

<b>Title</b>	<b>Transforming Care Partnership Board Implementing “Building the Right Support – A national plan to develop community services and close inpatient facilities for people with learning disabilities”</b>
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<b>Report of:</b>	Zita Calkin – Senior Commissioner for Learning Disabilities
<b>Lead contacts:</b>	Zita Calkin Senior Commissioner for Learning Disabilities Email: <a href="mailto:zcalkin@buckscc.gov.uk">zcalkin@buckscc.gov.uk</a> Tel: 07768618621  Debbie Richards Head of Joint Commissioning Buckinghamshire CCGs Email: <a href="mailto:Debbie.richards1@nhs.net">Debbie.richards1@nhs.net</a> Tel: 07919013346

## Summary

Led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), the Transforming Care programme focuses on addressing long-standing issues in the care of people with Learning Disabilities to ensure sustainable change that will see:

- More choice for people and their families, and more say in their care;
- More care provided in the community, with personalised support provided by multi-disciplinary health and care teams;
- More innovative services to give people a range of care options, with personal budgets, so that care meets individuals’ needs;
- More intensive support provided early for those who need it, so that they can stay in the community, close to home;
- That those in need of in-patient care, receiving it only for as long as they need it.

The national plan, Building the Right Support (October 2015)<sup>1</sup>, developed jointly by NHS England, the LGA and ADASS, is the next key milestone in the Transforming Care work programme. It will drive system-wide change to enable more people with learning disabilities to live in the community, with the right support and close to home and supported by a new service model<sup>2</sup> for commissioners across health and social care, clearly defining what good services should look like.

<sup>1</sup> [Building the Right Support - A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition \(October 2015\)](#)

<sup>2</sup> [Service Model for commissioners of health and social care services \(October 2015\)](#)

The national plan builds on other transforming care work to strengthen individuals' rights; roll out care and treatment reviews across England, reduce unnecessary hospital admissions and lengthy hospital stays; develop high quality community based services and test a new competency framework for staff, to ensure we have the right skills in the right place.

Taken together, these documents require Local Authorities, Clinical Commissioning Groups and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services for people with learning disabilities and close unnecessary specialist inpatient provisions over the next 3 years and by the end of March 2019.

This paper sets out the key aims and requirements of the Transforming Care Programme and the implications, timescales and progress to date in Buckinghamshire.

## **Recommendations**

The Communities, Health and Social Care Board is asked to:

- Note the requirement to establish a Transforming Care Partnership and develop an action plan to the timescales outlined by NHSE
- Note the progress made to date and the risks and challenges
- Agree the establishment of a Buckinghamshire TCP Programme Board
- Delegate responsibility for the Local Authority sign off of the draft plan (to meet the 8<sup>th</sup> Feb deadline) to the Service Manager of Learning Disabilities

## **Background**

Over recent decades we have seen a significant reduction in the reliance on institutional care to support people with learning disabilities and/or autism; closing asylums, campuses and long stay hospitals. However, for a minority there is still an over reliance on inpatient treatment for people who could, given the right support, be at home and close to their families.

The Transforming Care Programme (TCP) continues to reiterate the core objectives of reports and plans following the Winterbourne View Review of June 2012. In February 2015 NHS England publicly committed to a programme of closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community. The "Building the Right Support" paper sets out the details for that commitment, alongside a service model to support commissioners in formulating joint transformational plans for people with learning disabilities, who have challenging behaviours and/or mental health problems.

To speed up the process and to help shape a national approach to supporting change, six fast track areas have developed plans and ran pilot schemes. The experience of these areas helped create the "delivery packs" and resources that are being rolled out nationally to support programmes of work.

It is recognised that areas are diverse in terms of demography, patient flow, provider landscape as well as in the progress being made to deliver new models of care and in the arrangements between health and social care organisations.

In Buckinghamshire an agreed programme of work to design and implement an integrated learning disability service is already underway, core to which is the procurement of the Learning Disability Specialist Health Service<sup>3</sup>.

Following formal discussions and agreement of high level costed proposals a period of due diligence work has taken place by the identified preferred provider for the Learning Disability Specialist Health Service serving Buckinghamshire. A final decision is due to be made by the provider at the end of January 2016. On confirmation of the new provider, a robust programme of transition will take place, with the new service in place by the 1<sup>st</sup> July 2016. Progress of the development and delivery of this programme of work is reported on, as a standing item, in Adult JET.

