets out a commitment to protecting the most vulnerable and to Wirral residents who have a disability in the following Pledges:

“People with disabilities live independently”,
“Wirral residents live healthier lives”,
“Vulnerable children reach their full potential”.

- 3.2 The All Age Disability Strategy sets out three key priorities:

“All people with disabilities are well and live healthy lives”, “Young people and adults with disabilities have access to employment and are financially resilient”, and “All people with disabilities have choice and control over their lives”.

- 3.3 The Transforming Care Programme describes the need to develop alternative support for people with a learning disability in order that they can receive the support that they need to live independently in their own homes and within their own communities, with person centred care, rather than receiving hospital-based care or care in a clinical environment.

- 3.4 The Medium-Term Financial Strategy for the Council includes an efficiency target for learning disability equating to £2M in each year 2018/19, 2019/20 and 2020/21. This represents a required in-year efficiency of 6% against the 2017/18 net expenditure on Learning disability packages of care, and a cumulative efficiency requirement of 18% over the next 3 years.

- 3.5 Wirral NHS CCG also has a pressure on the cost of support for people with complex needs and disability, with a Quality Innovation Productivity Prevention (QIPP) requirement of £0.9M for Complex Care in 2018/19, in addition to anticipated demographic growth of £1M.

- 3.6 This has created the need to commission differently and has provided an opportunity for a joined-up approach to planning and commissioning services for people in Wirral who have a learning disability. The report outlines some key areas where we intend to commission differently to both improve our offer to local people and to manage the increasing cost of care and support.

- 3.7 Support and services for people with a learning disability are now funded from the recently created Pooled Fund. A single overarching programme of work has therefore been designed so that there is a more cohesive approach.

3.8 Commissioning activity that is currently underway as part of this programme is detailed below;

3.8.1 Extra Care Housing for people with a learning disability

A range of extra care housing is being commissioned over the next 2-3 years. New accommodation will ensure that people have their own front door, their own private space and access to communal areas. Accommodation will have on site 24/7 support. Care costs will be reduced by people moving out of their current, over supported, accommodation where they prefer more independent living. This will enable some of the smaller, more traditional, supported living houses to be released where they are no longer required. One recent scheme is completed and is nearing full occupancy and further schemes will be completed in 2019.

3.8.2 Residential Care for older people with a learning disability

There are a number of people with a learning disability who have lived in supported living arrangements for many years, but where they now have needs more related to their age than to their disability. Some people are no longer able to maximise the benefits of living in small supported living services in the community and have needs that are no longer compatible with others living within the same household. A limited amount of residential care is to be commissioned which will allow older people with disabilities to receive care in the right environment and at the right level. Accommodation will be a more suitable environment and will have appropriate equipment in place to meet higher needs. This provision will be small to medium sized rather than larger residential care homes. It is expected that this will provide better and more cost effective care. There are current risks to a planned eight bed development due to a stance being taken by the Care Quality Commission on the registration of accommodation with care for people with a learning disability that is greater than six units. This is a broader issue than Wirral and has been escalated through the Transforming Care Programme.

3.8.3 Outcome Based Commissioning for Supported Living

Providers are currently not incentivised to work towards increased independence with people, and to reduce their reliance on formal care arrangements. A model is being tested which will incentivise providers by delivering sustained person-centred outcomes for people and thus permanently reducing the volume of care that they need once they have achieved their desired outcomes. This may result in increased hourly payments to providers who deliver good outcomes for people. Once trialled, a decision will be taken as to whether to roll this out more widely. If successful, this will achieve greater independence and wellbeing for people and will also support providers to ensure a sustainable and high-quality service.

3.8.4 Payment by Actuals

Supported Independent Living and Domiciliary care providers are paid only for the actual support delivered each week, rather than for the amount of support that has been commissioned. This means that providers have some flexibility and can offer a more personalised support service. Exploration of the Trusted Assessor role will establish whether there are further opportunities to enable even greater flexibility so that people can be in more control of the pattern of support that they receive.

3.8.5 Technological solutions

The benefits of rapidly developing technological solutions for people with support needs will be used more for people with a disability. Technology can support the assessment process and can also support people to get the help and care interventions at the time that they need it. Often staff are used to mitigate potential risk, however technology gives the opportunity for the person to be independent but with a safety net of response should they need it. This will increase people's independence and reduce reliance on continuous supervision by care staff where this is appropriate.

3.8.6 Intensive Support Services and reduced hospital admissions

The Transforming Care Programme describes a range of services to avoid unnecessary hospital admissions and timely discharges for people with disabilities. An Intensive Support Service will seek to sustain current care arrangements for people with a learning disability or autism and avoid the need for either admission to hospital or to a more costly and restrictive care placement. Consideration and planning is underway to develop step up, step down and intensive support services. Wirral Health and Care Commissioning are working with NHS England and Cheshire and Wirral NHS Partnership Trust to achieve a different range of services that will rely less on hospital admissions. This will include planned short breaks, step up, step down and crisis support services. Service development will need to be within the budget available and NHS England are supporting with additional non-recurrent funding. NHSE have oversight of all the current hospital in-patients who have a learning disability or autism, and Wirral are monitored on progress with achieving timely discharges of current patients, including those in out of area hospitals and those who have been cared for in hospital for a long period. NHSE suggest that our expected number of LD inpatients should be in the region of four (based on population data, and the intention to support more people in the community). Currently Wirral have nine inpatients in various hospitals, with a tenth on a trial discharge home. Of the nine currently in hospital, two have a length of stay of over 12 months and are currently medically fit for discharge and awaiting final placement arrangements to be made. Three have been admitted in the last four months, and four within the last eight months. Three people are not yet ready for discharge. Robust arrangements are in place to monitor progress with discharges, however, the number of current inpatients and admissions is higher than NHSE would expect for the Wirral population.

3.8.7 Regional approaches to provision of care and support to people with a disability or autism.

A Liverpool City Region (LCR) Complex Care Commissioning Framework will provide access to a greater range of service providers, will provide market oversight across six Local Authority areas and create a more efficient approach for providers and commissioners of complex care support services.

4 OTHER OPTIONS CONSIDERED

N/A

5 FINANCIAL IMPLICATIONS

- 5.1 A single integrated approach to the future commissioning of services for people with a disability in Wirral will ensure the most effective use of the available resources within the care and health system. The Pooled Fund includes efficiency targets that will be met by commissioning differently.

6 ENGAGEMENT / CONSULTATION

- 6.1 The Wirral Plan, All Age Disability Strategy and Transforming Care Programme have been subject to significant engagement and consultation. Whilst the programme overall does not require consultation, individual projects may require consultation dependent on their significance and impact.

7 LEGAL IMPLICATIONS

- 7.1 There are no legal implications as the statutory duties of the Council and Clinical Commissioning Group will continue to be met.

8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 8.1 An interim Programme Manager has been appointed and the programme of work is monitored and reported on via Wirral Health and Care Commissioning project management system, VERTO.

9 EQUALITY IMPLICATIONS

- 9.1 The arrangements described will support an overall improvement in the experience of people who use services.

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APPENDICES

N/A

REFERENCE MATERIAL

N/A

HISTORY

Meeting	Date