Doncaster
Metropolitan Borough Council

**Doncaster Health and Wellbeing Board**

**Agenda Item No. 11**

**3 March 2016**

**Subject:** Building the Right Community Support; Transforming Care for People with a Learning Disability and/or Autism

**Presented by:** Andrea Butcher, Head of Strategy & Delivery, Mental Health & Learning Disability

| **Purpose of bringing this report to the Board** | | |
|---|---|---|
| Decision | | |
| Recommendation to Full Council | | |
| Endorsement | | |
| Information | | X |
| **Implications** | | **Applicable Yes/No** |
| DHWB Strategy Areas of Focus | Substance Misuse (Drugs and Alcohol) | |
| | Mental Health | X |
| | Dementia | |
| | Obesity | |
| | Children and Families | X |
| Joint Strategic Needs Assessment | | |
| Finance | | |
| Legal | | |
| Equalities | | |
| Other Implications (please list) | | Learning Disability and Autism |

**How will this contribute to improving health and wellbeing in Doncaster?**

There have been a number of significant national developments over the past few years that has led to Local Authorities and CCGs being required to review how services to people with learning disabilities are provided.

People with learning disabilities experience poorer health than the general population, differences which are to a large extent avoidable, and thus represent health inequalities. Some health inequalities relate to the barriers people with learning disabilities face in accessing health care and health services.

We have now been set the challenge to remove the need for permanent hospital care for patients with a Learning Disability (LD) and/or Autism by March 2019. In order to do this, firstly we must build and develop community based services which are responsive to need and reduce the reliance on in-patient beds. Our plan sets out how we aim to achieve reducing the need for hospital beds and move to a more proactive community based care model, which is in line with *Building the Right Support.(Department of Health and ADASS, Oct 2015)* core principles.

Our planning assumptions will be grounded in an in-depth capacity and demand review, a footprint health needs assessment and ensure that services users their carers/families are absolutely instrumental in the co-design and co-production of the services we aim to improve through collaboration and consultation. It is accepted that we will need access to some in-patient provision to manage complex behaviour when this has become difficult to manage without a hospital environment, but this will be planned, short-lived and discharge planning will start at the beginning. In line with our TCP footprint area of just over 1 million population we plan to commission no more inpatient capacity than is required and in line with the national guidance as follows:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units)

We will also work with our NHS England Specialist Commissioning Team to design care in the community, both as individual areas, but also with the help of co-production and co-commissioning, to reduce the need for specialist beds as follows:

- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units)

This plan is an implementation plan and it will follow an iterative process. The outline plan is creative and ambitious, but will be based on our local and collective understanding of the changing needs and requirements of the people we are aiming to support. This partnership plan will have the full engagement of lead clinicians, including primary care, to co-design the care pathways, we work with local providers to shape their future business plans and with Local Authorities' housing strategies to ensure that we collectively develop a market position statement that fully outlines our future requirements so we can attract the right housing providers.

This briefing paper describes the intent of the Transforming Care Partnership agenda to deliver the 9 core principles of the *Building the Right Support guidance* and how we plan to meet the national target which is to build community based services and reduce reliance on hospital beds.

**Recommendations**

The Board is asked to:-

- Receive the briefing paper as an introduction to the Building the Right Support principles which we will now need to deliver across our Transforming Care Partnership and locally.
- Note the proposed direction of travel to deliver the principles and the work planned in Doncaster to deliver a whole system and service review of learning disability and autism services over the next 2 years.
- Agree to receive the finalised plan early in the new Financial Year and note the governance arrangement and agree to receive timely progress reports.

**Agenda Item 11**

**Doncaster Health & Wellbeing Board – 3 March 2016**

# Building the Right Support – S/Yorkshire & North Lincolnshire Transforming Care Partnership

## 1. The Journey to date.

There have been a number of significant national developments over the past few years that has led to Local Authorities and CCGs being required to review how services to people with learning disabilities are provided.

