TRANSFORMING CARE PARTNERSHIP PLAN FOR PEOPLE WITH LEARNING DISABILITIES, AUTISM AND CHALLENGING BEHAVIOUR

 Relevant Board Member(s)
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 Papers with report
 Appendix 1: North West London Transforming Care Plan Appendix 2: Hillingdon TCP Local Annex

1. HEADLINE INFORMATION

Summary

This report is to provide an update to the Health and Wellbeing Board on progress made to date within the North West London 'Transforming Care Partnership Plan' (TCP) that focuses on improving the quality of life, life chances and expectancy and range of local services for children, young people and adults with learning disabilities, autism, and challenging behaviour. To deliver our aspirations we require a multi-agency and lifelong approach.

Attached to this report is information on the development of both the Hillingdon and North West London Transforming Care Partnership Plan for people with learning disabilities, autism, and challenging behaviour.

Contribution to plans and strategies

Transforming Care Partnership Plan for People with Learning Disabilities, Autism and Challenging Behaviour.

Financial Cost

There are no direct financial costs associated with the recommendations of the report.

Ward(s) affected

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2. RECOMMENDATION

The Health and Wellbeing Board endorses the direction of travel and priorities in the North West London Transforming Care Partnership Plan noting that a final implementation plan will not be agreed until confirmation regarding any additional funding and the conditions is confirmed.

3. INFORMATION

Supporting Information

Background

Building the right support is a national plan set out in October 2015 by LGA, ADASS and NHS England 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. This will be an All-age programme focussing on the providing effective support to individuals in the community. The overall aim is to prevent new admissions and reduce the time people spend in inpatient care by providing alternative care and support in the community. The intention is to shift money into community services reducing usage of inpatient provision by approximately 50% over the coming three years.

To achieve the systemic change required, 49 Transforming Care Partnerships (TCPs) - commissioning collaborations of local authorities, CCGs, and NHS England's specialised commissioners - have been designated. They will work with people who have experienced current service provision, their families and carers, and key stakeholders to agree joint transformation plans by April 2016 and then deliver on them over three years. An alliance of national organisations will support these TCPs.

The London Borough of Hillingdon and Hillingdon CCG are part of the North West London TCP, comprising 8 CCGs.

It is expected that, by late 2018 / early 2019, no area will need capacity for more than 10-15 inpatients per million population in each CCG area for CCG commissioned beds (such as assessment and treatment units), and 20-25 inpatients per million population in NHS England-commissioned beds (such as low, medium or high-secure services). In April 2016, Hillingdon had 11 patients in inpatient settings.

TCPs have been organised to build on existing collaborative commissioning arrangements and local health economies of services for people with a learning disability and/or autism. The aim is for commissioning at sufficient scale to manage risk, develop expertise and commission strategically for a relatively small number of individuals whose packages of care can be very expensive. There will be a focus on early intervention and preventative models built with Learning Disability Community Service Specifications.

TCPs require strong leadership and sound governance, engagement and commitment to joint working amongst a range of stakeholders. The North West London Senior Responsible Officer (SRO) is Jan Norman, Director of Quality and Safety for Brent, Harrow and Hillingdon Federation of CCGs.

A coordinated approach across our 8 LA/CCGs areas will be required to develop and implement plans. The Strategy and Transformation Team for the North West London CCGs will have a key role in leading this work stream, with much intelligence and expertise coming from Local Authority and CCG leads.

TCPs were required to draw up a joint Transformation Plan by 8 February 2016. North West London TCP met this deadline. The final draft North West London Transforming Care Partnership Plan with the local borough annexes was submitted to NHS England by the deadline of 11 April. The final Plan reflected feedback from NHS England and more detailed

local work. The submission included the TCP North West London Plan and contains 8 borough/CCG specific annexes. These have been developed over the last few months by working at a local and collaborative level with Local Authority and NHS colleagues. While the involvement of social care commissioners has been the main area of LA engagement, the delivery of the Plan impacts on a wide range of LA services especially housing, leisure, education and community safety.

Central Government has made a commitment to make available £30 million revenue and £15 million capital to support the learning disability transformation agenda. Confirmation is awaited on whether these allocations will be as total amounts over the 3 year period or if they will be recurrent allocations over each of the 3 years. In addition, the methodology for allocation nationally is still to be outlined. It is expected that the revenue funding will be matched by CCGs but further details are awaited. CCGs will be expected to invest in local services out of their existing baselines prior to any funding announcements. This commitment has been met by Hillingdon CCG with its Governing Body in May 2016 approving further investment in the Learning Disability Community Health Team.

Local TCPs are being asked to use the total sum of money they spend as a whole system on people with a learning disability and/or autism to deliver care differently to achieve better outcomes. This includes shifting money from some services (such as inpatient care) into others (such as community health services or packages of support). The costs of the future model will be met from the total current envelope of spend on health and social care services for people with a learning disability and/or autism. Some services, such as local Community Learning Disability teams, will be locally funded and some services, such as community forensic or specialist "bed based" services, may be commissioned on a collaborative basis.

Funding should become increasingly personalised (personal budgets, personal health budgets, and integrated personal budgets as well as Educational, Health and Care Plan personal budgets). Local transformation should be aligned with existing requirements for Local Authorities and CCGs to set out a 'local offer' on personal health budgets and Special Educational Needs and Disabilities.

