

19 July, 2017		ITEM: 7
Thurrock Health and Wellbeing Board		
Transforming Care Programme		
Wards and communities affected: None	Key Decision: Non-key	
Report of: Roger Harris, Corporate Director for Adult Housing and Health Thurrock Council / Mandy Ansell Accountable Officer Thurrock CCG		
Accountable Head of Service: n/a		
Accountable Director: Roger Harris, Corporate Director for Adults, Housing and Health		
This report is Public		

Executive Summary

This document provides an update on the Transforming Care Programme to the Health and Well Being Board. Transforming Care is a national programme led by NHS England and the Association of Adult Directors of Social Services in response to the abuse that took place at Winterbourne View Hospital. The programme nationally consists of 48 Transforming Care Partnerships. The local partnership covers the three local authorities and seven CCGs of Thurrock, Southend and Essex.

The objective of the programme is to implement the national service model for people with learning disabilities and / or autism that display behaviour that challenges which was published in October 2015. This should deliver the following outcomes:

- Reduced reliance on inpatient services (closing hospital services and strengthening support in the community). The target set is to reduce the number of in-patients from 73 in April 2016 to 46 by March 2019
- Improved quality of life for people in inpatient and community settings
- Improved quality of care for people in inpatient and community settings.

This document provides an update on the following:

- The scope of the work;
- Updates against the four separate projects across the programme;
- A more detailed update against the critical project that relates to the Adult Specialist pathways;
- Next steps.

1. Recommendation(s)

- 1.1 That Health and Wellbeing board members note the update and agree to a further update in due course.

2. Scope of the Work

2.1 The core focus for the programme is to implement the national service model for adults with a learning disability and / or autism that display behaviour that challenges. At the same time there are three other strands of work, namely:

- A review of the outcomes and pathways for children with a learning disability and / or autism who display behaviour that challenges to assure that the right support is in place to prevent crisis for these children;
- A review of the pathways for adults with autism only (no learning disability) who display behaviour that challenges to assure that the right support is in place to prevent crisis and address any gaps;
- Implementation of the requirement to undertake a review into all deaths for all children or adults with a Learning Disability (LeDeR).

2.2 To support these projects there is a cross-cutting workstream on Finance. An “Experts by Experience” group consisting of people with learning disabilities and family carers is involved in all aspects of the programme, and a professional reference group consisting of practitioners and clinicians have contributed to the development of the proposed service model and pathways for the adult work stream.

3. Programme Updates Options

3.1 The work to review the pathways and outcomes for children with a learning disability and / or autism consists of the following key steps:

- Analysis of the data to understand the numbers of crises that children with learning disabilities and / or autism experience, comparing these with outcomes for children without a diagnosis of either autism or learning disability. The crises being explored are either an episode of in-patient treatment; a period of time in an independent residential school; or engagement with the criminal justice system
- Some desk-based reviews of cases that have reached crisis to capture the learning about what could have been done differently at the point of crisis (T-1), in the year leading up to the crisis (T-2) and earlier than one year before the crisis (T-3)
- Interviewing a number of families and individuals who also experienced crisis to capture their views and experiences. An independent organisation has been commissioned to undertake this work
- Mapping current service and referral pathways to identify any gaps, duplication or potential for better alignment / closer working.

3.2 The project is planned to finish with a workshop event in October to agree the findings and recommendations from these strands of work. The approach has been co-produced with parents / carers who sit on the project board for this work. There are key dependencies to other projects including the SEND reform, and Mental Health transformation.

Adults with Autism only pathway reviews

3.3 The approach to the work to review pathways for adults with autism only is following the same steps as the work across the children's pathways, namely:

- A review of the data
- Some desk-based review of cases that reached crisis
- Some interviews with individuals who have ended up in the criminal justice system; or admitted to an in-patient facility; or experienced another crisis.
- Review of the existing service and referral pathways.

3.4 The timing for the completion of the work is also a similar timeframe and is also being delivered alongside the Autism Partnership Boards from the three Local Authorities.

LeDeR

3.5 A paper has been presented at the Childrens Safeguarding Board and the Adults Safeguarding Board outlining the scope and progress in implementation of the LeDeR. The estimate is that there are about 70 deaths every year across Southend, Essex and Thurrock for people who have a learning disability. The objective of the LeDeR programme is to determine any learning about whether any of these could have been prevented through more robust health and care support. As the reviews happen, any findings will be reported back to the Safeguarding Boards.

The first test review is planned for this month looking at the death of a child who had a learning disability. The current planning is that the review process will go live from September.

Adult LD Pathways

3.6 The core project is to implement the national service model and reduce the numbers of people with learning disabilities and / or autism who are in hospital. The update covers the following:

- Summarises the achievements and successes during 2016/17
- Outlines the key differences between the current model and the proposed future model
- Outlines the next steps and timeframes.

3.7 As a Partnership across Southend, Essex and Thurrock the project has had some notable achievements during 2016/17. In particular:

- We have discharged 35 people with LD and / or Autism from in-patient settings, including 9 who had been in hospital for over 3 years. This includes

one person from Thurrock who has spent almost all their adult life (30 years) in hospital.

- We have commissioned and implemented a pilot “Community Forensic” service which provides support to people who are at risk of offending with support to both enable discharge and avoid the need for hospital admission.
- We have been successful in securing additional funding across the partnership including:
 - over £2 million of capital funding – against a total national pot of £20 million
 - £500,000 of one-off transformation revenue funding from NHS England to fund projects including the new community forensic service.

