Impact Assessments for;

Project 110123 – Learning Disabilities – BRS Model

QIA

Project Name	**110123 - Learning Disabilities - BRS Model**
Is a QIA required?	Yes
Reason why a QIA is not required*	
Clinical Effectiveness Description	Community enhancement is already taking root with enhance provision locally and the implementation of 'wrap around' support for individuals in crisis and acuity this has effectively prevented and avoided hospital admission. Occupancy levels within commissioned inpatient provision has reduced significantly in recent years as clinical services and health and social care professionals develop and implement community solutions to effectively manage crisis, risk and behaviours that challenge.
Clinical Effectiveness Consequence	3
Clinical Effectiveness Likelihood	3
Clinical Effectiveness Risk	9
Clinical Effectiveness Mitigating Actions	Systemic qualification of need for admission through the Transforming Care CTR process and scheduled multi-agency review of all hospital admissions ensure that support is in place for hospital admission and alternatives to admission as required.
Clinical Effectiveness Post Mitigating Risk	9
Patient Experience Description	Hospital admission can be a highly distressing experience for people with learning disabilities and /or autism. Admission periods are often lengthy and can lead to loss of accommodation and support. Some admissions require Out of Area placement due to inability of local services to support individuals within their home communities. A small number of people will require hospital admission where absolutely necessary and provision should be in the most appropriate setting linked to a community pathway to facilitate timely discharge and on-going support.
Patient Experience Consequence	4
Patient Experience Likelihood	3
Patient Experience Risk	12

Patient Experience Mitigation	Alternatives to hospital admission are at the centre of implementation of the BRS model. The preferred option invests and implements community solutions including enhanced community provision available out of hours and local facilities such as a 'crash pad' to accommodate and support individuals during crisis. Specialist inpatient beds will be retained to care and support those that require admission and these facilities will be closer aligned to community pathways to facilitate timely discharge and more robust discharge arrangement.
Patient Experience Post-mitigation Risk	6
Patient Safety Description	Future BRS model will invest resources in community pathways as an alternative to hospital admission. This may increase risk within the community and to the individual patient if effective community responses are not in place and accessible at the point of need. The proposed BRS model (preferred option) seeks investment and realignment of resources toward community solutions such as enhanced intensive support teams and 'crash pad' facilities. The preferred option also includes access to a reduced number of hospital beds when absolutely necessary and when all other least restrictive arrangements have been exhausted.
Patient Safety Consequence	5
Patient Safety Likelihood	3
Patient Safety Risk	15
Patient Safety Mitigation	Community provision will be enhanced to support individuals in crisis through increasing hours of operation (8am till 8pm and weekends). 'Crash pad' facilities will be commissioned to accommodate and support individuals in crisis where previously hospital admission may have been an option. A defined number of specialist LD and /or Autism beds will continue to be commissioned to facilitate hospital admission where absolutely necessary. In addition mainstream AMH wards will 'reasonably adjust' to accommodate the needs of some patients that can function well and safely in an AMH ward setting.
Patient Safety Post Mitigation Risk	9
IA Submitted for Review	To be reviewed
Impact Assessment Approved	To be reviewed

