

Leeds Health & Wellbeing Board

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Report of: Nigel Gray (Chief Officer, NHS Leeds North CCG)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Update on Transforming Care three year plan

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Appendix number:		

Summary of main issues

Work is ongoing across Leeds to implement the integrated strategic commissioning and delivery plan designed to deliver the Transforming Care Programme. The Transforming Care Programme is an 'all age' plan to close inpatient assessment and treatment beds, develop effective local services and reduce usage of out of area inpatient services including specialised commissioning. This is an NHS England requirement and is monitored extensively at government level. There is a three year project plan in place locally which is being overseen by a Transforming Care Executive Group (TCEG). NHS England has yet to confirm how the programme will be financed with clarification expected to be provided to local areas imminently.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the partnership work which is already happening to meet the requirements of the transforming care programme.
- Receive further reports on progress against the Transforming Care programme.

1 Purpose of this report

1.1 The purpose of this report is to provide an update on the Transforming Care Programme and follows on from previous reports to the Leeds Health and Wellbeing Board in March 2014 and June 2015.

1.2 The local plan is a 'must do' from NHS England and has been developed to address the national programme of work following the publication of the

Winterbourne View report (2012) and subsequently Transforming Care and Building the Right Support. The national plan “Building the Right Support” (2015) identifies that local areas develop an “all age” plan to close in-patient assessment and treatment beds, develop effective local services and reduce usage of out of area inpatient services including specialised commissioning. The plan is an integrated strategic commissioning and delivery plan designed to deliver the Transforming Care Programme.

- 1.3 The Transforming Care Programme supports Leeds to deliver on the five outcomes of the Leeds Health and Wellbeing strategy. It does this by ensuring that those people with the most complex learning disability and/or autism have choice and control over the lives they lead and there is the right community based health and social care services to support them to lead their lives outside hospital in-patient provision.

2 Background information

- 2.1 In 2011, a Panorama investigation broadcast on television exposed the abuse of patients in Winterbourne View, a learning disability hospital. As a response to this the minister for care and support gave the Local Government Association (LGA) and NHS England resources to set up a programme called the Winterbourne View Joint Improvement Programme (WVJIP). The purpose of which was to help local commissioners transform care in line with a vision to end any inappropriate hospital placements for people with learning disabilities by June 2014. The national failure to meet targets led to the publication of subsequent reports, Time for Change (2014) and Transforming Care for people with learning disabilities and/or autism in December 2015.
- 2.2 The Time for Change report recommendations include a focus on local commissioning plans, pooling of health, social care and housing budgets to draw up a long term plan for spending and funding to build up community services. Although initially, Transforming Care could be described as aspirational, it is now a ‘must do’. NHS England, the Local Government Association and the Association of Directors of Adult Social Services (ADASS) published 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.
- 2.3 To deliver the programme, NHS England divided Clinical Commissioning Groups (CCGs) nationally into Transforming Care Partnerships (TCPs) NHS Leeds CCGs are one TCP, the Senior Responsible Officer (SRO) is Nigel Gray, NHS Leeds North CCG and Shona McFarlane, Adult Social Care, Leeds City Council is the deputy SRO. Reporting on progress and data collection from NHS England is significant; currently there is a requirement to complete three templates a month. The programme of work is over a three year period from April 2016 to March 2019.

3 Main issues

- 3.1 This plan is about a very small percentage of the population of children and adults with learning disabilities and/or autism. Although this cohort is small in number, the cost to meet their care and support needs is significant. To give an indication, a placement can cost more than £10,000 per week.
- 3.1 At the time of writing, there are only 36 Leeds individuals in specialist hospital provision. Of this 36, 23 are people who are the commissioning responsibility of NHS England through its Specialist Commissioning Team. The remaining 13 are the responsibility of NHS Leeds CCGs. This figure is fluid as it includes people who have been admitted to a specialist hospital for a period of assessment and treatment. Individuals have been detained under a range of provisions within the Mental Health Act including Ministry of Justice orders.
- 3.2 The requirement from NHS England is to see a significant reduction in the number of specialist hospital beds across the country. Obviously, our plan is not just about reducing specialist hospital beds, but ensuring that wherever possible we prevent hospital admission. To this end, each Transforming Care Partnership is required to develop an 'at-risk of hospital admission register'. In Leeds, our register has identified 9 adults. The risk register is also in a fluid state and is reviewed monthly therefore the number deemed at risk may fluctuate. We are aware of 11 children aged between 14-18 however we are exploring how we can develop an all age dynamic risk register to bring together children, young people and adults, in line with suggested national good practice.
- 3.3 The following groupings help to illustrate some common needs amongst the diversity of the population that this service model is about, needs which could lead to hospital admission if not given the right support:
- Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
 - Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
 - Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
 - Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
 - Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital

settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

3.4 Our Plan

3.5 As required by NHS England, we have developed a three year route-map detailing how the Transforming Care Programme will be delivered in Leeds. The outcomes that we will achieve over the next three years are:

- Close 50% of the hospital beds used by people with complex learning disabilities and/or autism
- Prevent specialist hospital admissions where possible for people with complex learning disabilities and/or autism
- Develop effective pathways through transition for young people with complex learning disabilities and/or autism
- Ensure people with complex needs relating to their learning disability and/or autism can be supported in the community.

