

TRANSFORMING CARE PLAN

To: Children and young People's Committee

Meeting Date: 24 May 2016

From: Executive Director, Children, Families and Adults

Electoral division(s): ALL

Forward Plan ref: N/a **Key decision: No**

Purpose: To brief Children and Young People's Committee on the programme of work, known as Transforming Care, led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), to develop community based services for people of all ages with learning disabilities and/or autism to reduce the need for in-patient beds.

To agree the process for signing off the final plan that has to be submitted to NHS England (NHSE) by the 1 July 2016.

Recommendation: The Children and Young People's Committee is asked to

- 1) Note and comment on the draft Transforming Care plan**
- 2) To delegate authority to the Executive Director: Children, Families and Adults, to approve the strategy after it has been presented to both the Children and Young People's and Adults Committees and following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young Person's Committee.**

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1.0 BACKGROUND

- 1.1 In 2012 the Department of Health commissioned an investigation into the abuse of people with learning disabilities living at Winterbourne View, an inpatient assessment and treatment service for adults with learning disabilities near Bristol. The subsequent report set clear expectations on commissioners to review the situation for people with learning disabilities and/or autism placed in inpatient services out of area and, wherever appropriate, to develop services locally to support them to return to the local area.
- 1.2 Progress nationally has been mixed and the Department of Health have established a three year programme, Transforming Care, to support the development of community based services and reduce the number of admissions into inpatient beds. The programme promotes the transformation of services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those who also have a mental health condition. The programme will drive the closure of the last long stay NHS hospital for people with learning disabilities that has remained open despite a comprehensive move to close the hospitals in the second half of the 1990's/early 2000's.
- 1.3 The scope of the programme includes adults and children, recognising the importance of ensuring that there is robust support in the community for people of all ages with learning disabilities and/or autism to reduce the need for admission to inpatient services.
- 1.4 The programme has set planning assumptions that no area should need more inpatient capacity than is necessary at any one time to cater for:
- 10-15 inpatients in Clinical Commissioning Group-commissioned beds (such as assessment and treatment units) per million population.
 - 20-25 inpatients in NHS England-commissioned beds (such as low-, medium- or high-secure units) per million population.

Locally, based on the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) 18+ population of 722,877, this would suggest that Cambridgeshire and Peterborough would need the following numbers of inpatient beds:

- 7-11 CCG commissioned beds
 - 14-18 NHS England commissioned beds.
- 1.5 The national programme has led to the establishment of Transforming Care Boards for NHS and Local Authority systems to lead the changes, and has provided guidance and support to complete local plans for the changes that will be implemented. To emphasise the integrated approach to this work, the final plan has to be signed off by the key NHS and Local Authority partners before submission by 1 July.

2.0 Local Progress

- 2.1 The Transforming Care Board for our system is chaired by the CCG and the vice-chair is the Service Director, Adult Social Care, Cambridgeshire County Council. Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) are the other key NHS and Local Authority

partners.

- 2.2 In adult services the integrated arrangements for people with learning disabilities in Cambridgeshire are well established with specialist health staff and social care staff working together in integrated teams within the Learning Disability Partnership (LDP) service that sits within the management structure of the County Council. The LDP has been effective in repatriating nine of the 16 people who were in out of county inpatient beds, following the Winterbourne View investigation. We have also been working with CPFT to reduce the number of inpatient beds locally, with plans to strengthen existing community services and develop new models of support focused on avoiding admissions to inpatient beds. This work has fed directly into the local Transforming Care plan.
- 2.3 The local targets for adults supported in inpatient beds by 2018/19 have been informed by the planning assumptions in paragraph 1.4 and current activity. The targets are:
- To reduce from 10 inpatients to nine inpatients in CCG-commissioned beds (such as those in assessment and treatment units)
 - To reduce from six inpatients to five inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units).
- 2.4 In children's services where an inpatient bed is required for a child or young person under 18 years with Learning Disabilities (LD) and/or Autism Spectrum Disorder (ASD) the responsibility for provision and funding is with NHS England. NHS England (NHSE) data suggests that there are 10 people under 18 in a tier 4 inpatient bed of which 4 are placed in local provision. Work is underway with NHSE to interrogate and verify this data. Tier 4 Child and Adolescent Mental Health Services (CAMHS) are highly specialised services with a primary purpose of the assessment and treatment of severe and complex mental health disorders in children and young people. These services are part of a highly specialist pathway and provide for a level of complexity that cannot be provided for by comprehensive secondary, Tier 3 community services. It is generally the complexity and severity rather than the nature of the disorder that determines the need for specialist care.
- 2.5 The local tier 4 provision for young people under the age of 18 is based at The Croft which is a unit run by CPFT who are also the local provider of community (Tier 3) CAMHS provision. The unit is recognised nationally as being unusual because the ethos is one of the child and family being resident. It is seen locally by clinicians and families as a very proactive and supportive short term placement to assess and hopefully support families in meeting their child's needs and preventing further need for residential placement and family breakdown.
- 2.6 The CCG currently jointly funds additional support for families in Cambridgeshire and Peterborough, with both local authorities, in order to support children remaining either in their family or within their local community. Additionally, in Cambridgeshire the CCG also provide funding via a Section 256 arrangement for the Short break/Shared care and Residential provision for Disabled children though this is not specifically for LD and/or ASD.
- 2.7 With the additional Department of Health funding for CAMH services, the local

plan has an emphasis on providing early advice and support to families with the aim of supporting them to manage their child's emotional health and wellbeing. With greater integrated support in the community including development of intensive and proactive/reactive support for families in times of crisis the aim is to reduce the incidence of young people who require either CAMHs tier 4 placements and residential school placements, including the reliance on inpatients admission to the Croft. This work is led by the Joint Commissioning Unit for Children and Young people.