3.8 The partnership has made good progress, but the next 2 years provide further step-changes in the challenges and complexity of the people who are planned for discharge.

3.9 As we move into 2017/18 the plan is to re-procure the current specialist learning disability health services. This decision is planned for CCG approval in October. This will put in place the appropriate health resources to align to the national service model and in moving to a single contract across the Partnership footprint will also create the efficiencies to sustain enhanced community services including the new forensic function. There are also plans to then address any gaps in community services, notably related to housing and crisis accommodation.

3.10 The table in the appendix provides a summary of the key differences between the current health contracts and the future service that is being proposed.

4. Next Steps

4.1 The table below provides an overview of the next steps for the procurement and the associated timeframes:

Activity	Completion date
Confirmation of the health procurement envelope and financial modelling	End July 2017
Local agreement (sign off) of Collaboration Agreement 1 by CCGs	End August 2017
Completion of the Contract Specification	End August 2017
Completion of procurement documentation	End August 2017
Business Case to TCPB seeking permission to go to tender (inc procurement documentation)	September 2017
Sign off of procurement decision by each of the CCGs	September and October 2017
Tender launch date via Bravo online portal	November 2017
Completion of the stage 2 (Contract Management) Collaboration Agreement by procurement group and distribution	February to March 2018

5. Reasons for Recommendation

5.1 It is vital that Health and Wellbeing Boards across Essex, Southend and Thurrock have an opportunity to influence and remain updated on the local implementation of a national programme.

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

6.1 The Health and Wellbeing Board leads on the community and corporate priority 'improve health and wellbeing'. It is important that its membership is appropriate to influencing and setting that agenda and allows health and wellbeing in Thurrock to be improved and inequalities in health and wellbeing to be reduced.

7. Implications

7.1 Financial

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

This report is for the Health and Wellbeing Board's information. Financial implications will be considered as the programme develops further

7.2 **Legal**

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

This report is for the Health and Wellbeing Board's information. Legal implications will be considered as the programme develops further

7.3 **Diversity and Equality**

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

This report is for the Health and Wellbeing Board's information. Diversity and Equality implications will be considered as the programme develops further

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

None

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):

- Not applicable

9. **Appendices to the report**

- None

Report Author:

Phil Brown, Essex County Council

Appendix A

Requirements from the National Service Model	What happens now in the specialist LD contracts	What will be different in the new contract
<p>Integrated, community-based, specialist multidisciplinary support to:</p> <ul style="list-style-type: none"> • support to enable people to access mainstream health and social care services, • work with mainstream services to develop their ability to deliver reasonable adjustments • support to commissioners in service development and quality monitoring • delivery of direct assessment and therapeutic support. 	<p>No specific requirements for providers to work as part of community MDT's. No consistent approach to health facilitation across the partnership. No formal role in quality monitoring. The provision of therapeutic support is inconsistent across the TCP and reflects legacy arrangements rather than population need. There are multiple referral routes, IT and EPR systems resulting in fragmented provision and potential patient safety issues.</p>	<p>Contract will require providers to work in partnership with local authority social care teams as part of community MDT's. Consistent approach to health facilitation across the TCP and the monitoring of its effectiveness. (i.e. uptake of AHC's)</p> <p>The provision of therapeutic support will be transparent and mapped against population need.</p> <p>Contracts will be outcome based rather than activity based incentivising more effective and innovative ways of working.</p> <p>Single referral point and reduced risks to patient safety.</p>
<p>Hands-on intensive 24/7 multi-disciplinary health and social care support delivered by members of highly-skilled and experienced MDT's with specialist knowledge in managing behaviours that challenge</p>	<p>Intensive Support is only available during office hours in south Essex (9-5 Mon-Fri) and 8-8 Mon-Fri, 9-5 weekends in north Essex.</p>	<p>Intensive Support function will be enhanced to provide a minimum of 8-8 coverage. A&T services will provide an outreach service outside these hours.</p>

Requirements from the National Service Model	What happens now in the specialist LD contracts	What will be different in the new contract
Specialist MDT support for people who have come into contact with or may be at risk of coming into contact with the criminal justice system (i.e. a community forensic function)	ECOS (Community Offending Behaviour Service) is only funded up until October 2018 with national funding.	Community Forensic capacity will be part of new contract.
High quality assessment and treatment in non-secure hospital services with the clear goal of returning them to live in their home. This should be integrated into their broader care and support pathway.	South has more A&T beds than north Essex despite smaller population. South CCGs spend similar levels on A&T and Community, whereas the north CCGs invest 3x more in community than A&T. All beds require modernising to be fit for purpose.	Reduction of 2 A&T beds in south Essex. Greater investment in community services in south. All A&T services will be expected to meet national standards (i.e. AIMS accreditation) Contract length will enable provider to invest in the in-patient building infrastructure. Contract will include a small number of longer term beds where there are issues of supply, quality or cost.
People should have choice and control over how their health and care needs are met, including expanded use of Personal Health Budgets and Integrated Budgets.	No ability to develop the offer due to funding being constrained within current block contracted arrangements.	An ability to re-structure the funding over the length of the contract to develop a clear PHB offer and potential for Integrated Budgets.

Requirements from the National Service Model	What happens now in the specialist LD contracts	What will be different in the new contract
<p>People should be supported to have good everyday lives including access to employment, social and sports & leisure facilities.</p>	<p>No requirement to employ people with learning disabilities.</p>	<p>Contracted requirement to employ people with learning disabilities within their workforce. Contracted requirement to work in partnership with community and Third sector organisations to develop innovative solutions that deliver health outcomes.</p>