Birmingham City Council

Information briefing

Report From: **Birmingham Transforming Care Partnership Board**

Report To: **Health and Social Care Overview and Scrutiny Committee**

Date: **23rd February 2016**

Title: **Transforming Care in Birmingham for people with Learning Disabilities with or without Autism who display behavior that challenges.**

Summary:

The Birmingham Transforming Care Partnership Programme has been created to develop and deliver a City wide 3 year Transformation Plan for clients with Learning Disabilities and/or autism or mental health issues who display behaviour that challenges. The initial draft of the plan was submitted to NHS England on 8th February 2016 further to co-design with stakeholders that took place in January 2016. The next iteration of the plan is due to be submitted on 8th March 2016 and the final plan on 11th April 2016.

The Transforming Care Plan builds on the work already undertaken by enhancing community teams and developing the provider and housing market further. However in line with stakeholder engagement there will be some specific services that need to be further developed and evaluated to understand their effectiveness in enabling clients to be discharged safely from inpatient facilities and live meaningful lives in the community as follows:

1. Developing intensive & crisis support services by a multi-disciplinary health and social care team, 7 days per week for children including behaviour support planning;
2. Further enhancing intensive & crisis support services by a multi-disciplinary health and social care team including social workers, 7 days per week for adults;
3. Develop effective care, crisis & relapse planning with clients, carers and families including exploring the need for the introduction of an intensive wrap around service short term 'place of safety' linking to the Mental Health Crisis Concordat and better access to understandable information (a capital bid will be submitted to support the 'place of safety');
4. Explore and scope the development and testing of a Learning Disabilities HUB linking with local third sector developments to provide an advocacy, training and information HUB.

The plan on a page can be found in Appendix 1.

Recommendation:

The Health and Social Care Overview and Scrutiny Committee are asked for their views on the draft Transformation Plan to ensure their views can be incorporated at an early stage.

Introduction and background:

In 2011, a Panorama programme exposed evidence of abuse of some clients with learning disabilities, who were living in an Assessment & Treatment Unit, called Winterbourne View. Following the subsequent enquiry into this case, many changes have been made to services for people who have learning disabilities. One of these changes has been the development of the Transforming Care Agenda which is a national workstream that focuses on ensuring that care is safe, appropriate and delivered in the least restrictive environment possible.

To implement this change, on Friday 30th October 2015 NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) published 'Building the right support' a national plan for people with learning disabilities and/or autism with behaviour that challenges including those with a mental health condition and a 'new service model' for commissioners. Taken together these documents required Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services, close unnecessary inpatient provisions and redesign pathways to better support people with learning disabilities (including children and young people). The local TCP encompasses Birmingham City Council, Birmingham Cross City CCG, Birmingham South Central CCG and the West Birmingham residents who are commissioned by NHS Sandwell & West Birmingham CCG.

The new national model of care requires a significant reduction in the need for hospital care and describes how in three years, local areas should need hospital capacity to care for no more than:

- 10 – 15 inpatients in CCG-commissioned beds per million adult population at any one time;
- 20 – 25 inpatients in NHS England commissioned beds per million adult population at any one time.

In late December 2015, NHS England provided further information on the requirements of CCGs and Local Authorities which required organisations to deliver the first draft of a Transformation Plan by 8th February 2016 with the final plan due on 11th April 2016. Commissioners are required to:

- Build up community capacity and close some inpatient services in order to shift the investment into high quality, personalised support;
- Transform and redesign pathways (investing in preventative services/early intervention in the community) – not just 'resettlement' of current inpatients into the community.

In Birmingham much progress has been made over the last two years in meeting these aims with the closure of local NHS provider inpatient beds and the development of intensive community services. This provides a good platform for the further development of supportive community services that will prevent hospital admission where appropriate, facilitate timely discharge and improve outcomes for people with learning disabilities.

