

**WOLVERHAMPTON CCG**

**Governing Body 8 November 2016**

**Agenda item: 8**

**TITLE OF REPORT:**                      **Redesign of Learning Disability Assessment and Treatment Services**

**REPORT PRESENTED BY:**        **Wendy Ewins**

<b>Title of Report:</b>	Redesign of Learning Disability Assessment and Treatment Services
<b>Purpose of Report:</b>	To seek Governing Body's approval to redesign Assessment and Treatment services provided by BCPFT following a period of formal consultation
<b>Author(s):</b>	Wendy Ewins
<b>Owner:</b>	Wendy Ewins
<b>Filepath:</b>	
<b>Key Points:</b>	Governing Body is asked to approve the proposal to relocate the learning disability inpatient provision based at Pond Lane (3 beds) to alternative sites across the Black Country, in Dudley, Sandwell and Walsall.
<b>Recommendation to the Committee</b>	To agree to the relocation of the learning disability inpatient provision based at Pond lane (3 beds) to alternative sites across the Black Country, in Dudley, Sandwell and Walsall.
<b>(add board/ committee) Action Required:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>Clinical view:</b>	Clinicians are satisfied that there is sufficient community capacity being developed in Wolverhampton to significantly reduce the number of admissions to inpatient services. Clinicians believe that a clinically safer service can be provided on the Trust's larger sites.



<p><b>View of patients, carers or the public and the extent of their involvement.</b></p>	<p>People with learning disabilities and their family carers want to be treated in the same way as the general population, expecting timely access to community support as an alternative to hospital admission. Where admission is necessary people with learning disabilities want this to be as close to home as possible and for as short a duration as possible.</p>
<p><b>Resource Implications and Financial consequences:</b></p>	<p>Services to be redesigned within current resources. Activity for Inpatient Assessment and Treatment is agreed at 1095 Occupied Bed Days (3 Beds). The service is commissioned on a cost and volume basis, a 10% tolerance will be applied to inpatient assessment and treatment activity, any activity outside the tolerance will be refundable /chargeable at 100% of unit price.</p>
<p><b>Relevance to Board Assurance Framework (BAF):</b></p> <p><b>Domain 1: A Well Led Organisation</b></p> <p><b>Domain 2a: Performance – delivery of commitments and improved outcomes</b></p> <p><b>Domain 2b: Quality (Improved Outcomes)</b></p>	<p>This programme of work supports the Transforming Care Partnership across the Black Country, with a partnership-wide commitment to become one commissioner for the provision of inpatient services in line with the STP.</p> <p>This programme of work supports the delivery of a national model of service at a Black Country level. Proving inpatient services at greater scale, and on sites that are larger, facilitates the provision of clinically and environmentally safer service provision.</p> <p>Clinical safety will be improved through the provision of more robust clinical cover arrangements, particularly at night and at weekends and by nature of being on a larger site Single-sex accommodation will be able to be delivered as Black Country Plans with the Trust seek to have inpatient provision concentrated on only three sites Clinical effectiveness will be improved through delivering inpatient services over few sites, with</p>



<p><b>Domain 3: Financial Management</b></p> <p><b>Domain 4: Planning (Long Term and Short Term)</b></p> <p><b>Domain 5: Delegated Functions</b></p>	<p>more expertise focussed onto three wards Patient experience will be improved due to the delivery of a safer, more clinically effective model of care</p> <p>The relocation of Wolverhampton inpatient bed to the other three Black Country areas supports local work to deliver the Transforming Care agenda to reduce reliance on inpatient models of care for people with learning disabilities by 2019 and to offer effective community support services.</p>
<p><b>Risk / Legal implications:</b></p>	<p>Formal consultation has taken place, and the report from this is attached in Appendix 1.</p>
<p><b>Implications on Quality and Safety:</b></p>	<p>The Winterbourne Report raised a number of key safety challenges for CCGs in ensuring that people with learning disabilities are safe in services. Ensuring that people are supported at home wherever possible and where this is not possible - as close to home as possible, with assertive reviewing arrangements and access to family and advocacy - maximises the chance of good and safe outcomes. The relocation of inpatient services is expected to deliver clinically safer services due to the location of the other sites, environmental factors and greater clinical cover.</p>
<p><b>Equality Impact Assessment:</b></p>	<p>EIA demonstrates that people with learning disabilities are particularly vulnerable to mental health difficulties, and that they should have appropriate services in the community to support good mental health, in addition to effective inpatient</p>



