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Winterbourne View: Scoping out a Voluntary and Community Sector solution to support the Joint Improvement Programme – June 2014

Addressing the problem

- At the request of Simon Stevens, on May 29th 2014, ACEVO brought together seven leading Voluntary and Community Sector (VCS) organisations in the learning disability field to discuss a VCS solution to accelerate the patient transfer element of the Winterbourne View Joint Improvement Programme.
- Attendees at the meeting included Mark Milton, COO, National Autistic Society, Steve James, CEO, Avenues Group, Jane Tregelles, CEO, Mencap, Robert Longley-Cook, CEO, HFT, Paul Farmer, CEO, Mind, Su Sayer, CEO, United Response, Benjamin Rick, Managing Partner, Social and Sustainable and Sir Stephen Bubb, CEO ACEVO.
- The voluntary sector has both the capability and aspiration to deliver a national programme that will provide the right support for patients in their local communities.
- We can build on our deep knowledge and experience of this client group and, crucially, can combine this with extensive operational expertise and national reach to support the Joint Improvement Programme.
- The current public position is that out of a total of 2,615 patients, only 256 have a transfer date. A key milestone of June 1st 2014 has been missed, requiring a radical re-examination of the process and the solution.
- The numbers of clients (estimated at 1,702) are not impossibly high to deal with (between them, the charities represented at the ACEVO meeting alone support tens of thousands of people each year, including with supported housing) and the sector is in a position to **directly** develop local services that meet the needs of children and adults with a learning disability and behaviour that challenges.

Commissioning appropriate local placements

- Regardless of the reasons why patients have been classified as not appropriate for transfer to the community, it remains the case that people have ended up in long stay, large-scale hospital services because appropriate local services have not been effectively commissioned.
- This has increased and perpetuated the use of long term hospital placements which are poor value for money and far removed from home. This is a key stumbling block for successful transfer.
- It has therefore the view of the ACEVO group that the key to transferring current patients out of hospital placements is the development of cost effective and sustainable local housing and support solutions as soon as possible.
- This will help to overcome other barriers to transfer that have been identified.
- We understand that the numbers are debated and that they may be higher than the stated position, especially as patients in crisis continue to be admitted. This is largely the case because there is no other crisis support available.

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- That is why we propose that as well as commissioning local placements for existing patients, there should be a two pronged approach to ensuring that there are no more inappropriate admissions. This will involve:
  1. Strongly linking the national transfer programme to a national closure programme. This has the added advantage of reducing the risk of double-funding placements;
  2. Creating a national crisis support service that local authorities can draw on instead of inappropriately sending patients into ATUs. The model that we are most interested in developing is small scale emergency support and care homes specifically for clients with a learning disability who are in crisis. A useful model to reference is United Response's Cornish Close respite centre in Manchester.

Capital Implications

- For many people with a learning disability who regularly display behaviour which challenges, the extent to which they do so is strongly influenced by their environment and how it is managed. It is therefore essential that housing and the associated support is commissioned with this in mind. Mencap refers to suitable environments as 'capable environments'.

'This means that both the physical design of the service they live in and the support given should respond to all the needs of the individual. Capable environments should be developed on the principles of positive behavioural support.' – **Background Policy Statement, Mencap 2012**

- Providing the scale of 'capable environments' required, at pace, means the development of specific local housing solutions and this will require a capital investment. While a full business case has yet to be developed, a helpful rule of thumb is demonstrated in the example of Golden Lane Housing, cited in the DH's December update.

Golden Lane Housing (Mencap's housing arm) has successfully launched a £10 million bond which they have used to invest in housing across the country for people with a learning disability. They have provided new tenancies in community-based settings for over 137 people with a learning disability…[through] a combination of housing acquired through the bond resources and housing leased form other landlords. We are exploring how this model might be used more extensively. - **Winterbourne View: Transforming Care One Year On, December 2013)**

- It costs £10m to develop housing solutions for c.150 people. Following this assumption, it will take a capital spend of £150m to house c. 2000 people.
- The ACEVO group suggested that this project would be a strong candidate for support from the Treasury's Libor Fund, which could pump prime 10% to stimulate other investment. Military charities have been past beneficiaries, with money from the fund being allocated to supported housing and residential and respite care.
- The remaining 90% could be raised from social investors. This project would be a prime contender for social investment, given the scale and long-term nature of this project. ACEVO has strong relationships with Social Investment organisations to take this forward.