EIA

Project Name	**110123 - Learning Disabilities - BRS Model**
What are the aims and objectives?	Consultation on the implementation of the 'Building the Right Support' (BRS) model for people with learning disabilities and/or autism across Cambridgeshire and Peterborough. Specifically engagement and views sought on a preferred option. The preferred option requires investment in community based provision and least restrictive alternatives to hospital admission. This will include enhancement of intensive support provision and extension of operating hours of community teams. The establishment of a 'crash pad' facility in support of crisis in the community and further investment in Positive Behavioural Support training to upskill workforces to better meet need and acuity in the community. The preferred option is part of the local Transforming Care Partnership work plan 'Building on Strong Foundations' (2016) linked to the NHS England hospital bed trajectory target for Cambridgeshire and Peterborough. The proposal calls for a reduced number of commissioned learning disabilities specialist beds based on national directive and evidence of reducing occupancy levels in recent years as alternatives to admission and better ways of managing need in community settings take root.
What are the desired outcomes?	To provide contemporary care and support in the least restrictive environment. To secure investment and enhancement in community based provision. To continue to provide a reduced number of inpatient beds to be used only as a last resort when all least restrictive alternatives have been exhausted. To deliver 'parity of esteem' and 'reasonable adjustment' in services that could meet the needs of some people with learning disabilities and /or autism with better access and support i.e. AMH wards To consult and engage with people with learning disabilities and/or autism about a future model / preferred option and utilise those views positively.
What changes or actions changes or actions do you propose to take as a result of any consultation	The outcome of the consultation will shape preferred option proposal and may change the way community services are delivered and bed configuration. Consultation phase June/July. Outcome of consultation and preferred option changes august / sept. Implementation phase beginning 1 October 2018.
What changes or actions do you propose to make or take as a result of research and/or consultation?	Consultation and engagement planned for June 2018. Consultation period will be lengthened to account for needs of people with learning disabilities and others. Advocacy agencies will work in partnership with regard to engagement strategies including user accessible material and community meetings throughout consultation period.

What factors could contribute to the desired outcomes?	Transforming Care Partnership committed to community model of investment and service delivery. Performance management arrangements and KPI's set and monitored by NHS England. Positive outcome from consultation and engagement on the preferred option proposal. Evidence base locally and reduced occupancy levels in inpatient settings overtime.
What factors could detract from the desired outcomes?	Outcome of intended consultation and engagement. Commitment of commissioners and providers to make the required changes. Progress on project plan within expected timeframes. Financial pressures within the local health and social care economy.
What monitoring/evaluation/review systems have been put in place?	There is a robust project plan in place which has been positively received at NHS England. A steering Group will support the consultation, engagement and implementation of preferred option outcome. TCP Board and TCP executive direct monitor and support all activities within the TCP work plan and associated milestone targets.
What was the outcome of the consultation, if undertaken?	Yet to take place.
When will it be reviewed?	Weekly/monthly
Which of the following protected characteristics could be disadvantaged	Groups listed below
Who are the main stakeholders?	Service users and their families Care providers and care professionals Commissioners and contracting
Who is responsible?	Transforming Care Partnership - SRO's
Who will benefit?	Service users and their families will benefit from securing care and support in their own homes or homely settings. Health and social care provision will benefit from investment in contemporary models of service delivery. Commissioning authorities will benefit as resources are targeted more effectively and efficiently and not locked up in traditional outmoded models of care that are not optimally performing.
Will the planned changes lower any negative impacts?	Yes
Will the planned changes to the proposal provide an opportunity to promote equality, equal opportunity	Yes
Will the proposed changes ensure the remaining negative impacts are legal	Yes
Proposal impact on groups identified	Better meeting the needs and preferences of people with learning disabilities and or autism and their families as support and intervention during periods of crisis and raised acuity are provided in the least restrictive arrangements in their own homes within their communities.
Age	Yes
Race	Yes
Disability	Yes

