

 <b>Brent</b> Clinical Commissioning Group 	<b>Health and Wellbeing Board</b> <b>22 January 2019</b>
	<b>Report from the Strategic Director  of Community Wellbeing</b>
<b>Update on Transforming Care: Learning Disabilities</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision: (only applicable for Cabinet, Cabinet Sub Committee and officer decisions)</b>	N/A
<b>Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</b>	Open
<b>No. of Appendices:</b>	None
<b>Background Papers:</b>	N/A
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## 1.0 Purpose of the Report

- 1.1 Following on from the Winterbourne View scandal in 2012 , and subsequent investigation and report, the CCG and Local Authority are required to report to NHS England all patients with a learning disability they have a duty of care for, who are in treatment units and their plans for discharge. Additionally, the Winterbourne View report identified a number of actions that needed completing relating to the total learning disability population in order to ensure that, in the future, support for people with a learning disability reduces the likelihood of individuals needing to be admitted to an in-patient unit or be placed in an institutional setting.

1.2 The Health and Wellbeing Board receive an annual update on progress against the required actions, the last report was in October 2017. This report provides an update on progress against the key milestones that were agreed at the last HWB Board and progress against national and regional requirements and/or priorities, and proposes priorities for this year for consideration.

## **2.0 Recommendation(s)**

2.1 Members note the measures already in place to support the TCP cohort in the borough and note the further actions planned as part of the TCP programme.

2.2 Members note progress against key milestones and areas that require further development

## **3.0 Background**

3.1 Winterbourne View was a hospital in South Gloucestershire for people with learning disabilities and autism whose behaviour sometimes made their families and professionals worry and could present significant risks to themselves or others. It was meant to help by assessing and treating patients so that they could have ordinary lives in their own homes.

3.2 The review sets out the government's final response to the events at Winterbourne View hospital. It sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging.

3.3 The main focus is on ensuring that people with a learning disability and/or autism in hospital who could be supported in the community are discharged into a community setting as soon as possible, and do not spend long periods of time in institutional care.

3.4 The identified priorities are: developing appropriate accommodation, community care and support services, and building capacity in the community so that people only go into hospital when they need treatment and not because their support in the community has broken down.

3.5 This work ensures that services make the necessary improvements to current and future care planning as well as ensuring the needs of this cohort are considered in commissioning intentions.

3.6 In October 2015, the paper 'Building the Right Support' (BRS) was published, which set out the vision and plan for the programme duration, from April 2016 to April 2019. The scope of the national programme, and all work under the Transforming Care Agenda includes people with learning disabilities &/or autism that have or are at risk of developing a mental health condition or behaviours described as challenging, that could lead to contact with the justice system. This is an all age's programme.

3.7 The aims of the national programme are:

- reduced reliance on inpatient services (by 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
- the transformation of specialist and mainstream services to minimise future admissions.

3.8 The focus of the national programme is to consider and plan for the enhanced/intensive support that needs to be delivered in the community in order to provide effective interventions for children, young people and adults with a learning disability and/or autism who present with

behaviours that challenge which place themselves or others at risk of serious harm; or for whom the nature or degree of risk might otherwise lead to exclusion, placement breakdown, and admission to inpatient services.

