Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Transforming Care – Transformation Plan
Meeting Date:	27 July 2016
Responsible Officer(s)	Julie Ogley, Director of Social Care, Health & Housing Donna Derby, Director of Commissioning, Bedfordshire Clinical Commissioning Group
Presented by:	Julie Ogley, Director of Social Care, Health & Housing Donna Derby, Director of Commissioning, Bedfordshire Clinical Commissioning Group

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Recommendation(s) The Health and Wellbeing Board is asked to:

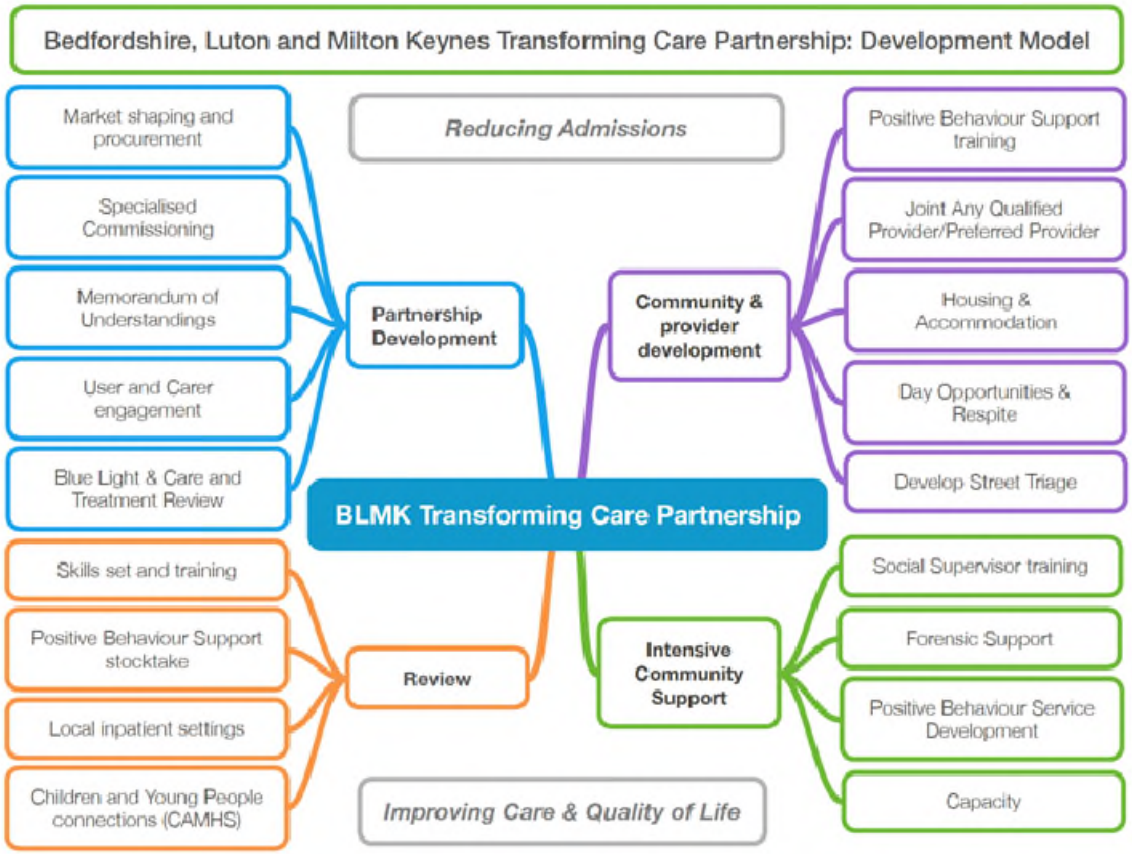
1. Consider and approve the joint three year plan in principle as there will need to be an ability to flex the plans predicated on the outcome of the engagement work stream across the footprint during 2016/17; and
2. To note that this is a joint plan with Central Bedfordshire, Bedford Borough, Luton and Milton Keynes and therefore will be subject to approval and sign off through each of the organisational governance arrangements.