## **Transforming Care Partnership Boards for People with Learning Disabilities**

NHS England regions have identified the footprint of each Transforming Care Partnership (TCP), based on planning assumptions and expected specialist inpatient capacity (i.e. 10-15 inpatients in CCG-commissioned beds per million population and 20-25 inpatients in NHS England-commissioned beds per million population).

**NHS England regional lead has confirmed that our TCP will be based on a Buckinghamshire footprint i.e. Aylesbury Vale CCG, Chiltern CCG working with Buckinghamshire Local Authority and the relevant NHS England specialist commissioners responsible for the area.**

**It is anticipated that as plans are developed and progressed there will be opportunities for joint commissioning across areas to allow commissioning at sufficient scale to manage risk, particularly for those individuals currently in forensic and secure hospital settings.**

**However, significant work is required to progress development of joint commissioning and funding arrangements within Buckinghamshire before exploring joint arrangements with other Transforming Care Partnerships.**

TCPs are required to draw up joint transformation plans by 8<sup>th</sup> February 2016. Plans will need to be jointly agreed by all partners in the TCP (the Local Authority, CCGs, and NHS England Specialist Commissioning). The development of plans will also need to involve people with lived experience of inpatient services and their families/carers.

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<sup>3</sup> The Learning Disability Specialist Health Service, currently delivered by Southern Health Foundation Trust, is a multi-disciplinary service comprising, community nurses, SALT, psychologists, physio and occupational therapists. The specialist health service provides assessments and interventions that cannot be provided by mainstream healthcare. However, the community team have a role in facilitating access to mainstream healthcare services. In addition to the community team there is also an inpatient provision in Buckinghamshire, providing assessment and treatment for people with learning disabilities who have mental health problems or behaviours that challenge.

Each plan will be reviewed by local panels, including expert clinical input, NHS England, LGA and ADASS representatives, as well as people with learning disabilities and their carers.

A “delivery pack” designed to assist areas with establishing the TCP; contains resources including suggested governance and roles for the board, templates for finance, activity, mapping and planning as well as highlight/reporting templates and guidance notes.

**A project manager, 100% funded by the CCGs, has been recruited to support the delivery of both the Transforming Care plans and the transition of a LD specialist health services to a new provider**

### **Milestones:**

There are a number of key milestones for 2015/16 which are essential to ensure the effective delivery of the programme:

- November 2015: Appoint Senior Responsible Officer and deputy from Health and Social care

**NHS England has been notified that Debbie Richards, Head of Joint Care Commissioning Buckinghamshire CCGs is to be the Senior Responsible Officer (SRO).**

**The deputy SRO is to be Adam Payne, Service Manager, Learning disabilities, Buckinghamshire County Council.**

- January 2016: Local Transforming Care Partnership Board first meeting

**A proposal for the existing Integrated LD Programme Board to become the Buckinghamshire Transforming Care Partnership Board has been agreed in principal; this will be formalised 14<sup>th</sup> January 2016 (in line with requirements)**

**The first TCP meeting in January will be to confirm TOR and governance arrangements.**

- February 8<sup>th</sup> 2016 first cut of transformation plan to be submitted to NHS regional teams
- March 2016 finalise plans following regional and national moderation and feedback
- April 2016 begin to implement plans

## **Building the Right Support: A National Plan – Key Messages**

The National Plan aims to provide a permanent cultural shift in the services that are provided to people with learning disabilities; so as to build the right community based services to enable them to live in their own homes and thereby ensure the closure of all but essential inpatient provision.

Key points:

### 1. New service model

- The national service model sets out the range of support that should be in place no later than March 2019

**An agreed vision, service model and service specification proposed for Buckinghamshire Learning Disability Services reflects the key principals and outcomes of the national service model. The preferred provider for Buckinghamshire Learning Disability Health Services is a nationally recognised deliverer of best practice and is one of the “fast track” areas identified by NHS England**

- An expectation of significant reduced need for inpatient care; as a minimum, in 3 years time, no area will need capacity for more than 10-15 inpatients per million population (for A&T unit beds) and 20-25 inpatients per million population NHS England commissioned beds (low, med, high secure)

**Block contracted inpatient beds in Buckinghamshire have been reduced over a period, since 2007, from initially 21 beds, to now just 4 beds.**

**Plans and discussions with our preferred new provider will be looking to combine bed numbers across a larger population region. This will be less than NHS objective i.e. 14-20 A&T beds for a total population of 1.6million**