People with learning disabilities experience poorer health than the general population, differences which are to a large extent avoidable, and thus represent health inequalities. Some health inequalities relate to the barriers people with learning disabilities face in accessing health care and health services. These barriers are well documented in numerous reports including *Death by Indifference,* which detailed the deaths of six people with learning disabilities while in the care of the NHS and the Disability Rights Commission's report *Equal Treatment.* There has been a wealth of national strategies and guidance on Learning Disability informing commissioners and providers of how best to provide support for people in community and in hospital. In recent years, these documents have taken a different course and have been produced as a consequence of serious Case Reviews. *Transforming Care; a national response to Winterbourne View Hospital* and *Winterbourne View; a time to change report,* by Sir Stephen Bubb provide a coherent policy framework that supports our local understanding of service delivery for Doncaster and more importantly directs focus on supporting people closer to home.

In February 2015, NHS England with Local Government published *Building the right support, a national plan to develop community services.* This guidance is pushing health and social care further and faster to reduce the bed base down in areas by at least 50% by 208/19. This will include Assessment and Treatment, Locked Rehab and any private sector beds we may commission that provides in-patient support. The Guidance groups commissioners in terms of the collective usage of the LD inpatient bed stock across the main NHS Trust provider. We have been grouped with Sheffield, Rotherham and N NE Lincs and there are 49 Transforming Care Partnerships (TCPs). High and Medium secure is out of scope and so is CAMHs which is useful given the paucity of Tier 4 bed provision. Our local plans will need to reflect robust ageless service pathways that prevent the need for in-patient beds, so we need to ensure a collaborative approach for the development of community services that are in line with the Children's Transforming MH Action Plan.

It should be recognised that it is being written at the time of financial constraints and with some uncertainty. With this in mind, the success of the plan will be largely be dependent upon the collaborative approach of the partner Clinical Commissioning Groups (CCG) and the Local Authorities (LA) across the Partnership. Further discussions will be required as the plan unfolds, which will identify areas for investment, opportunities for co-commissioning and innovations to enable service users to influence how their future care will be delivered.

The plan calls for hard evidence about how resources will be released and deployed to deliver transformation. Whilst we can describe our ideas for service development, it would be difficult to confirm resource requirements at this stage and we would wish to remain with a

flexible approach to investment until we have completed the first year of the plan, which will have a firm focus on scoping, fact finding, consultation and shaping the provider market.

However, the Transforming Care Partnership (TCP) are committed to the purpose of this joint Delivery Plan by ensuring that people in our localities experience the right care, in the right place and as quickly as possible. Most of all is that the care they receive has their wellbeing at the centre and that they are included in the decisions that are made about their future.

## 2. Aims and ambitions of the plan

We have been set the challenge to remove the need for permanent hospital care for patients with a Learning Disability (LD) and/or Autism by March 2019. Our plan will set out how we aim to achieve reducing the need for hospital beds and move to a more proactive community based care model, which is in line with *Building the Right Support.* Our planning assumptions will be grounded in an in-depth capacity and demand review, footprint health needs assessment and in consultation with service users and their family/carers, to ensure that they are absolutely instrumental in the co-design and co-production of the services we aim to improve. It is accepted that we will need access to some in-patient provision to manage complex behaviour when this has become difficult to manage without a hospital environment, but this will be planned, short-lived and discharge planning will start at the beginning. In line with our TCP footprint area of just over 1 million population we plan to commission no more inpatient capacity than is required and in line with the national guidance as follows:

