

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD- 15 June 2016**

**TRANSFORMING CARE PARTNERSHIP FOR PEOPLE WITH A LEARNING DISABILITY AND/OR AUTISM**

**REPORT OF: RICHARD SMITH, ASSISTANT DIRECTOR, EARLY HELP AND SUPPORT, DIRECTOR OF ADULT SOCIAL SERVICES (DASS)**

**LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

1.1 This report has been written to inform the Health and Wellbeing Board about the Transforming Care Partnership (TCP) for people with a learning disability and/or autism who may present with behaviours which can challenge and may include mental health issues. The TCP Programme is endorsed by NHS England, ADASS and LGA. It runs from July 2016 – 31<sup>st</sup> March 2019.

1.2 In summary, TCP is progressing work from the original 'Winterbourne View' situation, where people with learning disability and/or autism and behaviours which may challenge were neglected and abused. NHS England acknowledged that individuals should not live in NHS run provision. Thus, at a national level TCP is intended to reduce the number of beds provided across the country overall and ensure that when placements occur, the average length of stay is reduced to 85 days.

1.3 At a national level NHS England has established 48 'footprints' across the country, where CCGs and councils are aligned. The Shropshire Footprint covers:

- Telford and Wrekin council
- Telford and Wrekin CCG
- Shropshire council
- Shropshire CCG

1.4 Currently, NHS England Specialist Commissioning, commission 19 beds for named individuals who originated from across the footprint (16 adults and 3 young people/CAMHs). The two CCGs currently commission 7 beds. By 2019 the target reduction is 9 beds commissioned by specialist commissioning and 5 beds by local CCGs. Overall, the number of beds will reduce from 26 to 14.

1.5 Paul Taylor was appointed as the Senior Responsible Officer (SRO) for the Programme. Richard Smith has now taken over that role.

1.6 A TCP template was submitted to NHSe on the 11<sup>th</sup> April and a revised version was submitted on the 26<sup>th</sup> May. (Appendix 1). The TCP template will be in the public domain. In addition, an Easy Read and an executive summary will be produced and published on the websites of the CCGs and councils during Summer 2016.

1.7 Feedback on the Financial Excel spreadsheet was provided to the Shropshire footprint and further iterations have been submitted.

1.8 Overall, all parties and stakeholders endorse the principles and values which underpin TCP. However, all parties, and especially the two councils, who are autonomous to the NHS England have articulated concerns about potential financial risk both verbally and in writing, on several occasions. Without clarity on how the financial risks will be fully mitigated, NHSe is aware that full approval will not be given to this Programme.

1.9 In addition to targeting a reduction of individuals placed in in-patient beds, NHS England describe an additional four cohorts of people (children, young people or adults) that the TCP is expected to include:

- *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.*
- *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.*
- *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).*
- *Have 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.*

1.10 There is an expectation that using a co-production approach, decision making and power will shift from existing services (health, social care, education and providers) and be shared more inclusively with the people who use services and family carers.

1.11 In addition, work will take place to engage with a wide range of stakeholders including schools, colleges, the criminal justice system, providers and the voluntary sector to ensure that the emerging strategy is sustainable and achievable.

## **2. RECOMMENDATIONS**

The Health and Wellbeing Board is asked to:

- 2.1 Note the submissions made to NHSe (Appendix 1).
- 2.2. Confirm endorsement of the Values and Principles of TCP (page 73 of Appendix 1) but withhold final and full approval without assurance from NHS England that no authority will experience financial risk due to delivery of the TCP.
- 2.3. Support the principle of collaboration across the Shropshire footprint.
- 2.4. Require the preparation of a statement of Commissioning Intentions for the Shropshire footprint in relation to learning disability, which has the TCP as a main work stream.
- 2.5. Request a further report on progress in six months time.