- The reduction in the use of inpatient beds will free up money to be reinvested into community services

**Proposals set out by the preferred provider for the re-provision of the inpatient beds for Buckinghamshire will release funds which will be reinvested into the community health team, providing an essential increase in the capacity of intensive support. Proposed plans also include a reconfiguration of the skills and interventions necessary in the community service to deliver the new service model.**

- Inpatient provision will still be necessary for some people. However, this need will reduce significantly and the limited beds will be higher quality and close to people's homes

**In Buckinghamshire the proposed increase and improvement to intensive home support from specialist health services, aligned with an integrated approach to support planning is expected to reduce the need for admissions to inpatient facilities.**

**If admission is required our preferred provider delivers both learning disability and mental health services and operates a newly built, modern inpatient facility adjoining a mainstream mental health provision.**

- For those requiring specialist support in hospital their length of stay should be as short as possible; suggestions are for length of stay in an Assessment & Treatment Unit (A&T unit) to reduce to an average 85days

**Our preferred provider for Buckinghamshire has already delivered a significant reduction in beds across their region; reduced average admission time to 85 days. It is expected that service delivery will be replicated for Buckinghamshire patients and follow clear time defined protocols for admissions.**

## 2. Delivering Change

- 49 transforming care partnerships (collaborations of CCGs, NHS England specialist commissioners and local authorities) to develop and agree plans by April 2016 and implement over 3 years
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**It had originally been envisaged that the Unit of Planning (UOP) for Buckinghamshire would constitute Oxfordshire CCG, Aylesbury Vale CCG and Chiltern CCG. In recognition of the different strategic approaches, consideration was then given to creating a UOP with Hertfordshire CCGs.**

**However, significant work is required to progress the development of joint commissioning and funding arrangements within Buckinghamshire before exploring joint arrangements. Thus, NHS England have since confirmed that our TCP in the first instance will be based on a Buckinghamshire footprint i.e. Aylesbury Vale CCG, Chiltern CCG working with Buckinghamshire Local Authority and the relevant specialist commissioners responsible for the area.**

**It is anticipated that as plans are developed and progressed there will be opportunities for joint commissioning across larger areas to allow commissioning at sufficient scale to manage risk, particularly for those individuals currently in forensic and secure hospital settings.**

- Engagement with providers with expertise in designing, developing and delivering housing and care and support in the community, and then assist local areas in accessing investment to expand services and securing capital for new housing.

**Development of robust data for existing service users and their current housing and support is underway. Data will help identify priorities and help shape strategic housing and support plans.  
Commissioners are working with ArdenGem to identify specialist providers for individuals with complex behaviours and/or mental health conditions.**

3. A financial framework will underpin the new service model:

- Local transforming care partnerships will be asked to use the total sum of money they spend as a whole system for people with a learning disability to deliver care in a different way
- It is anticipated that funds will be pooled within TCP areas. The exact make-up of pooled funds in each area will vary, but are likely to involve a combination of:
  - NHS Dowry Funding (for those who have been in hospital for longer than 5 years<sup>4</sup>)
  - NHS Continuing healthcare funding
  - Section 117 after care funding
  - Specialised Commissioning funding
  - Local authority learning disability funding
- During the transition from inpatient provision to community based services there will be £30million match funding made available to CCGS nationally
- An additional £15million capital funding over 3 years will also be available nationally

**Details about the criteria and the application process for monies has not been published yet, however, we are assured by NHS England this will be forthcoming.**

- In November 2015 the “Who Pays” guidance will be reformed to reduce the financial barriers to discharge

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<sup>4</sup> From a review of the Buckinghamshire inpatients admission dates this only pertains to two individuals; 1 currently in a Nottingham hospital and 1 in a London hospital. Both have long term discharge plans.

**No further decision has been agreed nationally about changes to the “responsible commissioner” guidance.**

#### 4. Changes to Workforce

- A new learning disability skills and competency framework will be rolled out where appropriate, to enable organisations to assess shortcomings and plan to address them.
- Market position statements and preferred provider frameworks will be revised to reflect workforce skills and competencies required to provide people with the best care in a range of settings.
- All training and development will support positive and safe practices, including Positive Behaviour Support (PBS)
- A new workforce training and development plan for learning disability staff will be implemented
- National and local recruitment drives
- An education and training pathway will be developed for commissioners