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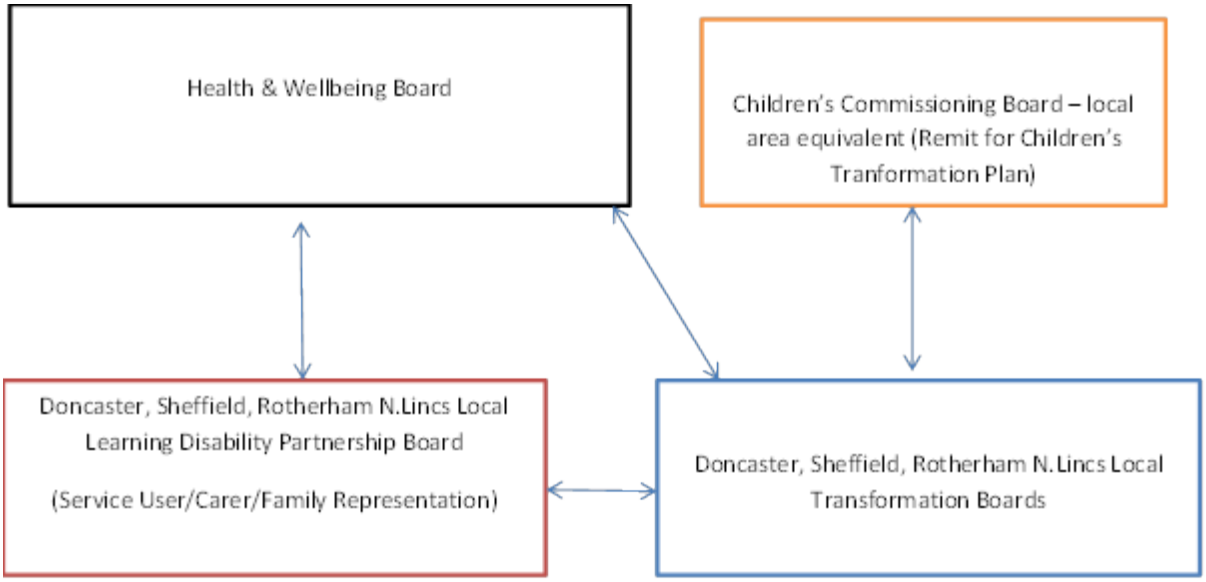
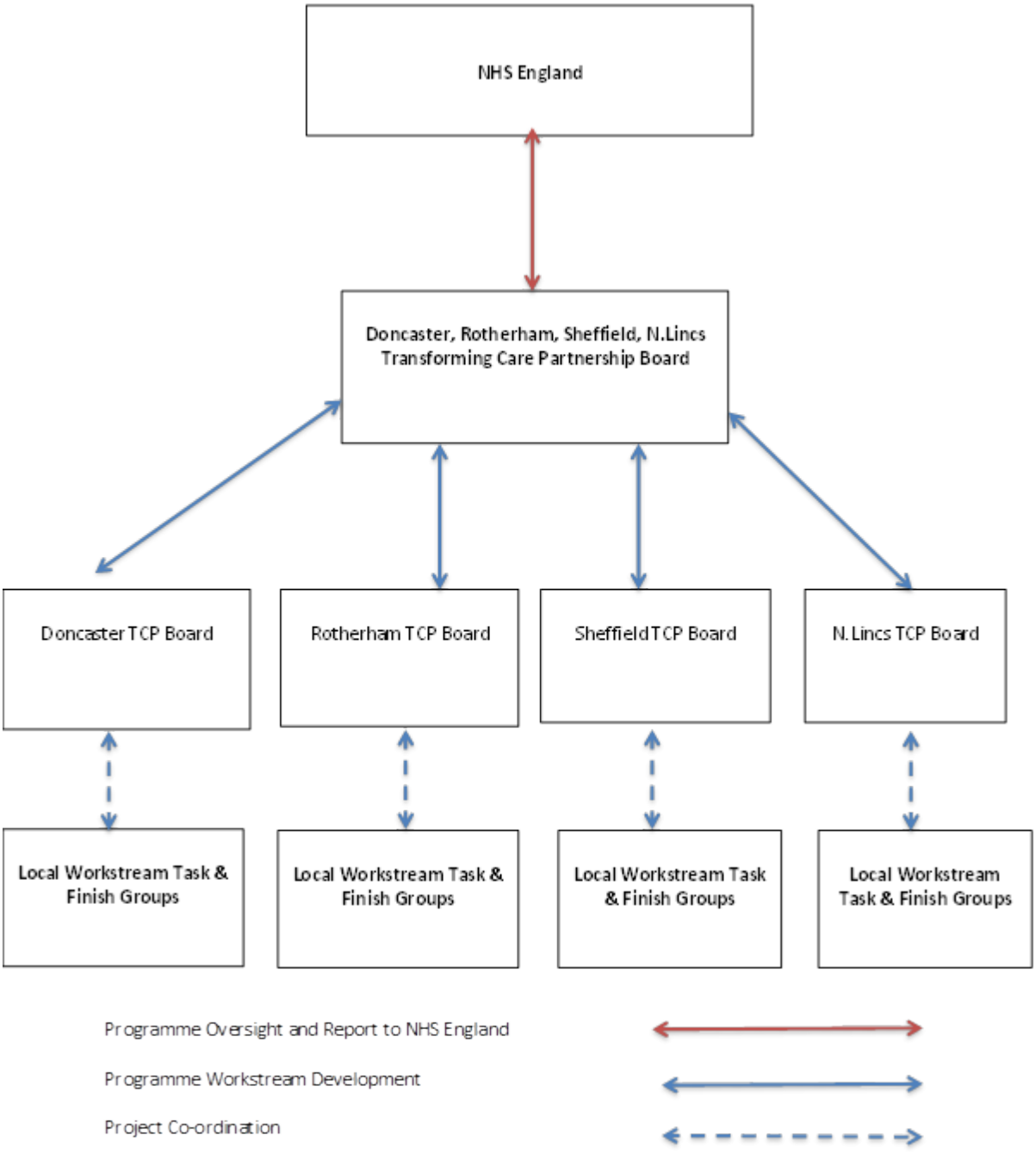
This plan is an implementation plan and it will follow an iterative process. The outline plan is creative and ambitious, but will be based on our local and collective understanding of the changing needs and requirements of the people we are aiming to support. This partnership plan will have the full engagement of lead clinicians, including primary care to co-design the care pathways, work with local providers to future plan their business plans and with Local Authorities' housing strategies to ensure that we collectively develop a market position statement that fully outlines our future requirements so we can attract the right housing providers.