Purpose of Report	
1.	To update the Board on the development of the joint transformation plan across the footprint with Luton, Bedford Borough and Milton Keynes.
2.	For the Board to note the final submission of the transformation plan to NHS England on 11 April 2016.
3.	To inform the Board of the three year transformation plan for Transforming Care for children, young people and adults with learning disabilities and / or autism.
4.	To inform the Board of the three phases described within the transformation plan and to describe the vision of the Transforming Care Partnership (TCP).

Background	
5.	The 2012 investigation into criminal abuse at Winterbourne View Hospital initiated a national response known as “Transforming Care” to transform services for children, young people and adults with learning disabilities and/or autism who have mental health conditions or behaviours that are described as challenging.
6.	The purpose of this paper is to present the ‘joint transformation plan’ for Bedfordshire, Luton and Milton Keynes around Transforming Care. The plan was developed in partnership with the organisations identified within the new footprint area, this includes three Clinical Commissioning Groups (CCG) and four Local Authorities. The Senior Responsible Officer (SRO) is David Foord (Director of Quality & Clinical Governance) from Luton CCG.
7.	In October 2015 NHS England, the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) published ‘building the right support’ and ‘a new service model’. Taken together these documents require Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England Specialised commissioners to come together to form Transforming Care Partnerships (TCPs).
8.	To achieve this systemic change, 49 Transforming Care Partnerships (TCP) (commissioning collaborations of CCGs, NHS England’s Specialised Commissioners and Local Authorities) were mobilised.
9.	The purpose of the TCP is to build up community capacity and reduce inpatient provision over the next three years for adults and children with a learning disability and/or autism who display behaviours that challenge, including behaviours that are attributable to a mental health condition.
10.	Bedfordshire forms part of a TCP which includes three CCGs (Milton Keynes, Luton and Bedfordshire) and four local authorities (Bedford Borough, Milton Keynes, Luton and Central Bedfordshire). The TCP was required to produce a joint three year transformation plan across the footprint, this plan was developed in partnership with the four local authorities and three CCG’s.
11.	NHS England described the allocation and set up of the footprint that would be responsible for developing the transformation plan for this area. This newly formed partnership developed the transformation plan that sets out and describes the high level principles that will be delivered over the next three years and that is broken down into three separate phases within the plan.
12.	The TCP was formed and produced the initial draft plans within a tight and challenging timescale. It should therefore be recognised that the principles described within the plan will need to be tested through local engagement with stakeholders and service users / family carers and there may be a requirement and ability to flex and amend the plans that will need to be agreed through the partnership. The engagement will commence in year 1 (2016/17).