However further work is required to develop a cohesive response to the complex needs of clients who are stepping down from inpatient provision. In order to achieve this locally and to build on the positive work that has already taken place, partners in NHS Birmingham Cross City CCG, NHS Birmingham South Central CCG, NHS Sandwell & West Birmingham CCG and Birmingham City Council are working together with NHS England's Specialised Commissioners, clients, carers and families and wider stakeholders to co-design services.

The Transformation Plan

NHS Birmingham CrossCity CCG and NHS Birmingham South Central CCG are situated within the Birmingham City Council local authority boundary and together the CCG's commission healthcare services for a combined total population of over 1m, comprising 170 member GP practices. In addition to these CCG areas, residents living within West Birmingham have their healthcare needs commissioned separately by NHS Sandwell and West Birmingham CCG but are also within the Birmingham local authority boundary and are therefore included within the Birmingham Transformation Plan.

The Joint Transformation Plan for Birmingham has been developed to continue to build on the work undertaken locally to reduce the number of people in inpatient facilities and sets out how we will jointly ensure that there is the right workforce, capacity and appropriate support in place to improve people's experience and quality of care, improve their quality of life and improve their health outcomes. The plan aims to:

1. Improve the quality of care;
2. Improve quality of life;
3. Reduce the reliance on inpatient care;
4. Improve people's experience;
5. Improve health outcomes.

In order to deliver this, services will be focused around the diverse and individual needs of clients, and there will be a full understanding of their individual needs through integrated Care & Treatment Reviews (CTRs), development of the provider market based on feedback from CTRs, and the development of personalised care packages that make the best use of personal health budgets and personal budgets.

Packages of care will be spot purchased to ensure that the individual needs of people are understood and provided but to do this effectively, significant work will be undertaken to develop the provider market to ensure care is cost effective. The model focuses on:

1. Prevention;
2. Developing suitable post discharge support and community provision to keep people out of hospital;
3. Reducing the reliance on inpatient facilities.

Building the Right Support started with a simple vision that people with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying valued lives and to be treated with dignity and respect. In order to design and deliver this, a whole-system approach has and will continue, working together and in partnership with clients, carers and their families at the heart of service design and delivery.

Fully understanding the needs of individuals with complex needs, both historic and current, facilitating discharge and keeping people out of inpatient facilities will be a primary focus of this plan however it is clear that to avoid hospital admission, people should be supported to have active lives and develop positive social interactions.

Some of these individuals may have been in inpatient units for long periods of time and will need extensive support to transition through from inpatient care to community care. Integrated teams will

work to develop a policy around joint personal budgets that wrap around the needs of the individuals to improve the quality of care provided and also the individual's quality of life.

Often a hospital admission is the only option due to risks around keeping the person safe with staff that are skilled to respond. In order to reduce the reliance on inpatient services, the model will ensure that there are clear processes around crisis, crisis planning, respite services and places of safety. A joint policy/protocol will be developed to describe exactly what is needed prior to an admission and where further clarity and support can be found.

The Transformation Plan embeds a culture of engagement throughout both the Transformational Plan delivery and but also throughout a person's care. Listening and engaging continually throughout the process will help to refine and embed a continuing culture of improvement but also to ensure that we keep people safe linking to safeguarding processes.

The local model of care will be comprehensive and will focus on building on the work already undertaken by enhanced community teams and developing the provider market and housing market further. However there will be some specific services that we would like to develop, test and evaluate to understand their effectiveness in enabling clients to be discharged safely from inpatient facilities and are able to live in the community as follows:

1. Develop intensive & crisis support services by a multi-disciplinary health and social care team 7 days per week for children including behaviour support planning;
2. Further enhance intensive & crisis support services by a multi-disciplinary health and social care team including social workers, 7 days per week for adults;
3. Develop effective care, crisis & relapse planning with clients, carers and families including exploring the need for the introduction of an intensive wrap around service short term 'place of safety' linking to the Crisis Concordat and better access to understandable information (a capital bid will be submitted to support the 'place of safety');
4. Explore and scope the development and testing of a Learning Disabilities HUB linking with local third sector developments to provide an advocacy, training and information HUB.