Our plan places a strong emphasis on ensuring the understanding of the needs and aspirations of people with a LD and/or autism, their families and carers. Therefore our main ambition will be to work collaboratively with people with LDs and their families from the first step and will therefore follow the national principles of engagement. This plain will be underpinned by a communications and engagement strategy, which will be agreed across the partnership.

## 3. Planning Process

We will need 3 year plans to reach the target by 2018/19. The process for plan development is prescriptive and the timelines for delivering the initial plan is tight. We also need to demonstrate that we have robust governance structures in place and a Transforming Care Partnership Operational Board has been convened who will oversight and accountability for the delivery of the implementation plans. Each of the areas will have their own local governance and reporting structures, who will manage the day to day project management of local service developments and most importantly, the Health & Wellbeing Boards in each area, will need to have sight of and receive regular progress and assurance reports.






**Timeline:**

| | |
|---|---|
| Local Boards/TCPs Governance Structures agreed and meetings | December 2015 |
| Detailed Plans worked up with local agreements | January 2016 |
| Submit Plans for approval to NHS England (first plan) | 8 February 2016 |
| Feedback from NHS England | 18 February 2016 |
| Resubmission of revised plans | 24 February 2016 |
| Feedback from NHS England | 29 February 2016 |
| Final revised Plan as per comments by NHS England | 6 March 2016 |
| Sign off by NHS England | 11 April 2016 |

## 4. Doncaster Health & Social Care Learning Disability Service Review

On review of the Guidance when this was released in February 2015, Doncaster had already started some the planning and had ideas around transformation for the development of Learning Disability and Autism services locally. Our health and social care community had agreed some areas of focus for review which the ATU and locked Rehab.

The Doncaster plan will now need to expand the range of key stakeholders we engage with to include any private providers in Doncaster who offer in-patient beds so that they are working with us and adapt their services to suite what we want to commission in the future. Some of the first year actions in the plan include:

- Form a service user and carer/family expert panel to guide service review and future planning
- Development of a Market Position Statement for complex and challenging behaviour
- Capacity and demand review across services and map gaps in provision
- Development of a Provider Forum
- Review our community service offer and scope our Provider landscape locally and across the TCP footprint for children & young people and adults

We will need to understand the landscape and phase in workstreams carefully as this will have a significant impact on care provision for people with complex learning disability/difficulty if this process is not managed effectively. Therefore the Local Authority and the CCG will undertake a Whole System & Service Review that will identify the right set of services that will be needed in the community and the need for inpatient care and out of area placements which should reduce and allow local re-commissioning and re-use of resources for future years.

Doncaster CCG and Local Authority joint review of health and social care services will come under a joint Project Board who will have overview and scrutiny of the Doncaster project plan and as such will have local responsibility for the project plan for realignment of the health pathway.

Workstreams will be agreed and developed locally and where appropriate joint workstreams across our TCP areas will need to be put in place to build up community provision and reduce reliance on hospital provision for those with the most complex and challenging needs. We will explore with are TCP partners common approaches which could identify opportunities for joint commissioning and development of service specifications that would be attractive to providers.