Current situation

The attached plan for both North West London and the Hillingdon annex describe current services and key population data.

The Hillingdon financial template shows that the local priority areas for additional funding are:

- Specialist Community LD Health Team
- LD CAMHS
- LD Employment Services
- Providing Community support for People with Autism
- Increased support for Community Day provision.

Further detail regarding the North West London wide priorities, some of which may be collaboratively commissioned are within the North West London Plan, although two areas which are of note are additional proposed investment in Forensic services and Crisis Support.

Both Hillingdon's and the North West London TCP plan builds on the progress already made in each of the boroughs; it brings together the best practices to share the learning and, where it makes sense, brings together resources, capabilities and expertise to develop collaborative

solutions where there is agreement to alignment. Where there are differences and a local nuance, this will be outlined in the London Borough of Hillingdon Local Plan.

The Local and North West London wide Transforming Care Partnership Plan will continue to develop to address some of areas that are not yet finalised and cannot be until further information is available on central funding; amounts and conditions.

Main options

The North West London Plan builds on the progress already made in each borough and across North West London there is alignment on commissioning plans:

- Community support including the utilisation of more skilled staff to manage more complex / challenging behaviour;
- Tailored local housing options for people with learning disabilities and/or autism;
- Respite services for families and carers, regardless of the age of person being cared for;
- Crisis care, available 24 hours a day 7 days a week that ensures that people with a learning disability and/or autism receive care and support that meets their needs in time of crisis;
- An All-age service that removes the need to transition between children and adult services;
- North West London service for people with a forensic history or Asperger's to provide the specialised psychological support required and manage the smaller number of cases over a larger geographical area; and
- Co-ordinated care across the health and social care pathways.

The Local Plan will continue to develop, building on the final submission to NHS England and addressing any areas which are not yet finalised.

Financial Implications

The overall financial model and assumptions underpinning the Transforming Care Partnership plan is currently being finalised by NHS England and will be agreed in line with the delegated authority to approve the local and North West London Plan. Further notifications are expected in July 2016.

There is an expectation under the Transforming Care model that the London Borough of Hillingdon and Hillingdon CCG provide a joint commitment towards Supported Housing arrangements. To this end, Hillingdon CCG has increased investment in community clinical support within the Community Learning Disability service specification model and the London Borough of Hillingdon has a programme in place for increasing Supported Housing for people with learning disability and/or autism.

The costs of the future model will be met from the total current envelope of spend on health and social care services for people with a learning disability and/or autism.

Risk Management Implications

The following key risks have been identified within the NW London Plan and are monitored by the Project Lead and Board.

Risk description	Probability (High, Med, Low)	Impact (High, Med, Low)	Mitigation
Provider Response: The market does not develop as envisaged. The system may not support new entrant to any market development.	Med	High	Clear market position statements signalling commissioning intentions Good on-going provider engagement including actively working with providers to invite solutions, resolve issues and concerns.
Workforce skills: required workforce skills and capacity do not develop sufficiently. Staff not available/cannot afford to live in London.	Med	High	Clear workforce development plans Work with HENWL on workforce development models. Sufficient funding to develop workforce skills and recruit appropriate staff.
Pooling budgets: nationally changes are not made to allow specialised commissioning spend to be pooled. Locally there is still some reluctance to pool health and LA spend.	High	Med	Raise nationally as a key issue. Leadership and use of the Better Care Fund and section 75 agreements

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Across North West London, people continue to be placed in out of area settings. The TCP will develop a model of care that will ensure that people with Learning Disabilities and/or Autism are able to live life with the same access to opportunities that any other member of our community is able to access. There will be a focus on care that is close to home where the service user is actively involved in planning and selecting elements of their care model. Importantly the new care model will focus on the least restrictive option available for the individual and commit to 'Putting our residents first'.

The cohort will have:

- An opportunity to learn;
- Appropriate employment or volunteering opportunities that may lead to work;
- Choice and control;
- A home to call their own;
- Community participation;
- A sense of being part of the local community; and
- A chance to manage their health with the level and quality of support that they need.

There will be a clear focus on the management of need in the community ensuring access to Primary Care is improved with the number of health checks and screening reaching best practice levels. It is imperative an effective register of Learning Disability service users are maintained. The recent CCG approval of increased investment in the Community LD Health

Team will place a clear focus on these areas with CNWL held to greater account to ensure effective delivery.

Consultation Carried Out or Required

An Equality Impact Assessment has not been carried out but the TCP programme is about a group known to be disadvantaged with the submitted plans seeking to address this. It should be noted that an Independent review of Hillingdon LD Disability Services conducted in April 2015 did include extensive consultation which led to the development of an enhanced LD service specification which has been approved by Hillingdon CCG Governing Body in May 2016. The Hillingdon Transforming Care Plan has been developed to further address the recommendations of the Independent review. A planned North West London wide consultation with service users and carers has been commissioned from Certitude and will begin later in 2016. The Hillingdon Learning Disability Partnership Board has service user representation sitting on the Board.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Legal comments

Social care legislation requires local authorities to work in partnership with health organisations with a focus on delivering preventative services, increased personalisation and less restrictive options for care. There are no other legal issues arising out of the proposal.

6. BACKGROUND PAPERS

Nil.