In order to deliver the plan, the following key developments and actions will be undertaken:

1. Ensuring clients and carers/families are at the heart of the Transformation plan – this includes enabling them to be part of the Transformation journey;
2. Ensuring that all pathways are clinically appropriate, safe and high quality through a Clinical Reference Group;
3. Standardising and integrating CTR processes across Birmingham including design of integrated paperwork and a memorandum of understanding to make best use of resources;
4. Further development and embedding of risk stratification processes and person centred care planning for adults and children;
5. Further work to understand, develop and redesign Children's pathways and services;
6. Developing the provider market to reflect the complex needs of clients, their carers and families;
7. Integrated partnership working across organisational boundaries including work to develop the personalisation agenda;
8. Understanding the required housing and accommodation provision to reflect clients complex needs;
9. Developing personalised care including processes for joint health and social care funded Personal Budgets, Education Health and Care Plans;

10. Developing and integrating the workforce to reflect the changing landscape. This includes helping to up-skill clients and carers linking to outreach teams;
11. Focusing on transition from inpatient care to community care – swiftly understanding clients complex needs;
12. Developing the 5 year Joint Strategy to deliver the model of care from childhood to older adults.

In order to deliver the Birmingham Transformation Plan, a number of enablers are required including:

- Effective Communications & Engagement Plan including 'Making the Plan Happen' Events;
- Programme Management & Delivery Support.

The inclusive model will test a number of new ways of working that build on the work already undertaken locally and create a seamless journey for people with Learning Disabilities and/or autism who display behaviour that challenges from childhood through to older adult services.

The local model will be underpinned by an effective system of:

- Ensuring clients receive care of the highest quality;
- On-going assessment and review of clients;
- On-going and inclusive engagement with clients, carers, families and wider stakeholders;
- Effective market management to secure learning disability service capacity and the skills of the learning disability workforce across the City;
- Strengthening links with primary care to ensure people's ongoing healthcare needs are addressed;
- On-going engagement to ensure that the needs of people are fully understood and continue to refine and develop the requirements;
- Significant work to introduce crisis management, a place of safety and S117 aftercare agreements and relapse prevention plans;
- Ensuring the effective use of inpatient beds.

The three year Transformation Plan has been co-designed with partners across Birmingham in order to simplify and improve support and services with the service user at the core. The journey for individuals will aim to be as inclusive as possible, providing easy read information where possible, all with the aim of ensuring that people have meaningful lives and keeping them well and out of inpatient facilities.

Funding the Plan

During the transition phase, commissioners will need to support investment in community services. To support them to do this NHS England have made available up to £30m of transformation funding nationally, which will need to be matched by CCGs. Capital funding is also available. Detailed financial analysis is being undertaken currently and will be refined as we go forward however the Transforming Care Partnership has bid for funding from both the Transformation funding and the Capital funding to support the plan delivery.

High Level Programme Timeline

In order to deliver the final Transformational Plan on the 11th April 2016, the short term timeline is noted below:

- Stakeholder mapping event – 14th January 2016
- First Transforming Care Partnership Board – 21st January 2016
- Wider Stakeholder Event (including stakeholders, clients and carers) – 22nd January 2016
- Transforming Care Partnership Board (extra meeting to review draft plan) – 2nd February 2016
- Partner sign off in principle – 3rd -5th February 2016
- NHS England Submission – 8th February 2016 (midday)
- Fully understanding the complex needs of NHS England Specialised Commissioned data/clients – February 2016
- Gain wider stakeholder views – February 2016
- Incorporate NHS England feedback further to first submission – February 2016
- Submit revised plan to NHS England – 8th March 2016
- Governance processes (partner organizational sign off) – March 2016
- Submit Final Plan - 11th April 2016.

Partner Organisations and Contacts

- NHS Birmingham CrossCity CCG, Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme
- Birmingham City Council, Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme
- NHS Birmingham South Central CCG , Sam Davies, Lead for Governance, Quality and Safety
- NHS Sandwell & West Birmingham CCG Jon Dicken, Chief Officer (Operations).

Appendix 1

Transforming Care in Birmingham (draft) Transformation Plan