

TRANSFORMING CARE PLAN

To: Adult Committee

Meeting Date: 17 May 2016

From: Executive Director, Children, Families and Adults

Electoral division(s): ALL

Forward Plan ref: For key decisions *Key decision:* No

Purpose: To brief Adults Committee of the programme of work, known as Transforming Care, led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), to develop community based services for people 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 Adults 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 the Children and Young People's Committee 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 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.
- 1.4 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 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 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.
- 2.4 The local targets for people supported in inpatient beds by 2018/19 have been informed by the planning assumptions in paragraph 1.3 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).
- 2.5 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.
- 2.6 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.
- 2.7 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.

2.8 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.

3.0 Approval Process

3.1 The date for the final submission of the plan (1 July) falls shortly before the July meeting of the Adults 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 and Vice Chair of the Committee.

3.2 The plan will also be presented to Children and Young People’s Committee later in May with the same recommendation for delegated authority to be given.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

4.1.1 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.

4.2 Helping people live healthy and independent lives

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

4.3 Supporting and protecting vulnerable people

4.3.1 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.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

- 5.1.1 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.
- 5.1.2 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. .

5.2 Statutory, Risk and Legal Implications

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

5.3 Equality and Diversity Implications

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

5.4 Engagement and Consultation Implications

- 5.4.1 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.

5.5 Localism and Local Member Involvement

- 5.5.1 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.

5.6 Public Health Implications

- 5.6.1 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

Source Documents	Location
Transforming Care Plan – Appendix 1	Adults Committee 17 May 2016 http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=1184