The Doncaster Project Plan and the Transforming Care Partnership Plan will work cohesively with the Children's Transformation Plan. Therefore, in order to ensure strategic alignment, a Board to Board workshop is being planned between the Children's Transformation and TCP Operational Board will take place early in the Spring to:

- Develop an agreed vision for an ageless pathway between children and adult services
- Identify common goals and priorities
- Identify areas of opportunity for co-design and co-commissioning of community based services and enhanced support

The Local Project Plan

1. **Local Service Review Project Plan**

   - **Local Partnership Group**
   - **Governance Structure**
   - **SU/Carer consultation**
   - **Engagement with wider provider network – Private and Independent Sector**
   - **Development of a Service Quality Dashboard/outcomes framework**
   - **Transformation Plan time line – 2018/19**

2. **Primary Care – reducing premature deaths/management of LTCs/screening programmes**
   - **Review of GP access**
   - **Community Pharmacy – medicines management and compliance**
   - **Dentistry Access**

3. **Transforming Care Building Community Support – working with TCP Commissioners**
   - **Bed capacity Review**
     - Patient profiles/case reviews
     - Activity – local bed days
     - Activity – Bed activity across TCP footprint
     - Development of local plan to deliver capacity against the TCP programme

4. **Community Team and enhanced community models/embed Care and Treatment Review Process**
   - **Integrated intensive community support model**
   - **CTR process and development of a single LD Register**
   - **Development of a risk register to identify those who are at risk of a hospital admission and implement a comprehensive package of support (Early Intervention and prevention)**

5. **Financial Plan and Contract management**
   - **Dowries for transfer of people into community services from in-patient care**
   - **Explore Personal Health Budgets and self-directed care funding mechanisms to enhance choice of care**

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It is anticipated that review will take 12 months to complete, however, work steams will be in place to deliver any recommendations and work plans as soon as possible. This will feed into the TCP transformation agenda.

6. **The shape of future services and delivering change**

The community service model will look vastly different for people with Learning Disabilities in 3 years' time. Primary, secondary and intermediate care services will need to be responsive and integrated, and the dual/multiple diagnosis needs will be addressed through a single

integrated care pathway that will focus on preventing hospital admissions and where clinically appropriate, bringing people closer to their place of origin. Where people with a learning disability or autism require access to an in-patient bed, they should expect high quality of care, rapid assessment with a treatment/care plan that will facilitate discharge as expediently as possible.

The business model for our current providers will need to evolve and to meet our future commissioning intentions. The pace of change to shape services will be quick and given the sensitivities around this agenda and the possible risks, the need to work collaboratively is more important than ever.