## **3. IMPACT OF ACTION**

- The impact of the TCP, if fully delivered will be a transformation to how support is provided to individuals with learning disabilities and/or autism who may have behaviours that challenge, including mental health.
- At a community level, a more diverse and all age approach will support earlier identification of potential development of challenging behaviour, with appropriate support to mitigate or reduce the level and frequency of incidents.
- Schools/special schools will be central to introducing cultural/ attitudinal changes based on the TCP service model. They will be supported to develop sustainable models of working with individuals which reduce incidents of challenging behaviour.
- Schools/special schools will receive the right support from NHS funded providers to meet the needs of children and young people effectively and in a timely manner.
- Families will be supported to care for individuals or engage with services that provide support. This will provide greater assurance to family carers that the needs of the family member are met in a way which promotes overall health and well-being, and are not subjected to abuse or neglect.
- Families will also be provided with access to respite/short term breaks which enable them to maintain their caring role.
- Workforce development will support staff across the sector to have the skills, knowledge and value base to support people locally. Workforce training will be differentiated to the needs of different parts of the workforce.
- Work will take place to raise public awareness of supporting people living in the community who may at times present with behaviours that challenge (as an example, similar to the approach over dementia).
- Work will take place to encourage individuals to engage in their local communities as appropriate, and for some people, this may include opening up more opportunities for some form of employment.
- Overall, provision will be bespoke, flexible and tailored to individual needs.
- The expected outcome will be a reduction in incidents of challenging behaviour, reducing the need for high levels of staffing to support individuals and placements in NHS funded provision, thereby achieving overall efficiencies. However, this is expected to take longer to achieve than within the lifetime of this Programme.

#### 4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>If yes please state relevant priority</i> Young people and adults with a learning disability and/or autism including mental health, and their carers
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p><b><i>Put our children and young people first:</i></b> This means we will work collaboratively with schools, special schools and colleges of FE.</p> <p><b><i>Improve local people's prospects through education and skills training:</i></b> TCP indicates that councils have a role to support individuals who are able to, to move towards employment (paid/voluntary).</p> <p><b><i>Protect and support our vulnerable children and adults:</i></b> Social Care</p> <p><b><i>Ensure that neighbourhoods are <u>safe</u>, clean and well maintained:</i></b> Some people with behaviours which challenge require additional steps to ensure their safety and the safety of family members and other members of the community.</p> <p><b><i>Regenerate those neighbourhoods in need and work to ensure that local people have access to <u>sustainable housing</u>:</i></b> named individuals will require accommodation which is bespoke to their individual needs.</p> <p><b><i>Improve the health and wellbeing of our communities and address health inequalities:</i></b> work will take place with all NHS funded services to support 'mainstreaming' the principle of equal access to good health care, rather than 'shadowing' of health related illnesses under the guise of 'learning disability'.</p>
	Will the proposals impact on specific groups of people?	
	Yes	See Initial Equality Impact Assessment (Appendix 2) which shows the overall impact on specific groups of people will be positive.
TARGET COMPLETION/ DELIVERY DATE	Programme Delivery commences in July 2016 and ends on 31 <sup>st</sup> March 2019 although work is likely to extend beyond that date. The key milestones are in the TCP Template, page 37.	

<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	<b>Yes</b>	<p>There is the potential for significant financial impacts to arise from the implementation of this programme to the partner organisations. This financial comment only reflects the Local Authority implications of the bid, focussing on pressures identified and so may not identify all implications arising which may impact other partner organisations.</p> <p>The proposal in the submission currently considers the reduction of inpatient clients to 14 from 26. The transfer of costs from current inpatient provision to Community based care should come with funding from NHS England which should result in no ongoing net additional costs to Local Government. However, the current estimate identified in the latest template submission is that over £2.2m of costs would fall to the Local Authorities by 2018/19, and to date there is no formal confirmation of funding to follow, so this is clearly a risk which would fall in whole or part to the two Local Authorities based on the 12 clients who would be expected to move. It is not possible to estimate how much of this could fall to Telford &amp; Wrekin Council at this stage because that would depend on where those individuals determined to live. This risk may be spread across the "Footprint" by means of a Pooled budget arrangement and locally initial discussions are happening to consider putting this arrangement in place across the four organisations, thereby supporting mitigation of risk.</p> <p>Recent communication with NHS England does suggest that funding for clients where care is currently delivered by NHS England will move with those clients to the Community Provision, but it is by no means certain that the funding will move in entirety and if it does flow from NHS England, it will initially be to the CCGs. Therefore, the recommendations reflect a cautious approach in 2.2 in the absence of any firm confirmation of funding from NHS England.</p> <p>The template also identifies the costs of implementation of the programme, transitional costs estimated at around £0.97m being new costs and the input of significant amounts of resource from existing staff etc. from partner organisations. A bid for Transitional funding to match the additional costs has been made, but nationally, applications made by TCPs far exceed available resources so the full amount is unlikely to be awarded. Any shortfall in funding could present a risk to the delivery of the programme and would necessitate the partnership revisiting their transitional plan or seeking alternative sources of funding.</p>
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<b>LEGAL ISSUES</b>	<b>Yes</b>	<p>"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" was published on 30 October 2015 and requires local authorities and NHS bodies to deliver against Transforming Care Partnership implementation plans from 1 April 2016</p> <p>Local authorities and NHS Bodies are expected to align or pool their budgets, as appropriate and recognising the continued responsibility of Clinical Commissioning Groups for NHS Continuing Healthcare.</p> <p>Any pooled funding arrangements need to comply with the requirements of Sections 75 National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.</p> <p>In addition to clarity as to financial arrangements between local authorities and NHS Bodies, there will need to be clarity as to the governance and reporting arrangements arising from this whole service approach taking into account each agency's relevant statutory duties for adults and children and young people with a learning disability and /or autism who display behaviour that challenges [including behaviour that can lead to contact with the criminal justice system] under the</p>