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Revenue Savings

- In line with Health and Social Care Information Centre (HSCIC) findings, the placements that are currently being funded are very expensive and represent intolerably poor value for money, given the negative outcomes.

Care for the majority (86.0 per cent or 2,795 people) of service users cost between an estimated £1,500 and £4,499 per week, with the highest proportion (37.9 per cent or 1,231 people) being in the £2,500-£3499 range. For 11.4 per cent (369 people), care provision was reported to have cost over £4,500 per week per person.- **Learning Disabilities Census Report – Further Analysis England, 30 September 2013, HSCIC**

- VCS experience is that this type of care can be provided in the community at between 20-60% less than is currently being spent on the 63% of clients on packages of care that cost between £2500 and £4500.
- If a (crude) mid point is taken of a £3500 a week average spend, the VCS could expect to deliver care to clients in purpose-built supported accommodation, close to clients' homes at around 40% less.
- The variance is due to the positive behavioural support that is provided, by staff who know clients well enough to understand each individual. Because they are rooted in their community, it is possible to draw on the additional support of families and friends. Clients typically exhibit lower levels of challenging behaviour as a result of this carefully managed environment.
- This is in contrast to restrictive hospital interventions that require more staff to enforce and expensive over-medication. This model serves to exacerbate rather than deal with challenging behaviour, resulting in a resource intensive vicious cycle.
- The case for local care is also backed up in the HSCIC Census Report, where the costs of placements are already significantly lower where clients are closer to home.

Almost a fifth (19.6 per cent or 112) of service users staying 100km or more from home were in high cost placements (over £4,500 per week). By contrast over a third of service users (34.0 per cent or 208) staying within 10km of home1 were in placements costing under £2,500 per week **- Learning Disabilities Census Report – Further Analysis England, 30 September 2013, HSCIC**

- This is a cashable saving that would be prioritised for repaying investors' capital, but in theory a portion could be returned to the NHS.

Long term contracts

- A key principle for the success of this project would be commissioning for long term contracts of around 10 years.
- This supports the development of partnerships, reduces risk to providers and maximises efficiency and effectiveness for commissioners.
- A short-term approach will limit the potential for social investment and therefore reduce the financial savings that can be achieved.
- The other major consideration is the stability of clients. The consistency and continuity of their care is paramount and would be put at risk if providers changed regularly.

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A National Framework, locally delivered

- The ACEVO group propose setting up joint national Project Board to oversee strategy and performance centrally, while also harnessing the reach of our sector into local communities.
- This governance model will be most appropriate for successfully overseeing the transfer and ensuring accountability. The skills of the VCS Project Board members would also complement the work of commissioners and support the monitoring and performance management processes with additional operational experience and trouble-shooting skills.
- A national Project Board will minimise disconnect between commissioning and procurement.
- Given experience from other transfer projects, the ACEVO group suggested that a phased approach to transferring patients will be crucial. We strongly suggest scoping a 5 year programme of change to maximise the chances of successful transfer.
- Clearly, Local Authorities have a crucial role to play; however local commissioning of appropriate placements services will not achieve the same level of project oversight, joint working and potential for savings. It will also not facilitate the accelerated decision making that is now required and relies on consistent commissioning skills across the country.
- A key phase will be the transfer of the contracts to Local Authorities. This phase should be given enough time in the overall programme for consultation, case review, and linking in the relevant local professionals.

Future Considerations for the NHS

- The ACEVO group is extremely mindful that successful transfer of clients is only one half of the challenge. Preventing more people being inappropriately placed in long term hospital based settings is crucial.
- The group is keen to explore this further with NHS England; we feel very strongly that the VCS can present a significant part of the solution and work with CCGs, LAs and others to develop more practical solutions that will reduce the dependency on in-patient provision.