**Workforce development requirements and training initiatives, set out in the Transforming Care Programme, will be included in service specifications and contract requirements for the new provider of the Learning Disability Specialist Health Services and the delivery of joint working arrangements across health and social care.**

#### **Risks and Challenges**

The Communities, Health and Social Care Board are asked to note the following risks:

- Challenging time frames for the expected delivery of the Transforming Care Programme for people with learning disabilities in Buckinghamshire
- The requirement to secure a full system engagement in the development of plans in the timescales set out in the national plan
- The requirement to ensure close collaboration and co-production with carers and service users
- Alignment of the Transformational Care programme plans with the procurement of an alternative provider for the LD Specialist Health provider

#### **Impact Assessment**

The development of an EIA will be a key task of the TCP programme

Background Papers – see appendix 1 and links



### Background to Transforming Care Agenda

Following the Winterbourne View scandal in 2011 and its subsequent closure, a full Government review was undertaken and the report, published in June 2012, set out these key findings:

- Patients stayed at Winterbourne View for too long and were too far from home – the average length of stay was 19 months. Almost half of patients were more than 40 miles away from where their family or primary carers lived
- There was an extremely high rate of ‘physical intervention’ – well over 500 reported cases of restraint in a fifteen month period
- Multiple agencies failed to pick up on key warning signs – nearly 150 separate incidents – including A&E visits by patients, police attendance at the hospital, and safeguarding concerns reported to the local council – which could and should have raised the alarm.
- There was clear management failure at the hospital – with no Registered Manager in place, substandard recruitment processes and limited staff training
- A ‘closed and punitive’ culture had developed – families and other visitors were not allowed access to the top floor wards and patient bedrooms, offering little chance for outsiders to see daily routines at the hospital.

The Review also exposed wider concerns about how people with learning disabilities or autism and with a mental health condition or challenging behaviours were being treated in England:

- **Inappropriate placements** – too many people are being placed inappropriately in hospitals for assessment and treatment, and staying there for long periods
- **Inappropriate care models** – too few people are experiencing personalised care that allows them to be in easy reach of their families, or their local services
- **Poor care standards** – there are too many examples of poor quality care, and too much reliance on physical restraint

### Buckinghamshire Response and Progress to Date

The subsequent Transforming Care agenda which has developed from the initial reviews and plans has required close scrutiny of all inpatients with a learning disability:

- A register of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care has been in place since March 2013
- Fortnightly reports for in-patient flow i.e. discharges and destination is sent to NHS regional teams
- Information is updated to HSCIC regularly for monthly reports to be extracted by NHS England

- The local register for Bucks is maintained by a monitoring/reviewing panel to ensure that the key requirements for Transforming Care are followed and that no one is inappropriately placed in a hospital setting. This is attended by:
  - Learning Disability Commissioner
  - Lead Consultant Psychiatrist (SHFT)
  - Senior LD Care Manager
  - Senior Community Nurse
- Joint working arrangements are in place to ensure that those on the register are assessed and reviewed by both health and social care where appropriate
- Local in-patient provision reports monthly on admissions and discharges via the Clinical Quality Review Group (SHFT); part of the monthly contract monitoring by Buckinghamshire CCGs
- Care and treatment reviews were introduced in November 2014 for all patients in hospital prior to April 2014; these have since been rolled out for all patients without an agreed discharge plan or date.
- Care and treatment reviews provide challenge to hospital admission and discharge plans or lack of
- Care and treatment reviews are chaired by the responsible commissioner and must include an independent clinical reviewer and independent expert by experience appointed by the NHS England regional team.
- Commissioners are now required to ensure Pre-admission CTRs for anyone who is at risk of admission to hospital in order to delay or prevent an admission
- As required by NHS England the information kept on the HSCIC and local registers include:
  - A named care coordinator and case manager
  - Regular review dates; including all Care & Treatment Reviews (CTRs) which are mandatory for inpatients; these are chaired by the Commissioner and include independent reviewers, a clinical reviewer and expert by experience. All outcomes of CTRs are sent to NHSE who follow up and challenge all recommendations made at the CTR.
  - Ensures that advocacy is in place
  - Families are involved in planning (where appropriate)
  - Discharged dates are agreed at admission (where appropriate)
  - Where appropriate people are discharged into community settings
  - Local care managers/care coordinators also attend those placed by Specialist Commissioning
  - Confirmation of input of GP and health checks/plans are completed

In addition we are also required to provide dates of pre-admission CTRs and CTRs that have been requested by families and/or other professionals.