Religion and Belief	Yes
Religious/Cultural Observance	No
Sex/Gender	Yes
Sexual Orientation	Yes
Employment/Training	Yes
Taking into account the views of the groups consulted and the available evidence, please clearly sta	Consultation has not yet taken place. Local evidence would indicate need for inpatient provision is falling both local occupancy rates and OOA placements. Enhanced arrangements in community i.e. IST in Peterborough and 'wrap around' support in Cambridgeshire is taking root. However research into the effectiveness of such models is limited and the evidence base is not strong enough to determine which model(s) provides the most effective care (community - based Services for People with Intellectual Disability and Mental Health problems - faculty report, May 2015 - The Royal Colleague of Psychiatry.
Pregnancy Leave Related and Maternity Leave Related	No
Pregnancy and Maternity	Yes
Marriage and Civil partnership	
Positive Impacts	Sustain community presence and continuity of living. Improve access to wider provision, securing right care in right place at right time. Meet diversity and cultural needs in own home or community setting. Prevent restrictive practice and inappropriate care regimes Reduce stigmatization linked to hospital admission Reduce out of area placement and institutionalised care pathways.
Negative Impacts	Could lead to further out of area placement by default if reduced local beds become 'blocked' and community infrastructure fails to sustain people at risk of admission in community setting.
Has the E&D Advisor requested that the EIA form below is completed?	No
Has the equality and Diversity Advisor seen and approved the screening tool above?	No
Have you consulted on the proposal, if so, with whom, if not why not?	The intention is to consult and engage fully pending approval at GB on 24th May 2018
Date Submitted	
Date Reviewed	
Assessor Comments	
Assessment Approved	

Initial IA

Project Name	**110123 - Learning Disabilities - BRS Model**
Q1 How many people will be affected by this change?	30 -50
Q2 What is their age range?	18 - 75
Q3 Where is they living?	Cambridgeshire and Peterborough
Q4 What are their other defining features?	Adults with learning disabilities and /or autism
Q5 Are there existing inequalities within the group?	The persistence of health inequalities between different population groups has been well documented, including the inequalities faced by people with learning disabilities. Today (2018), people with learning disabilities die, on average, 15 -20 years sooner than people in the general population, with some of those deaths identified as being potentially amenable to good quality healthcare.
Q6 Are there existing inequalities between groups of patients?	People with learning disabilities and /or autism who come into contact with specialist provision often have a complex mix of co-morbidities including developmental disorders, mental illnesses, personality disorders, substance misuse, and physical disorders including epilepsy. Some of these present with challenging behaviour others do not. This cohort within the larger learning disabilities and /or autism population are more likely to be subject to specialist hospital admission and restrictive practices of care and for some involvement in the criminal justice services. criminal
Q7 Have the communications team been consulted around a consultation?	Yes
Q8 Is a consultation required?	Yes
Date Submitted for Review	
Date of first review	
Assessor Comments	
Date Assessment Approved	

HIA

Project Name	**110123 - Learning Disabilities - BRS Model**
Q1 What type of impact will the proposal have on health, mental health and wellbeing?	Positive
Rationale for Q1	The BRS model preferred option will realise a substantial shift away from reliance on inpatient care with a clear commitment to support people to live in their own homes within the community, supported by local services and community pathways. The preferred option recognises the need for retention of access to some inpatient provision but only when absolutely necessary and as a consequence of when all alternative to admission are fully exhausted.
Q2 What will the impact be on an individual's ability to improve their own health and wellbeing?	Positive
Rationale for Q2	The BRS model and preferred option moves away from historical solutions in supporting individuals in crisis and poor mental health through overreliance on inpatient care or other restrictive approaches. Investment in community solutions means people can recover in their own home environment with early intervention and 'wrap around' support.
Q3 What will the impact be on social, economic and environmental living conditions?	Positive
Rationale for Q3	The intensive community support based model evidence base is small however Mineen et al (1997) compared 25 patients treated in a hospital with 25 patients who recieved outreach treatment from the community learning disability team. They found that outreach treatment was equally effective as reducing psychiatric symptoms and was also more cost effective.
Q4 What will the impact be on demand/access to health and social care?	Positive
Rationale for Q4	The 'mixed economy' arrangement of enhanced community support and reduced inpatient reliance - but there when absolutely required will remove inappropriate access and perverse incentive in the health and social care economy. This however may lead to an increase in social care costs as community solutions tale precedent.
Q5 Will the proposal on global health be positive, neutral or negative?	Positive
Rationale for Q5	Hassiotis et al (2000) found that, in people with psychosis and learning disabilities (borderline intellectual functioning), intensive support community care led to significantly less time spent in hospital in comparison to standard care.
Q6 Are any outcome risks on your Risk Register?	Yes