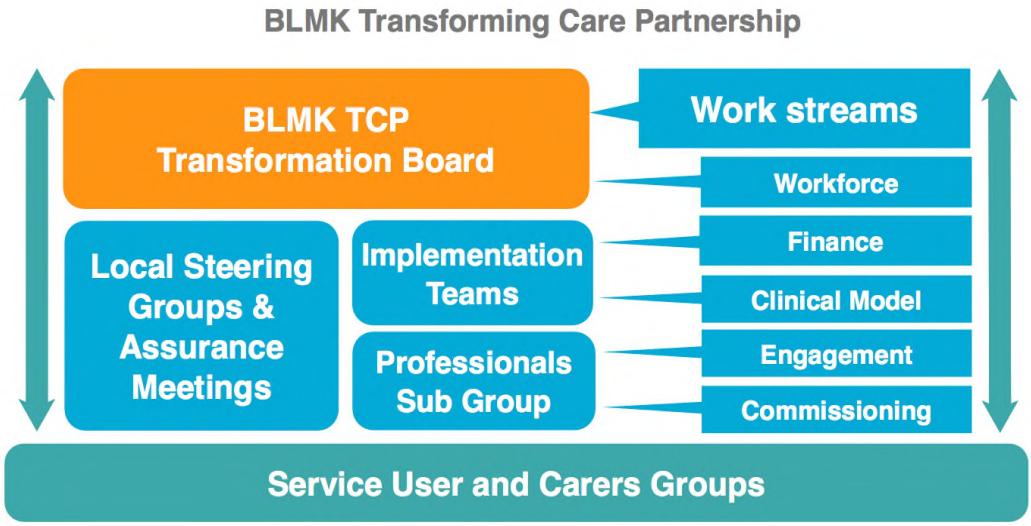
13.	The final iteration of the transformation plan was submitted to NHS England on Monday 11 April 2016. The transformation plan is required to be signed off by the Health and Wellbeing Board no later than the 30 June 2016.
14.	During the development of the plan, Central Bedfordshire was represented on the local pan Bedfordshire Transforming Care steering group to ensure that the needs of the Central Bedfordshire population were considered and included within the three year plan. The pan Bedfordshire Transforming Care steering group includes colleagues from Bedford Borough Council, Central Bedfordshire Council and Bedfordshire CCG.
15.	The vision of the Transforming Care Partnership is to work with service users, their families and carers and other stakeholders to deliver a plan that: • reduces the numbers of in-patient admissions required for people with a learning disability and/or autism; • manages effective discharge and transition for people in hospital; and • builds resilient community capacity to support people to live as independently as possible in the most appropriate community setting.
16.	Transformation will mean redesigning services to enable them to meet a different range of complexity and individual need. Those in scope and who are likely to meet the definition and criteria for this area of work include children, young people and adults with a learning disability and / or autism who: ▪ Have a mental health condition such as severe anxiety, depression or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges. ▪ Display self-injurious or aggressive behaviour (not related to severe mental ill health), some of whom will have a specific neuro-developmental syndrome 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, aggressive or sexually inappropriate behaviour). ▪ Often 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 misuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the Criminal Justice System.
Central Bedfordshire data sets – Transforming Care	
17.	There are currently 3 Central Bedfordshire patients being supported within an inpatient setting and 4 patients being supported within a secure setting. In addition, there are currently 10 Central Bedfordshire residents placed in out of area specialist residential care homes or specialist educational placements predominately due to complex and challenging behaviours. The majority of this cohort of people were placed out of area as their needs could not be met locally.

18.	There are 2 Central Bedfordshire young people approaching adulthood who are likely to meet the Transforming Care definition and are at risk of admission. This data was taken on 01.06.2016.
19.	It should be acknowledged that whilst these figures are low, the complexity and risk that these patients may and are likely to present with are significant and will require a specialist and highly skilled workforce / service to meet their needs in a community setting and to prevent admission back into hospital. These community packages of care are likely to be high cost placements that will reflect the specialism required to meet individual needs in the community.
20.	The plan describes the importance of tracking and understanding the presenting need of children and young people who are likely to be at risk of admission to enable commissioners to plan and commission services that are able to meet their needs locally and prevent admission into hospital or being placed out of area in large specialist residential / education placements often miles away from their family, friends and local care team.
National Model	
21.	The national model of care aims to: • change services for people with a learning disability and autism away from institutional models of care; • close inpatient provision; and • strengthen the support available to individuals in their local areas.
22.	National policy documents, *'Supporting People with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition' Oct 2015 and the national plan 'Building the Right Support' Oct 2015,* set out expectations to transform care. These expectations include a national service model based on the principles of reducing the numbers of in-patient admissions for people with a learning disability and/or autism, and building resilient community capacity to support people to live in the most appropriate community setting.
23.	The Bedfordshire, Milton Keynes and Luton Joint Transformation Plan has been based on these principles and includes the development and strengthening of service provision in the following areas: • Healthcare • Preventative Services • Advocacy • Carer support • Universal welfare • Education and training