- 2.8 The Transforming Care Partnership board are liaising with the Joint Commissioning Unit for Children and Young People which is chaired by Wendi Ogle-Welbourn (Peterborough City Council) to determine how to work together on this common agenda. It is anticipated that the arrangements that will be put in place following these discussions will ensure that there is no duplication between boards but that there is formal and effective feedback from the Joint Commissioning Unit to the Transforming Care Partnership Board.

3.0 The Draft Transforming Care Plan

- 3.1 The draft plan (**Appendix 1**) sets out a description of how the current system operates; the governance arrangements for the programme and how service users and carers and other stakeholders will be involved; the current activity; the future vision and plans for implementation.
- 3.2 Draft versions of the plan have been submitted to NHSE in February and March and feedback received on how to strengthen the plan ready for final submission. The current draft has been strengthened with more detail on the implementation plan and more emphasis on the strong building blocks in place in Cambridgeshire. The building blocks include:
- the integrated community teams with health and social care staff
 - the development of "assessment flats" that provided accommodation and support for people supported to move back to Cambridgeshire. These flats offer the opportunity for local health and social care to understand the needs of the person and develop appropriate services for them
 - the integrated arrangements for lead commissioning with the pooled budget
 - the use of Direct Payments to support both health and social care needs.
- 3.3 As part of the support from the national programme, key partners had a workshop on 22 April with the National Development Team for Inclusion (NDTi). This workshop has helped to focus on the work needed to finalise the plan including the need to describe the future model more clearly, in particular, linking together to two diagrams set out in section three of the plan.
- 3.4 The focus of the new model set out in section four of the plan (and set out below) builds on the positive approaches already in place and extends and strengthens these to ensure that community based responses will be available to support people in ways that minimise the need for inpatient admissions.
- Service users and carers having choice and control, including the use of Direct Payments and Personal Health Budgets
 - Supporting carers, including parent carers, through services delivered by Cambridgeshire Carers Trust and the provision of personal budgets

- Progression and skills development to increase independence
- Flexible approaches to respond quickly and innovatively to address a range of situations that could otherwise escalate (see Transforming Lives approach below)
- Further development of “assessment flats” used successfully in Cambridgeshire to repatriate people in out of area inpatient settings and development of other accommodation options
- Further development of Intensive Community Support to support people in their own homes and in “assessment flats”/crisis house to avoid admission to inpatient services unless MHA powers are appropriate or the risk to the person or the community cannot be managed in the community
- Maintaining the established role of Liaison Nurse in the acute hospitals to promote good access to mainstream health care services.

3.5 The feedback from NHSE and NDTi has confirmed that the Cambridgeshire and Peterborough system is well placed to finalise the Transforming Care plan and move forward into the implementation phase.

4.0 Approval Process

4.1 The date for the final submission of the plan (1 July) falls shortly before the July meeting of the Children and Young People’s Committee, so it will not be possible to bring the finalised version of the plan back to the next Committee for formal sign off. It is therefore proposed that Executive Director is given delegated authority to approve the plan, in consultation with the Chair of the Committee.

4.2 The plan has also been presented to Adults Committee with the same recommendation for delegated authority to be given.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

5.1.1 The development of local services in the community to support people with learning disabilities and/or autism will help to maintain this area of the health and care sector with the recruitment for health and social care professionals and other skilled and experienced care and support workers.

5.2 Helping people live healthy and independent lives

5.2.1 The Transforming Care agenda focuses on supporting people to live healthy and independent lives in their local community.

5.3 Supporting and protecting vulnerable people

5.3.1 The Transforming Care programme focuses on some of the most vulnerable people that we support within the health and social care system. The plan developed locally will build on current good practice – including operational and strategic integration – to provide a range of community based services to support people as an alternative to the use of inpatient beds.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

- 6.1.1 Working with the CCG, the Council will need to agree how much health funding to invest in strengthening community services and the most effective and efficient way to provide the relatively small number of inpatient beds required to meet specific needs when these cannot be met in the community because the person needs to be sectioned under the Mental Health Act or the level of risk to the person or others cannot be managed in the community.
- 6.1.2 The Transforming Care programme is supported by funding from the Department of Health against which Transforming Care Boards can bid to support the implementation of the plan. Recognising the need to invest in strengthening and developing a range of community based services, the Board has put forward a bid for £1,877,000 which will be match funded by the investments already committed in community and inpatient services.

6.2 Statutory, Risk and Legal Implications

- 6.2.1 The Transforming Care programme will be delivered within the relevant legal frameworks for health and social care.

6.3 Equality and Diversity Implications

- 6.3.1 There are no significant implications but the services will need to be accessible and offer equity across all relevant groups and across the County.

6.4 Engagement and Consultation Implications

- 6.4.1 Plans for engaging with people with learning disabilities and/or autism and their carers are included in the plan and have been discussed with service user representatives. Formal public consultation about the future of inpatient beds will need to be consulted on in line with NHS requirements. The Council will work collaboratively with the CCG and other NHS colleagues in the engagement of service users, carers and other stakeholders and support with any formal consultation.

6.5 Localism and Local Member Involvement

- 6.5.1 The further development of community services will be enhanced by the involvement of local communities. This will require local communities to be inclusive in their engagement with people with learning disabilities and/or autism. Local Members could support this work by positively promoting the inclusion of people with learning disabilities and/or autism within local communities.

6.6 Public Health Implications

- 6.6.1 The existing health and social care services promote the importance of healthy lifestyles and will continue to do so within the proposed changes.

Source Documents	Location
Transforming Care Plan	CYP Committee on 24 May 2016 http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee