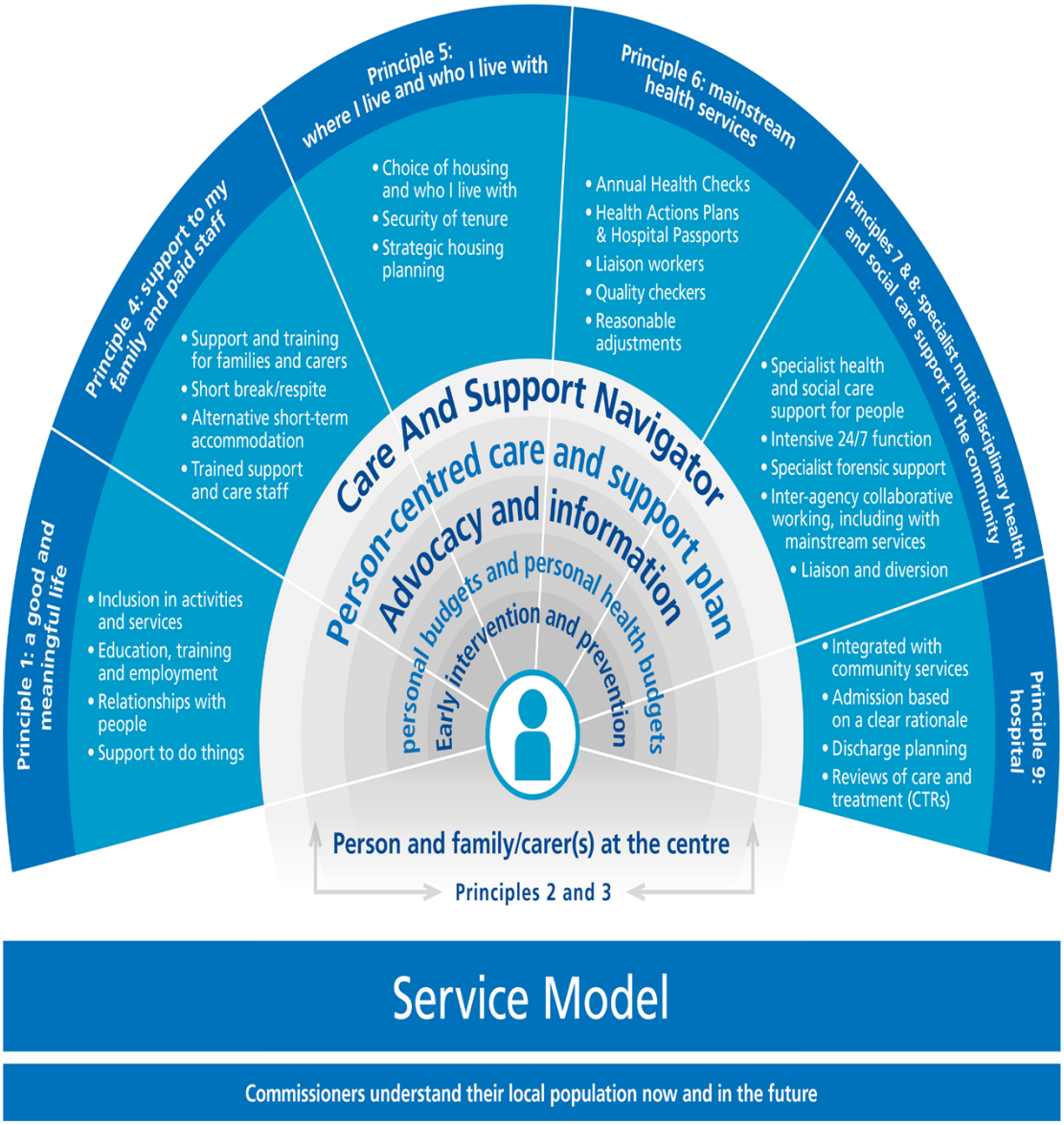
It is evident however that the service map across the TCP footprint will need to change and the ratio of bed to community service will move over the next 12-18 months. The partnerships in Doncaster will need to have clear sight on each of the developmental steps to transfer the new service model and the partnership will need to expand to include collaboration from all providers – independent and private, statutory and 3rd sector. We will use existing networks to make sure that this takes place and develop new relationships were required.

The Health & Wellbeing Board will require full understanding of the agenda, its role in the development and delivery of the new models and approaches, and support and direct the TCP Operational Board in making the right decisions in building a better community support model.

**Andrea Butcher**
**Head of Strategy & Delivery (mental health and learning disability)**
**Doncaster CCG**

**Appendix**

The Transforming Care model approach covers 9 key principles:




# Service Model

Commissioners understand their local population now and in the future

## The National Service Model

1. People should be supported to have a good and meaningful everyday life - through access to activities and services such as early years services, education, employment, social and sports/leisure, and support to develop and maintain good relationships.

2. Care and support should be person-centred, planned, proactive and coordinated – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.

3. People should have choice and control over how their health and care needs are met – with information about care and support in formats people can understand, the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.

4. People with a learning disability and/or autism should be supported to live in the community with support from and for their families/carers as well as paid support and care staff – with training made available for families/carers, support and respite for families/ carers, alternative short term accommodation for people to use briefly in a time of crisis, and paid care and support staff trained and experienced in supporting people who display behaviour that challenges.

5. People should have a choice about where and with whom they live – with a choice of housing including small-scale supported living, and the offer of settled accommodation.

6. People should get good care and support from mainstream NHS services, using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the Green Light Toolkit).

7. People with a learning disability and/or autism should be able to access specialist health and social care support in the community – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.

8. When necessary, people should be able to get support to stay out of trouble – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or 'offending' behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.

9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a hospital setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.