	Service Model
24.	
25.	The plan has three key phases to deliver this model over the next three years, phase 1 (2016/17) is summarised as follows: **Phase 1 – 2016/17** ▪ Establish the foundations of a joint approach to transforming care; this will include establishing a formal agreement across the three Health Commissioning Authorities and four Local Authorities. The purpose of the agreement is to formalise a memorandum of understanding on how the areas will work together in a way that enhances services and improves the offer available. ▪ Development of a stakeholder engagement and communications strategy that will incorporate: o Further engagement with the two Autism Partnership Boards, four Learning Disability Partnership Boards and four Carers Partnership Boards to ensure that we are all working together on this agenda, and that we have appropriate representation at both reference group and Transforming Care Board.

	o A review of the approach as to how we are involving people and their family carers in the design and development of the local service model to ensure we have ways of including everyone which is meaningful. o Working with Children's services (including transitions) to establish how this piece of work should be led, and how the partnership will work together towards the all age approach that is required. o A joint approach will include sharing systems for working and commissioning providers, such as a joint Preferred Providers List (PPL) / Any Qualified Provider (AQP). The partnership will jointly scope the market position and the viability of an enhanced supported living scheme across the footprint for those aged 16-25 years. This scoping will include Continuing Health Care (CHC), out of area placements including those people who have behaviour described as challenging. o Further work on identifying the number of current and future patients likely to require forensic support. The formulation of a TCP footprint approach to this group also provides wider opportunities to understand and enhance day opportunities and respite for at risk groups. o Development of a cross-needs housing strategy for vulnerable adults considering Adult Social Care and Health and including those with a learning disability and/or autism who may present with behaviour described as challenging. o During this phase the partnership will implement a process to share information, intelligence and quality data on the various providers of support and hospital admissions. o Robustly work on the data to ensure its validity and aid accurate and effective planning for Phase 2 and 3 to inform any regional commissioning outside of this partnership. o The partnership will look to extend the scope of the PPL/AQP to include social care across the TCP footprint.
26.	**Phase 2 – 2017/18** ▪ The partnership will understand, plan and cost a community based forensic solution focused on reducing the offending and reoffending rate of people with a learning disability and / or autism. ▪ The partnership will scope out the unmet needs of individuals who have autism but not a significant learning disability to map out gaps in service provision and how the care pathway can be improved for this cohort.

	▪ The partnership will scope out the factors leading to 52-week out of area placements for children and young people under 18, and start to map out how the care pathway and models of support can be improved for this cohort. ▪ The partnership will model the TCP footprint inpatient requirement assuming a reduction in out of area placements of 75%. ➢ building up our community services - more providers providing better quality support accommodation ➢ up skilling of our community workforce – preventing admission / reducing potential for people to escalate to a crisis situation ➢ more robust service specification and monitoring of providers ➢ increased provision of respite services ➢ Improved transition plans for people returning to area.
27.	**Phase 3 – 2018/19** ▪ The partnership will aim to build the capacity and capability of the market for community services, potentially commissioning a TCP forensic service working together across the footprint if appropriate. ▪ The partnership will jointly provide an inpatient learning disability /autism solution across the TCP footprint, with a reduction in the average length of stay. Delivering a service model across the footprint that draws on a shared understanding of positive behavioural support, an emphasis on support being provided where the patient is, and available 24 hours a day seven days a week. ▪ The partnership will start to explore an “all age integrated” approach for care, support and financial planning for the cohorts covered in this plan Governance.
28.	In reducing the inpatient capacity there will need to be an increase in community provision that provides person centred support and services to people and their carers that achieves the following: • improved quality of life; • services that support people to take positive risks whilst ensuring that they are protected from potential harm; • choice and control - working with people in their decisions about their health and care services decision must be made in their best interests involving them as much as possible and those who know them well; • support and interventions provided in the least restrictive manner; and • equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework.