Q7 Has the HIA Advisor seen and approved a screening tool?	No
Q8 Has the HIA Advisor requested that the full form be completed?	No
Q9 Will the health impacts be medium to long term?	
Rationale for Q9	
Q10 Do each of the negative health impacts have a mitigation in place?	
Rationale for Q10	
Q11 Are the health impacts likely to generate public concern?	
Rationale for Q11	
Q12 Are the health impacts likely to generate cumulative and/or synergistic impacts?	
Rationale for Q12	
Q13 will the health impacts have an overall positive or negative impact on health of the local popul	
Rationale for Q13	
Q14 Quantify or describe important health impacts	
Q15 Recommendations to improve the project to maximise the health outcomes for the local population	
Top Indicator 1.Title	
Impact Indicator 1	Neutral
Rationale for Indicator 1	
Top Indicator 2.Title	
Impact Indicator 2	Neutral
Rationale for Indicator 2	
Top Indicator 3.Title	
Impact Indicator 3	Neutral
Rationale for Indicator 3	
Top Indicator 4.Title	
Impact Indicator 4	Neutral
Rationale for Indicator 4	
Top Indicator 5.Title	
Impact Indicator 5	Neutral
Rationale for Indicator 5	
Top Indicator 6.Title	
Impact Indicator 6	Neutral
Rationale for Indicator 6	
Top Indicator 7.Title	
Impact Indicator 7	Neutral
Rationale for Indicator 7	
Other Indicators	

Impact for Other Indicators	Neutral
Rationale for Other Indicator	
Submitted for Review	FALSE
IA Submitted for Review	
IA Reviewed	
IA Approved	
Assessor Comments	

HIIA

Project Name	**110123 - Learning Disabilities - BRS Model**
Q1 What evidence have you considered to determine what health inequalities exist in relation to your	Health status from the Public Health Observatory profiles for both Cambridgeshire and Peterborough. Data from LD health registers and forward strategic planning Data and narrative from 'Building on Strong Foundations' C & P Transforming Care Partnership Plan Bed Occupancy and CTR data since September 2015 National service specifications detailed in NHSE Guidance Data provided by NHS England regarding patient trajectory performance
Q2 Will this work produce any specific changes in inequalities in access?	yes
Impact Q2	Positive
Rationale for Q2	Improvement in crisis response provision specifically for people with learning disabilities and /or autism. Access to mainstream AMH provision including inpatient beds through 'reasonable adjustment' and parity of esteem
Q3 Will this work produce any specific changes in inequalities in health outcome?	yes
Impact Q3	Positive
Rationale for Q3	Inequalities in accessing provision should be reduced and more responsive local provision secured which will reduce the need for restrictive forms of care including out of area placement.
Q4 If this service was provided in an integrated way within NHS what would be the impact?	Service is in part provided by the NHS within an integrated model commissioned through Section 75 arrangement, block and spot. Revising the Section 75 arrangements based on implementation of the BRS Model will further improve integration and reduce health inequality.
Impact Q4	Positive
Rationale for Q4	Realisation of the local TCP Plan and key milestone targets including specific pathways that will address in part inequity.
Q5 If this service was provided in an integrated way with Social Care, what would be the impact?	As above the service is in part integrated with social care and in the case of the LDP, CCC fully integrated on both a commissioning and provision level (health and social care)
Impact Q5	Positive
Rationale for Q5	See above

Q6 What is the potential overall impact of your work on health inequalities?	Development of a community based model that facilitates greater access to relevant support and care which will reduce the historical reliance on restrictive options that habituate and sustain inequity and at times remove people with learning disabilities and/or autism from their families and communities for significant periods of time.
Impact Q6	Positive
Rationale for Q6	Commitment to Building the Right Support (2015) and the three year national Transforming Care programme.
Date Submitted	
Date Reviewed	
Date Approved	