	services where required.
<b>Implications on Information Governance</b>	Information is returned to NHS digital on a weekly basis about all people with learning disabilities who have inpatient episodes of care.
<b>Relevance to National / Local Policy:</b>	<ul style="list-style-type: none"> <li>• Winterbourne Concordat 2010</li> <li>• The National Plan - Building the Right Support 2015</li> <li>• Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition Service model for commissioners of health and social care services 2015</li> <li>• NICE Guideline: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges</li> <li>• NICE Learning disabilities: challenging behaviour Quality standard</li> <li>• NICE Guideline: Mental health problems in people with learning disabilities: prevention, assessment and management 2016</li> <li>• Equality Act 2010</li> <li>• NHS England Guidance - CCG Assurance Framework</li> <li>• NHS Constitution</li> </ul>



## **1. PURPOSE OF THE REPORT**

- 1.1 To consider the proposal to relocate assessment and treatment inpatient provision for learning disabilities to alternative sites across the Black Country, in Sandwell, Walsall and Dudley.

## **2. BACKGROUND**

- 2.1 Pond lane is a five bedded assessment and treatment unit situated in the Parkfields area of Wolverhampton. As a hospital site it is isolated from any of the other BCPFT services, including inpatient provision. The service provides specialist assessment and treatment inpatient services to male and female adults with learning disabilities and additional complex health needs, such as autistic spectrum disorders, mental health difficulties and / or behaviours that challenge services.
- 2.2 Working with the Wolverhampton Clinical Commissioning Group the Black Country Mental Health Partnership Trust wishes to relocate the three Pond Lane inpatient beds to services provided at Dudley, Sandwell, and Walsall. This will involve the closure of the three inpatient beds at Pond Lane. This action is required because the very low numbers of beds provided within the service are isolated from other Trust services and this raises environmental, clinical and staffing safety concerns which are impacting upon the delivery of the service to this very vulnerable group. A clinically safer and more viable service could be provided from the BCPFT Learning Disability inpatient services in Dudley, Sandwell and Walsall where other Wolverhampton patients are in receipt of inpatient services currently. All of these services are less isolated, provide a critical mass of service provision that offers clinically and environmentally safer services, and all are accessible by public transport.
- 2.3 In recent years Wolverhampton Clinical Commissioning Group has reduced the level of commissioned activity at Pond Lane Hospital from five beds to three in line with reduced levels of demand for Wolverhampton patients. Reduction in bed numbers is in keeping with the “Transforming Care- national response to Winterbourne View” which will require a reduction in bed based services for people with a learning disability and / or autism. The revenue from the reduced bed based capacity at Pond Lane is already being invested in an alternative community model which delivers intensive support and interventions providing increased care and support for patients and their families from Wolverhampton in their own homes. In addition to this local service development, Wolverhampton CCG is part of the Black Country Transforming Care Partnership which has submitted an implementation plan to NHS England which will deliver further service change and transformation over the next three years, resulting in more community based services including bespoke packages of care.

## **3. CURRENT SITUATION**



- 3.1 Wolverhampton is currently embedding a model of Intensive Community Support within its provision of specialist healthcare for adults with learning disabilities, in keeping with the National Model. In 2016, there have been only two admissions to inpatient services for adults with learning disabilities, both have needed short interventions before being discharged back to community services. As an example, one of the two patients was discharged after 11 days and then supported by the Intensive Support Service.
- 3.2 Since the launch of the Transforming Care Programme all admissions now have Care and Treatment Reviews as a central and regular monitor and driver of a person's care and treatment. These Care and Treatment Reviews have supported the clinical teams to ensure that people can access high-quality assessment and treatment in a hospital setting, staying no longer than they need to, and with discharge planning starting from the point of admission or before.
- 3.2 Formal consultation took place between 4<sup>th</sup> July 2016 and 22<sup>nd</sup> August 2016, following a period of pre-engagement. The full consultation report is attached to this report, in Appendix 1. The recommendations arising from the consultation centre on the need to consider transport and support families to be able to make appropriate arrangements when visiting their family member.
- 3.3 It is recommended that Wolverhampton does not continue to offer a local inpatient service. Positive behaviour support and intensive support services are supported in the research as cost-effective and as enabling good outcomes in terms of supporting people to lead valued lives in their communities as opposed to spending long periods of time in hospital / institutional settings.
- 3.4 It is recommended that through Care and Treatment Reviews, transport and family contact is considered on an individual basis, and with personalised leave and family contact arrangements being developed and reviewed in line with best practice, and supported financially where necessary by the CCG. Financial support could then be reviewed after 12 months.