	Governance Structure
29.	The work of the Bedfordshire, Luton and Milton Keynes Transforming Care Partnership is overseen by a joint transformation board. The governance structure for the delivery of the plan is shown below - 
Resource Implications	
30.	The Transformation Plan requires the partnership to complete a finance and activity schedule for each area across both the health and social care arena. NHS England have confirmed that there will be monies available for both transformation and capital for partnerships to bid for over the next three years. There is an expectation that any successful bids will be match funded by the local commissioning teams. The risk around the financial position for the local authorities and CCG's has been flagged at the TCP board and with NHS England.
31.	The transformation plan is a three year plan and will require dedicated resource across both children and adults services through the health and social care arena.
32.	NHS England congratulated the partnership in pulling together a robust plan within challenging timescales and asked the partnership if the BLMK plan could be shared as good practice to support other areas in developing their plans.
Environmental Implications	
33.	The Transforming Care transformation plan will link in with the accommodation consultation within Central Bedfordshire Council to ensure that the principles and needs of the local population are recognised within both areas of work and to ensure that the interface is clear.

34.	One consideration for the TCP is whether the partnership would consider that local people placed within the geographical footprint for BLMK would be considered as being placed in area, whether this would be in a person's own home or a supported living scheme.
35.	This could offer benefits around economies of scale and may create an appetite among good high quality community providers to invest in the local area. This will be developed as part of the engagement plan with the market through 2016/17.
Patient/Service user experience	
36.	The implementation team, which comprises local commissioners, has been instrumental in putting together the transformation plan. It has based the key principles and proposed model of service on relevant engagement with stakeholders, review and analysis of national and local strategy and an evaluation of current provision, unmet need and the current market.
37.	The local Learning Disability Partnership Boards and Autism Partnership Boards will be kept informed and where appropriate involved in the development of this plan over the next three years.
38.	The TCP has identified patients with lived experience of transforming care and has started to work with them on how best to engage those in the process that is meaningful and person centred to the individual.
39.	Luton CCG are leading on developing a Communication Strategy for the partnership that will describe the engagement work that is being rolled out both locally and across the wider partnership throughout 2016 / 17.
40.	The pan Bedfordshire Transforming Care steering group discussed the engagement approach for the local population within Central Bedfordshire and describing the challenges with engaging the people who do not necessarily attend board meetings or voice groups. A plan was compiled as to how the local voice would be heard and encouraged to speak up about what is important for young people and adults who are either at risk of admission, in hospital or who have recently been discharged from hospital. It is vital that the voice of the carer and family members are also captured during this process.
41.	The engagement work stream will continue to run through 2016 / 17 and will include key stakeholders, service users, family carers, providers and community teams.

	Financial Summary
42.	The Transforming Care Partnership submitted a finance and activity template with the transformation plan to NHS England detailing the current spend across the health and social care arena for those meeting the criteria. A three year trajectory of activity and spend was identified taking into account the anticipated discharges from inpatient units into community placements. The care pathway for those patients currently detained in hospital or secure settings is not known at this time so a high level approach was taken to produce this anticipated trajectory.
43.	A financial risk has been identified and escalated to the board in relation to the patients currently detained in secure services. There are currently 4 Central Bedfordshire known patients detained in secure settings. When these patients are discharged, depending on their care pathway and assessed need, these are likely to be high cost placements and the money does not currently move with the patient from NHS England. Therefore these patients are being tracked by Bedfordshire CCG as to the likely and anticipated timescales and appropriate placements for discharge, to enable the commissioning authorities to monitor and plan for commissioning services that are high quality and cost effective.
44.	The concept of a dowry payment is focused on providing financial support for social care costs for eligible dowry patients (five years continuous in patient). Dowry funding will be assessed only at the point of discharge and will be agreed locally through the TCP. A dowry will only apply to those patients discharged on or after 1st April 2016 and will only be considered for those patients who have been in inpatient care for five years or more on 1st April 2016. The concept around the dowry payment needs to be discussed locally through the partnership and local arrangements need to be agreed.
45.	The transformation and capital bid monies available over the next three years need to be considered and scoped carefully as the funding will not be recurrent and therefore the schemes need to reflect that the partnership has considered this and the need to ensure that the schemes are sustainable following the three year plan.
	Conclusion
46.	The partnership has developed an ambitious three year transformation plan which aims to further progress the personalisation agenda providing local people with a learning disability and / or autism with high quality individualised support in the community and enable them to live ordinary lives and to reach their full potential.
47.	The partnership will develop the market place, build on existing good practice, continue to advance preventative support and build sustainable person centred solutions. It will also ensure that individuals have access to effective clinical support at time of crisis and acute mental ill health.

