7 <sup>th</sup> January 2016		ITEM: 7
Thurrock Health & Wellbeing Board		
Learning Disability Services : Transforming Care Partnership		
Wards and communities affected:	Key Decision:	
All	Non-key	
Joint Report of: Thurrock Council and Thurrock CCG		
Catherine Wilson Strategic Lead Commissioning Thurrock Council		
Accountable Head of Service: N/A		
Accountable Director: Roger Harris – Director Adults Health and Commissioning /		
Mandy Ansell – Acting (Interim) Accountable Officer Thurrock CCG		
This report is Public		

## **Executive Summary**

In February 2015, NHS England alongside the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) together publicly committed to a national programme of change for Learning Disability services - for both health and social care. This announcement forms the continued response to the abuse that took place at Winterbourne View.

The latest document published by ADASS and NHSE on October 30 2015, called <u>Building The Right Support</u> sets out the expected outcomes and changes to be implemented and delivered nationally and regionally. The overarching outcomes that the transformation is expected to achieve are:

- Reduced reliance on inpatient services (closing hospital services and strengthening support in the community)
- Improved quality of life for people in inpatient and community settings
- Improved quality of care for people in inpatient and community settings.

## 1. Recommendation(s)

- 1.1 That the Health & Well-Being Board notes the Transformation Care Programme and the local response.
- 1.2 That the Health and Well Being Board is aware that the Transforming Care Partnership was established on 15<sup>th</sup> December 2015.

# 1.3 That the Health and Well-Being Board receives back the full implementation plan.

### 2. Introduction and Background

- 2.1 Prior to the publication of this document in October 2015, all 10 health and social care partners across Essex (the 7 CCGs and the 3 top-tier local authorities including Thurrock) had already initiated a number of discussions to explore the potential benefits, challenges and feasibility of delivering learning disability transformation across Thurrock, Southend and Essex. This early start has been viewed nationally very positively and creates the potential opportunity to bid for some of the capital and transformation funding that the national programme has made available.
- 2.2 The national plan, Building the Right Support, states:

Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with dignity and respect.

The document also recognises that as a society we have made significant improvements in this respect since Valuing People Now, but that the system in some instances is still over-reliant on in-patient responses to crisis rather than a community response ensuring each person is at the heart of the care and support they may require.

The evidence which is included in the national paper Building the Right Support, demonstrates that the whole Essex region performs in the middle range against the identified indicators – i.e. how many people with learning disabilities end up in hospital after a crisis. This should not create complacency especially given the fact that all regions will be looking to deliver step change over the next 3-4 years.

- 2.3 Building The Right Support and the initial discussions regionally indicate that the following areas need to be actioned and/or considered:
  - Setting up a local Transforming Care Partnership that supports integrated commissioning that covers the 7 CCGs and the 3 Local Authorities in Essex.
  - Pooling <u>or aligning</u> of budgets both between CCGs and local authorities at a local level and elements of this subsequently to be pooled across the whole of Essex, whilst continuing to recognise responsibility for NHS Continuing Healthcare
  - NHS England Specialist Commissioning budgets will be aligned alongside these regionally pooled funds. For people who have been in hospital the longest, the NHS will provide a dowry to help with moving people home, guidance regarding this is expected shortly but there is to be no new money
  - Short or medium term investment into community support to deliver a shift in the system away from in-patient care towards community based prevention

- Integrated Community Learning Disabilities processes that assess and support all Adults with Learning Disability. These would be managed locally, but elements particularly specialist health roles may be procured across Essex
- Appropriate integrated commissioning and contract management arrangements should be considered
- Re-procurement of specialist health resources through a contract that supports the flexibility and transformation expected.
- 2.4 Following on from the original plan further guidance was issued on the 17<sup>th</sup> November 2015. It was confirmed that Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners are to come together to form Transforming Care Partnerships (TCPs) to build up community services and close unnecessary inpatient provisions over the next 3 years by March 2019.

This guidance outlines what commissioners are now required to do.

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds
- 20-25 inpatients in NHS England-commissioned beds

Both per million populations

2.5 To deliver on these planning assumptions it is essential that areas build up capacity in communities and redesign pathways in order to better support people at home. An important component of partnership preparations will be analysis to inform plans for commissioning intensive community support services.

To support local areas with transitional costs, NHS England will make available up to £30 million of transformation funding over three years, with national funding conditional on match-funding from local commissioners.

In addition to this, £15 million capital funding will be made available over three years.

2.6 TCPs have to produce a draft implementation plan by 8<sup>th</sup> February 2016. This should allow for areas to commission at sufficient scale to manage risk, develop commissioning expertise and commission strategically for the relatively small number of individuals whose packages of care can be very expensive.

Each plan will be reviewed by local panels, including expert clinical input, in order to provide useful feedback. Panels will include NHS England and LGA/ADASS representatives together with people with a learning disability and/or autism, their families/carers. Panels may want to probe some areas of the plan in more detail, via calls/meeting with key individuals in February 2016.

To support the TCP to deliver these changes, a bespoke package of support will be put in place to help areas plan for transformation.

### What have we done across Essex?

- 2.7 Across Essex we have established a TCP Board chaired by Simon Leftly (Director of Adult Services for Southend). We have agreed representation on this Board from all three Council's and all 7 CCGs. We have established a clear governance structure and an engagement plan. The Board is now meeting and has dates set up across 2016 we have been quick off the mark here as some areas haven't even got agreement yet over who should form the membership of their TCP.
- 2.8 Within Thurrock we have been doing extensive work across the CCG and local authority to ensure that people are moved out of hospital based care into an appropriate based community setting. There remains only 1 further individual to move on and although this is a complicated process the recent announcement of a "dowry based" form of funding support will help those discussions.
- 2.9 All TCPs are required to develop a joint transformation plan by 8<sup>th</sup> February 2016. This will only be our initial response as a more detailed consideration will be required over what service model is best across Essex for specialist learning disability services. It is likely that the TCP Board will want to procure those services especially Assessment and Treatment beds and some subforensic services but we have not agreed yet that any local services e.g. adult social care, will be part of that tender. It may be that the NHS element of the procurement will go ahead and part of the service model will be strong links into local, community based provision.

## 3. Issues, Options and Analysis of Options N/A

## 4. Reasons for Recommendation

4.1 To ensure that the Health and Well Being Board are informed regarding Building the Right Support, the Transforming Care Partnership and progress with implementation.

## 5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Reference groups for people who use services, carers and professionals are being established as the work moves forward.

## 6. Impact on corporate policies, priorities, performance and community impact

6.1 Changes to provision will influence policies and community impact particularly refocusing provision within the community for people with learning disability this will be monitored closely.

## 7. Implications

### 7.1 Financial

None at present but finance will be fully involved as the programme of work develops.

Implications verified by: Mike Jones

## 7.2 Legal

None at present but legal will be fully involved as the programme develops

Implications verified by: Roger Harris

#### 7.3 **Diversity and Equality**

Equality impact assessments and consultation will be key to ensure that people are fully included and the extent of any proposed changes are evaluated appropriately

Implications verified by: Roger Harris

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

#### 9. Appendices to the report

Appendix 1 - Building the Right Support National Plan

## **Report Author:**

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Adults, Health & Commissioning