- 3.9 Achieving an effective model of integrated community and inpatient services and support is key to the delivery of the Transforming Care Plan (TCP). Within Brent we have a diverse population of people with learning disabilities (LD) and autism who are part of the transforming care cohort supported by a mix of community and inpatient providers with varying levels of capacity and expertise. The aim of the TCP is to support people closer to home and in the least restrictive setting; and ensuring patients get discharged to the community at the earliest opportunity when it is clinically safe to do so.
- 3.10 Within Brent, in order to achieve the national TCP aims there are four work streams, each with a project plan, aimed at reducing the risk of admission and ensuring the community infrastructure can meet the needs of the local learning disability population. The work streams are:
- Market Development
  - Reduction in the number of NHSE and CCG in-patients
  - Integration of the health and social care learning disability teams
  - Transitions
- 3.11 People with learning disabilities and/or autism who are placed in or are at risk of admission to an inpatient setting are a highly heterogeneous group and the integrated model of care and support needs to reflect that diversity. The needs of the inpatient cohort from NWL fall broadly into these categories:
- Mild LD with a diagnosed mental health need
  - Moderate or severe LD and autism with challenging behaviour including self-injurious behaviour
  - Mild LD and/or autism with a forensic history, with /without a mental health diagnosis
- 3.12 The complex commissioning and provider landscape for health and social care represents a challenge when developing the integrated services needed to support the transforming care cohort in the community and in hospital.
- 3.13 Financial pressures faced by all partners, and the lack of clarity regarding the transfer of funding from NHS Specialised Commissioning in regards to inpatient provision have added to the challenges.

## **4.0 Commissioning Context**

### **4.1 *Commissioning arrangements for health services***

### **4.2 *Specialised Commissioning (Specs Comms)***

NHS England directly commissions 'specialised' services for Learning Disabilities and/or Autism, supporting individuals who have the most complex needs and pose the highest risk either to themselves or others, and will include individuals who if they did not have a learning disability may have received a prison sentence as an outcome of the risks they presented. The key inpatient bed provisions commissioned by Specs Comms are secure beds which means that the wards are locked and individuals are under close supervision:

- Low, Medium and High secure provision for Adults
- Children and Young People's secure in-patient beds

#### 4.3 *Clinical Commissioning Groups (CCGs)*

Clinical Commissioning groups are responsible for commissioning acute inpatient, primary care and community services for children and young people with LD and autism.

They also commission community forensic services (services that support people with an offending/criminal history), however, there isn't a specialist LD community forensic service in Brent currently.

The key services for adults with LD and autism commissioned by the CCG in Brent are:

- Community Learning Disability Team (CLDT) provided by Central and North West London NHS Foundation Trust
- London North West Hospital Trust
- Autism Diagnostic Services for children and adults
- Mainstream community mental health services for children and adults with mental health needs which will accept patients with autism and mild LD
- Mainstream mental health beds for adults with mental health needs which will accept patients with autism or a mild LD who don't need a specialist service
- Specialist assessment and treatment (A&T) and open / locked rehabilitation provision for adults with LD and autism. These are spot purchased and include out of area placements.

The local specialist inpatient services are:

- Kingswood Centre -Specialist Assessment and Treatment service for adults with LD, provided by CNWL
- Cygnet, Harrow - Specialist open and locked rehabilitation service for adults with autism (including those with a mild LD, and with or without a forensic history)
- Nursing Homes, Residential, supported living and community care packages for people who are eligible for NHS Continuing Healthcare funding and section 117 aftercare (mental health support for people who have previously been detained in hospital).

#### 4.4 *Commissioning arrangements for Social Care Services*

Under the Care Act, Local Authorities are required to ensure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- Can get the information and advice they need to make good decisions about care and support
- Have a range of provision of high quality, appropriate services to choose from

4.5 Local Authorities are responsible for commissioning and providing a wide range of social care services in the community for the transforming care cohort. Services are provided by multiple private and voluntary organisations as well as some in-house provision and these include:

- Provision of Social Workers and Education Health and Care Plan Coordinators
- Residential, nursing, supported living and housing related support
- Homecare and Day opportunities including supported employment
- Short breaks and respite for people living at home with their families
- Residential schools and colleges
- Advocacy
- Information and advice

#### 4.6 *North West London Transformation Board*

The North West London Board oversees progression for the region and is also the lead for service development required at a regional level. Brent has a joint local TCP Steering Group which ensures that local priorities are progressed and escalate issues that require regional consideration to the NWL Board. The NWL Partnership between CCGs and LAs was established in early 2016 and the Partnership collectively developed a vision and published its Plan in April 2016 which sets out how Partnership vision will be achieved. Five priority work streams were agreed for the board

- Workforce Development
- Accommodation and Estates
- Support and Specialist Services
- Crisis and Prevention
- Finance

4.7 Workforce development - An extensive Positive Behaviour Support (PBS) training programme has been developed to reduce challenging behaviour in people who have learning disabilities and/or autism. This training has been delivered to parent/carers, over 400 frontline staff and the final phase of train-the-trainer programme was completed in April 2018, to 80 CLDT health and social care staff.