PIA

Project Name	**110123 - Learning Disabilities - BRS Model**
Q1 Will the project involve any data from which individuals can be identified	No
Rational for Q1	
Q2 Will the project result in you making important decisions about individuals?	No
Rationale for Q2	
Q3 Will the project require you to contact the individuals in ways they may find intrusive?	No
Rationale for Q3	
Q4 Will the project involve the collection of new information about individuals?	No
Rationale for Q4	
Q5 Will the project compel individuals to provide information about themselves?	No
Rationale for Q5	
Q6 Will information about individuals be disclosed to new organisations/people?	No
Rationale for Q6	
Q7 Are you using information about individuals for a new purpose/in a new way?	No
Rationale for Q7	
Q8 Will you be using a new system or using an existing system in a different way?	No
Rationale for Q8	Not in relation to data
Q9 Does the project involve you using new technology which might be perceived as being intrusive?	No
Rationale for Q9	
Q10 Is this project using the same processes and procedures that have historically been in place?	Yes
Rationale for Q10	
DPO Sign-off	Yes

SIRO Approval	No

SIA

Project Name	**110123 - Learning Disabilities - BRS Model**
Q1 Offer employment opportunities to local people	Yes
Impact Q1	Positive
Rationale for Q1	RS Model will provide new community pathways and encourage new social care providers into Cambridgeshire and Peterborough. The enhanced community services will required additional health and social care professionals and may afford redeployment opportunities for inpatient staff making transition to community services.
Q2 Offer employment opportunities to disadvantaged groups	Unsure
Impact Q2	Neutral
Rationale for Q2	There is potential to secure experts by experience in support of community pathways but this would have to be worked through in the context of staffing requirements relating to the community pathways and provision ie enhanced community teams and 'crash pad' facilities.
Q3 Promote and encourage a sustainable local economy	Yes
Impact Q3	Positive
Rationale for Q3	Changes to commissioned services will be through reinvest of resources traditionally locked into inpatient services and made available to fund and sustain the BRS community preferred option.
SIA Q4 Does this change affect other providers?	yes
Impact Q4	Positive
Rationale for Q4	Encourage new social care providers to the localities. Existing providers may have to realign their provision in order to support implementation of community pathways and future. inpatient bed configuration
SIA Q5 Does this change minimise care miles?	yes
Impact Q5	Positive
Rationale for Q5	BRS Model is about local community provision and solutions to crisis and ill health that sustains people in their home settings. In line with the vision of 'Transforming Care' and Cambridgeshire and Peterborough TCP bed trajectory target. - Out of Area placements will continue to reduce and not be required as community provision including the use of assisted technology provide least restrictive solutions.
SIA Q6 Promote prevention of LTC and improve self-management	yes
Impact Q6	Positive

Rationale for Q6	Preventative solutions including the 'upskilling' of workforce and carers with Positive Behavioural Support (PBS) training will help providers and individuals better manage periods of crisis and potential heightened distress and give a range of solutions other than hospital admission
SIA Q7 Provide evidence-based, personalised care that provides VFM	yes
Impact Q7	Positive
Rationale for Q7	Though the enhanced intensive community support evidence base is small as it is across much of learning disabilities research - Mineen et al (1997) compared 25 patients treated in a hospital with 25 patients who received outreach treatment from the community learning disability team. They found that outreach treatment was equally effective as reducing psychiatric symptoms and was also more cost effective. Hassiotis et al (2000) found that, in people with psychosis and borderline intellectual functioning, intensive community care led to significantly less time spent in hospital in comparison to standard care. Locally the use of the Transforming Care Local Area Emergency Protocol (LEAP) and community CTR process has resulted in fewer hospital admissions as community options are formally agreed between statutory agencies and put into place to prevent admission.
SIA Q8 Deliver integrated care, that improves coordination and removes duplication	yes
Impact Q8	Positive
Rationale for Q8	BRS Model has explicit support from the local Transforming Care Partnership with all statutory agencies committed to providing integrated care. The Section 75 agreements between both LA's and CPCCG are based on the premise of integrated health and social care provision and work particularly well in Cambridgeshire through the Learning Disability Partnership.
SIA Q9 Support the CCG's objectives to reduce carbon emissions and become more sustainable?	Not applicable
Impact Q9	Neutral
Rationale for Q9	
SIA Q10 Affect the use of energy or water?	Not applicable
Impact Q10	Neutral
Rationale for Q10	
SIA Q11 Affect pollution to air, land or water?	Not applicable
Impact Q11	Neutral
Rationale for Q11	