3.6 In order to support this process, a number of different work streams have been established in Leeds to oversee the development and implementation of the Transforming Care Programme on a local level. These are:

3.6.1 **Data and monitoring progress:** To ensure that up-to-date detailed information is available on those individuals affected by the programme, including and understanding of future demand.

3.6.2 **Finance:** To identify capital and revenue budgets available and ensure affordability of the programme, NHS England has yet to clearly define how funding transfers will happen from secure care provision.

3.6.3 **Access, pathways and processes:** To describe current pathways and access to services, and design new processes which ensure clear pathways to the right support.

3.6.4 **Buildings and facilities:** To determine assets available and future requirements to enable individuals to remain in Leeds in appropriate accommodation.

3.6.5 **Coproduction and engagement:** Central to Transforming Care is an emphasis on coproduction of plans. Given the needs of the individuals included in the programme, significant work will need to take place to ensure the delivery of this work stream.

3.6.6 **Workforce development:** To undertake a skills audit of the current local workforce and develop a workforce plan to meet any skills gaps.

3.6.7 **Stakeholder and communication:** To deliver and coordinate a communication and engagement plan across all stakeholders in easy read formats, and develop a plan on a page to support the briefing of stakeholders.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 The principles that underpin the Transforming Care Programme are:

- Shift in power - People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision.
- Coproduction - To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this is through the expansion of personal budgets, personal health budgets and integrated budgets.
- Strong stakeholder engagement – providers of all types (inpatient and community based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education and housing) including people with direct experience of using inpatient services.

4.1.2 Delivering on these principles is central to our Transforming Care plan in Leeds. The level of complexity of need of the individuals affected by the plan requires significant input to ensure that they are meaningfully engaged. This will include working with advocates and delivering information in easy read formats. This activity is incorporated in two priority work streams – ‘Coproduction and engagement’ and ‘communication’. This work has begun and will underpin the activity in all other work streams on the implementation.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 This report is based on a human rights approach to ensuring people with learning disabilities and/or autism are supported to have a lifestyle which offers the same opportunities as any other adult in the local community and feel safe and free from abuse.

4.2.2 The strategic commitment to ensuring, where possible, that people are supported to live in Leeds in community settings will promote both community cohesion and integration. It will also play a vital role in ensuring those within minority groups, such as people with learning disabilities and/or autism discharged from specialist hospitals are not disadvantaged and are able to be supported within Leeds.

4.3 Resources and value for money

4.3.1 As stated earlier in this report, the cost to meet the care and support needs of this cohort is significant. From the start of this programme, NHS England has stated that it expects this transformation to be cost neutral but in reality there is currently no assurance of this.

4.3.2 Although expected at any point, at the time of writing this report there has been no clarity as to how funding is to be calculated.

4.4 Legal Implications, Access to Information and Call In

4.4.1 This report meets the requirement from NHS England to make Health and Wellbeing Boards aware of the delivery of the Transforming Care Programme at local level.

4.4.2 There are no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 A Transforming Care Executive Group (TCEG) has been established to oversee the local implementation. The aims of the group include the management of risk, the monitoring of progress, to ensure the voices of people included in the programme are heard, to hold to account officers involved in delivery and oversee the deployment of resources within the CCGs and Leeds City Council.

4.5.2 The TCEG will report activity to the Leeds Health and Wellbeing Board, the Leeds Integrated Commissioning Executive and the Leeds Learning Disability Partnership Board as and when required.

5 Conclusions

5.1 Work is ongoing across Leeds to implement the integrated strategic commissioning and delivery plan designed to deliver the Transforming Care programme.

5.2 The Transforming Care Programme is an 'all age' plan to close inpatient assessment and treatment beds, develop effective local services and reduce usage of out of area inpatient services including specialised commissioning.

5.3 This is an NHS England requirement and is monitored extensively at government level. There is a three year project plan in place locally which is being overseen by a Transforming Care Executive Group (TCEG).

5.4 NHS England has yet to confirm how the programme will be financed with clarification expected to be provided to local areas imminently.

6 Recommendations

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