4.8 Treat Me Right Autism and Learning Disability Awareness training programmes are being delivered across 6 NWL Hospital Trusts, to empower health and social care staff to be competent and also feel confident when working with, and making reasonable adjustments for, people with learning disabilities and autism who attend their services.

4.9 Accommodation and Estates - A NW London Housing and Accommodation Strategy was commissioned, to ensure that people who have been discharged from an inpatient setting or are at risk of admission, have access to accommodation and support that is appropriate to their needs. This strategy included a review of the range and scope of existing NWL services, specifically for people with complex and challenging behaviour across residential care and supported living housing options and identifying local providers that are trained to meet the housing and support needs of people who have behaviour that challenges. It was recognised at the NWL Board that Brent's New Accommodation for Independent Living (NAIL) project would meet the local needs and that Brent were ahead of most other boroughs in this area.

4.10 Support and Specialist Services – the focus of this work stream is to ensure that across the TCP footprint there are a comprehensive range of support services and providers that are appropriately skilled and configured to meet the on-going support needs of people with LD/Autism who have behaviour that can challenge.

4.11 West London Forensic Service (WLFS) were commissioned to scope the availability of existing mainstream community forensic and diversion services across NW London to determine what forensic expertise is available within local CLDTs, review anticipated demand should patients be brought back to their home boroughs, and appraise potential future service configurations based on the findings of the assessments.

4.12 The preferred option following this review, which is still in the early stages of development, is to expand the criteria for existing Mental Health Forensic Diversion services to include people with LD / autism at borough /sub regional level. The team would be managed within Forensic services.

4.13 There are still on-going discussions around capability, capacity, expertise and experience to determine preferred provider. Brent CCG is fully involved in these discussions.

- 4.14 Crisis and Prevention – the focus of this is to ensure that people in crisis and those identified at risk of admission are able to access universal and specialist services when they need them, to enable them to continue to live independently within the community, and prevent the need for an unnecessary admission.
- 4.15 Finance - the NWL Board has a function to ensure that NWL TCP maintains effective financial oversight and leadership of the delivery of the transforming care programme, so that the best possible outcomes are achieved within the available resources. The Board has undertaken detailed financial modelling enabling an understanding of NWL inpatient, community placement costs and requirements. Systems are in the process of being developed to enable the tracking and reporting of funding as individuals move through the system and across commissioning boundaries.

## 5.0 Reduction in the number of NHSE and CCG in-patients

- 5.1 A requirement off the TCP programme is that all areas establish a Dynamic Risk Register and a protocol (Blue Light) to enable rapid multi-disciplinary discussion and action when an individual is identified as at risk of admission; in order to try and prevent an admission being needed. In addition, whilst not specific to the TCP programme, all CCG's are required to have in place a process to review the deaths of all people with a learning disability to determine whether poor access to, or support from, health care or support services could have contributed to the death. This is as a result of a report published in March 2007 by Mencap, 'Death by Indifference' which reported the deaths of six people with a learning disability – deaths that the six families involved and Mencap believe were the result of failings in the NHS and the subsequent report '74 Lives and Counting' progress report in 2012.

### 5.2 Dynamic Risk Register

A dynamic register is a list of individuals who are currently, or who are at risk of, developing behaviour that challenges (including those at risk of hospital admission). The Transforming Care Plan guidance requires all local CCG/LAs to have a Dynamic Risk Register to gather data on adults and children with learning disabilities. The National Dynamic Risk Register template has been designed to include a banding criteria divided into red, amber and green categories.