#### 4. CLINICAL VIEW

- 4.1 It is the view of clinicians that more people could be effectively supported within their usual living environments through an Intensive Support response. Where admission is unavoidable, clinicians are supportive of services being consolidated onto three sites to improve safety and clinical cover. Clinicians are supportive of the Care and Treatment review approach, which enables the multidisciplinary team to work with health and social care commissioners, an independent expert and an expert by experience, the patient and their family / advocate to consider each admission / possible admission and to plan positively with them.



## **5. PATIENT AND PUBLIC VIEW**

5.1 Please refer to full Consultation report, attached in Appendix 1

## **6. KEY RISKS AND IMPLICATIONS**

### ***Key Risks***

- 4.1 If approved, all future admissions to Assessment and Treatment will be out of Wolverhampton. This raises travelling issues for some families, and consideration will need to be given to ensure that relationships can be maintained and supported when people are inpatients.
- 4.2 Pathways will need to be agreed with mainstream mental health services to ensure positive access for people with learning disabilities where appropriate (this is part of ongoing work with the Trust, and within the STP mental health work stream).

### ***Financial and Resource Implications***

- 4.3 There are no financial and resource implications; delivery of the relocation of beds will be from existing budgets. Activity for Inpatient Assessment and Treatment is agreed at 1095 Occupied Bed Days (3 Beds). The service is commissioned on a cost and volume basis, a 10% tolerance will be applied to inpatient assessment and treatment activity, any activity outside the tolerance will be refundable /chargeable at 100% of unit price.

### ***Quality and Safety Implications***

- 4.4 It is anticipated that the relocation of inpatient services to the three other Black Country areas will deliver improved quality and safety outcomes overall. The Head of CCG Quality and Safety has made some comments and suggestions regarding mitigating any risks associated with increased distance, recovery planning associated with distance, and the possibility of in-reach voluntary sector services (for example ACCI) not being able to be part of inpatient support. We have also discussed that people's usual routines may be more disrupted due to the distance of the other hospitals. These issues will be addressed through individual Care and Treatment Reviews which will ensure that each episode of care is person-centred, and that a plan is developed with each person and their clinical team to ensure that their individual needs are met.

### ***Equality Implications***

- 4.5 There are Equality implications arising from this proposal. This proposal affects people with learning disabilities who will have to travel further to visit their families, and their families will have to travel further to visit them.



***Medicines Management Implications***

4.6 There are no medicine management implications

***Legal and Policy Implications***

4.7 There are no legal implications

**6. RECOMMENDATIONS**

6.1 It is recommended that the Governing Body:-

- Receives and discuss this report
- Agrees to the relocation of three inpatient beds from Pond Lane to other sites across the Black Country, namely Orchard Hills, Penrose and Daisy Bank.

**Name:** Wendy Ewins  
**Job Title:** Joint Commissioner  
**Date:** 18.10.16

**ATTACHED:**

Appendix 1: Wolverhampton CCG Public Consultation

**GLOSSARY:**



**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>Dr Gomez</b>	<b>Ongoing discussions</b>
Public/ Patient View	<b>Healthwatch</b>	<b>14/07/2016</b>
Finance Implications discussed with Finance Team	<b>Andrea Hadley</b>	<b>Ongoing</b>
Quality Implications discussed with Quality and Risk Team	<b>Steve Forsyth</b>	<b>24/10/2016</b>
Medicines Management Implications discussed with Medicines Management team	<b>N/A</b>	<b>N/A</b>
Equality Implications discussed with CSU Equality and Inclusion Service	<b>Juliet Herbert</b>	<b>16/08/2016</b>
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	<b>N/A</b>
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	<b>N/A</b>
<b>Signed off by Report Owner (Must be completed)</b>	<b>Wendy Ewins</b>	<b>24/10/2016</b>