48.	The partnership expects to move towards a seamless pathway that will ensure a smooth transition for those preparing for adulthood that provides local solutions for people that not only reduce the reliance on inpatient care but enable people to live and receive support closer to home.
49.	The Transforming Care Partnership will carefully monitor and review the progress of the plan to ensure that the partnership is making progress and delivering successful health and wellbeing outcomes for the individuals covered in the plan.

Reasons for the Action Proposed	
50.	The Health and Wellbeing Board (HWB) has a statutory duty to promote integration and is seen as a valuable forum for stakeholders to come together to review performance of the transformation plan. The expectation is that HWBs will continue to oversee the strategic direction of the plan and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners.
51.	NHS England guidance requires Transforming Care Partnerships to submit their plans to the Health and Wellbeing Boards no later than 30.06.2016. It is required that the plans are signed off by the relevant board members before NHS England are able to feedback the position in relation to the transformation plan and subsequent bids that have been submitted with the plan.
	Next steps
52.	• Continue to develop the BLMK Communication Strategy • Implement the phase 1 (2016 / 17) engagement work stream across Bedfordshire • Implement a programme framework for delivery of phase 2 & 3 that aligns with other key programmes across health and social care

Issues	
Governance & Delivery	
53.	Within the plan the Transforming Care Partnership was asked to complete a trajectory of the number of inpatient beds required for the footprint, demonstrating a reduction in bed usage and in line with the national recommendation per one million GP population. The partnership has completed this piece of work and this was submitted with the plan. However it has been recognised that Bedfordshire are currently tracking 7 patients (4 out of the 7 are Central Bedfordshire patients) who are placed in secure services commissioned through the Specialist Commissioning Group, both in and out of area and who present with complex and risky behaviours.

	Predicated on when these patients are stepped down through their care pathway, they are likely to require a lengthy period in locked rehabilitation and therefore would need to form part of the bed allocation for the footprint. There is a risk that the partnership will not work within the bed allocation for the footprint because when the patients are stepped down from secure they are likely to remain in inpatient provision for longer periods of time before consideration can be given to progress people further and into community placements, resulting in the bed usage for Bedfordshire being higher than reported in the plan. This risk has been raised and discussed at the TCP board with NHS England. The financial impact has also been flagged with the Executive team in the CCG as the money will not be moving with these patients and therefore the CCG will inherit these high cost placements as they step down into locked rehabilitation provision.
Financial	
54.	Whilst a commitment in principle has been made in the plan, the financial position for the Local Authorities and Clinical Commissioning Group remains challenging and therefore over the course of the 3 years the position could change predicated on the financial landscape going forward. It was felt important to highlight this from the beginning as this could impact on the plan over the course of the next three years which could result in a change of the proposed model.
Public Sector Equality Duty (PSED)	
55.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty **No**
56.	Luton is the lead organisation for the Transforming Care Partnership and the transformation plan has been through their equality and diversity process which has been signed off and agreed by Bedfordshire CCG equality lead. It is anticipated that when the transformation plan develops into individual projects, that these will need to go through the local equality and diversity assurance process within Bedfordshire CCG and Central Bedfordshire Council.

57.	The cohort of people affected by the implementation of the service model will include: • Those currently living in the community, supporting them to lead independent lives including crisis prevention and management; • Those currently in in-patient and secure settings; and • Those in residential placements out of area who are able to be successfully transition back to their local community

Source Documents	**Location (including url where possible)**
Transforming Care transformation plan	Appendix 1

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