- **Red level:** Is for those individuals who are the most at risk of deteriorating very rapidly and are receiving direct intervention, potentially from a number of disciplines and organisations.
- **Amber level:** Is for those people who are at a secondary prevention level; have the potential to require tertiary support but do not need that support right now.
- **Green level:** Is for those with underlying well managed vulnerabilities, who require no current input.

- 5.3 Brent CCG in partnership with the Local Authority and NHS Trust Partners has developed a local risk register which is systematically updated, monitored and reviewed. This has been further developed in the last quarter of 2018 to include children and young people with learning disabilities and/or special needs and disabilities as well as adults with Learning Disabilities and/or autism. This enables health and social care services to ensure individuals have multi-disciplinary involvement to either prevent admission or plan robust support upon discharge and also enables monitoring at a macro level the efficacy of local provision in preventing admissions and providing adequate community support.

### 5.4 Blue Light Protocol

Brent, as required, developed a robust Blue Light Protocol in 2017 to support individuals assessed and considered to be at risk of inpatient admission.

This protocol:-

- Ensures that we have arrangements in place to provide urgent interventions to support individuals with learning disabilities stay in the community and prevent admissions to acute in-patient settings.
- Is used as an early identification and intervention protocol designed to support individuals experiencing deterioration in their presentations to enable them to stay in their own home environments.
- Provides commissioners with a set of prompts and questions to prevent people with learning disabilities being admitted unnecessarily into inpatient learning disability and mental health hospital beds.
- This protocol has had a positive response since it was first introduced. It helps to identify barriers to supporting individual/s to remain in the community and to make clear and constructive recommendations as to how these barriers could be overcome by working together and using resources effectively and creatively.

- 5.5 The protocol works in conjunction with the Care and Treatment Reviews (CTR) and a Care Programme Approach (CPA) to escalate those cases where an individual with a learning disability is at risk of inpatient admission. It facilitates arrangements to put in place a support plan that allows the individual to receive the required support to enable them to remain in the community. Evidence to date shows that responses to individual need are much quicker and that in around 60% of cases admission is prevented. Work is continuing to monitor the effectiveness of this protocol and to utilise the aggregated individual needs information to inform market shaping and workforce development requirements.
- 5.6 Learning Disabilities Mortality Review Programme (LeDeR)  
The LeDeR programme has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to:
- Identify common themes and learning points and
  - Provide support to local areas in their development of action plans to take forward the lessons learned
- 5.7 The LeDeR programme strives to ensure that reviews of deaths lead to learning which will result in improved health and social care services for people with learning disabilities. It is not an investigation nor is it aimed at holding any individual or organisation to account. If individuals and organisations are to be able to learn lessons from the past it is important that the reviews are trusted and safe experiences that encourage honesty, transparency and the sharing of information in order to obtain maximum benefit from them.
- 5.8 The Brent and Harrow LeDeR steering group is led by the CCG and meets quarterly to oversee progress on reviews. A report is presented to the Safeguarding Adults Board identifying the number of reviews and lessons learnt, however, currently there is no systematic way of sharing lessons learnt across the system and outcomes are only communicated locally; this is a key area of focus for the LeDeR lead within the CCG this year.
- 5.9 There is a local challenge in allocating investigations, as whilst sufficient staff have been trained the investigations have to be completed in addition to people's full time roles and there is no financial resource to either backfill or incentivise individuals to complete outside of core hours.