SIA Q12 Will specific environmental outcomes to be accounted for in procurement?	Yes
Impact Q12	Positive
Rationale for Q12	Social outcome of sustaining people with needs in their home communities through least restrictive practices will be made explicit within procurement framework based upon the principles of BRS Model
SIA Q13 Will the change stimulate innovation among providers to reduce environmental impact?	yes
Impact Q13	Positive
Rationale for Q13	Providers will need to demonstrate innovative ways of supporting people that may challenge in community settings including alternative to admission responses ie 'crash pad' facilities.
SIA Q14 will implementation promote ethical and sustainable procurement?	Not applicable
Impact Q14	Neutral
Rationale for Q14	
SIA Q15 Will implementation promote greater efficiency of resource use?	yes
Impact Q15	Positive
Rationale for Q15	Sustaining people locally is far more efficient and effective than costly and distant out of area placement. Bed occupancy levels throughout the three-year Transforming Care programme and reliance on out of area placement often at the behest of the current local bed provider suggests that the model of service delivery within the block contract arrangement is not working optimally with monies locked into underutilised and inappropriate provision.
SIA Q16 Will implementation obtain maximum value for money?	Not applicable
Impact Q16	Neutral
Rationale for Q16	
SIA Q17 Will implementation support local or regional supply chains?	Not applicable
Impact Q17	Neutral
Rationale for Q17	
SIA Q18 Will implementation make current activities more efficient or alter service delivery models?	yes
Impact Q18	Positive
Rationale for Q18	The reinvestment from bed reduction and subsequent enhancement of community provision with the option of individualized bed procurement if required is financially more viable and sustainable as available resources are focused on presenting need as required as oppose to being locked into inflexible block arrangements that are over commissioned locally with further resources tied up in 'double funding' of out of area placements.

SIA Q19 Will it provide / improve / promote alternatives to car based transport?	Not applicable
Impact Q19	Neutral
Rationale for Q19	
SIA Q20 Support more efficient use of cars	Not applicable
Impact Q20	Neutral
Rationale for Q20	
SIA Q21 Promote active travel (cycling, walking)?	Not applicable
Impact Q21	Neutral
Rationale for Q21	
SIA Q22 Affect vehicle use, mileage or other transport or travel activity?	Yes
Impact Q22	Negative
Rationale for Q22	Potentially more vehicle use by providers to support enhanced community based working
SIA Q23 Improve the resource efficiency of new or refurbished buildings?	Not applicable
Impact Q23	Neutral
Rationale for Q23	
SIA Q24 Increase safety and security in new buildings and developments?	Yes
Impact Q24	Positive
Rationale for Q24	Former specialist LD ward (Hollies) at Cavell Centre being utilized to provide safer settings for other service users i.e. female PICU
SIA Q25 Reduce greenhouse gas emissions from transport?	no
Impact Q25	Neutral
Rationale for Q25	
SIA Q26 Provide sympathetic and appropriate landscaping around new development?	Not applicable
Impact Q26	Neutral
Rationale for Q26	
SIA Q27 Support adaptation to the likely effects of climate change?	Not applicable
Impact Q27	Neutral
Rationale for Q27	
Submitted for Review	FALSE
IA Submitted review	
Assessor Comments	
Impact Assessment Approved	