		<p>following legislation [as amended /updated from time to time] and associated Regulations and Statutory Guidance published there under:</p> <ul style="list-style-type: none"> <li>• Local Authority Social Services Act 1970 Schedule 1[list of all local authority social services functions]</li> <li>• Mental Health Act 1983</li> <li>• Children Act 1989</li> <li>• Education Act 1996</li> <li>• Crime and Disorder Act 1998</li> <li>• Housing Act 2004</li> <li>• Mental Capacity Act 2005</li> <li>• National Health Service Act 2006</li> <li>• Autism Act 2009</li> <li>• Equality Act 2010</li> <li>• Health and Social Care Act 2012</li> <li>• Children and Families Act 2014</li> <li>• Care Act 2014</li> </ul>
<b>EQUALITY &amp; DIVERSITY</b>	<b>Yes</b>	The impact will be positive. People with learning disabilities and/or autism who have behaviours that challenge including mental health will be supported to live ordinary lives in the local community, and to be valued and respected, rather than experience neglect, abuse or discrimination.
<b>IMPACT ON SPECIFIC WARDS</b>	<b>No</b>	This Programme has a borough wide impact in Telford and Wrekin and across Shropshire.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	<b>Yes</b>	<p>TCP is based on a principle of co-production.</p> <ul style="list-style-type: none"> <li>• Face to face meetings have taken place with several family carers and there feedback has been included in the TCP submission.</li> <li>• The Project Worker has attended two Carers Partnership Boards and a Learning Disability Partnership Board.</li> <li>• Further engagement will take place and remain ongoing for the duration of the Programme.</li> <li>• An event is proposed for July 2016. This may well be for family carers and experts by experience across the whole footprint.</li> <li>• In due course, engagement will also widen to include all other main stakeholders, including schools/special schools, the criminal justice system, the voluntary sector, care and health services/providers.</li> <li>• Workforce.</li> </ul>
<b>OTHER IMPACTS,</b>	<b>Yes</b>	An Initial Equality impact Assessment has been done

<b>RISKS &amp; OPPORTUNITIES</b>		(Appendix 2). The outcomes of TCP are positive and reviews will remain ongoing for the duration of the Programme.
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## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

The TCP Template provides detailed information on the full Programme. The sections of the report include:

Mobilise communities (pages 4 – 7)

Understanding the status quo (pages 8 – 14)

Develop your vision for the future (pages 15 – 19)

Implementation Planning (pages 20 – 23)

Delivery (pages 24 – 42)

Appendix 1 – Engagement (page 43)

Appendix 2 – Population Data and information (page 46)

Appendix 3 – Services in place – (page 59)

Appendix 4 – Principles of Care (page 67)

### **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

An Initial Impact Assessment (IIA) has been completed and a more detailed Equality Impact Assessment is not required. A copy of the IIA is attached as Appendix 2.

### **3. PREVIOUS MINUTES**

Not applicable

### **4. BACKGROUND PAPERS**

*“Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services”*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

*“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”*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

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