5.10 TCP Patients as of 30th November 2018 (please note data presented at October 17 HWB was only for adults)

- Total Number of patients in treatment – 15
- Number of Specialised Commissioning patients – 11 (7 Adults and 4 Children)
- Number of Local CCG patients - 4 (new admissions)
- Number of 5 year + dowry patients – 3 (out of 11 specialised commissioning patients above)

#### 5.11 **Update on key milestones for reducing admissions**

In the previous TCP paper, October 2017, to HWB a number of key milestones were agreed for each work stream. The milestones for 'Reduction in the number of NHSE and CCG in-patients' were as follows:

- Incorporation of children and individuals with Autism on the Dynamic Risk Register – **complete**
- Discharge of 2 individuals during the next quarter (plans in place) **complete**
- Confirmation of proposed discharge dates from in-patient units for the remaining individuals **there are plans in place for 6 of the adults to discharge and all 4 of the children. 5 individuals continue to present significant challenges and require specialist secure provision and are not deemed ready for discharge.**
- Confirmation from NHSE regarding Brent's Specialised Commissioning Funding for eligible in-patients – **funding transfer arrangements confirmed. The CCG must apply for funding as discharge plans are agreed.**

### 6.0 **Integration of the health and social care learning disability teams**

6.1 From the middle of September 18 the health and social care learning disability teams became integrated, with a single manager and the local authority as the operational lead. The team's role is to support people with a learning disability and their carers, with a focus on; enabling people to live as independently lives as possible within their communities and providing specialist interventions and commissioned support to individuals and their carers.

6.2 Work is currently underway to consider the most appropriate governance structure, probably through the use of an alliance contract.

6.3 The joint Service Manager (between the LA and CNWL) will oversee the implementation of a revised operational and administrative structure and devise and implement a team development plan.

#### 6.4 **Update on Key Milestones for integration**

- Commissioning plan to be developed that sets out future commissioning arrangements for the LD team e.g. S75 – **complete**
- Outcomes based learning disability team service specification to be ratified – **NWL have devised a specification framework which is being used by each CCG to contract locally**
- Operational delivery model identified and agreed – **complete**
- Integrated team operating in shadow form – **complete**
- Integrated team fully operational – **complete**

### 7.0 **Market Development**



- 7.1 In order to effectively manage Brent's market for people with learning disabilities, including those with complex needs and behaviour that challenges, to ensure we have suitable provision that can meet the range of needs presented, now and in the future, we need to first understand the profile of the LD population's needs; and our current market capacity and capability.
- 7.2 The focus of the market shaping work stream is to gather the local population based commissioning intelligence for people with a LD and/or autism and to establish a flow of data regarding the Brent LD population. The outcome of this will be a population based report regarding the Brent LD population that informs both the CLDT improvement plan and the Market management plan. This will provide an evidence base to inform and stimulate the market and commission appropriate increased capacity from community providers.
- 7.3 By understanding our supply and demand for service provision locally, and using client data it will be possible to anticipate trends and be proactive in developing the market to respond; this will ensure that the local market is sustainable now and in the future.
- 7.4 As part of the New Accommodation for Independent Living programme the primary focus is on developing supported living schemes that can support individuals with complex needs, in particular behaviours that challenge; the challenge will be identifying/attracting providers that have a workforce with the skills required to manage individuals with complex needs, particularly supported housing for people with LD and autism who have forensic histories.
- 7.5 A number of schemes have already been developed and further schemes are planned for the coming year that will meet the needs of people with a learning disability with complex needs.

Delivered	
Salmon Street	6
Manor Drive	4
Total	10
Planned	
127 and 129 Harrowdene Road	6
Preston Road	6
Fairlight Avenue	6
Ruby Street	6
Woodhill Crescent	6
Oxgate Gardens	6
Gladstone Park Gardens	6
Total	42

- 7.6 There are also a total of 40 beds that have been achieved via de-registration or spot purchase. We are currently looking at some of the very high cost placements and those individuals currently in hospital to see who may be suitable to move but would require a very bespoke environment; this would include those individuals currently still in hospital.
- 7.7 Brent is also currently in the process of designing a home care re-procurement and a subsequent review of day care provision across the borough. It has been agreed that, rather than undertaking a separate piece of work, the development of LD specific support will be undertaken as part of this activity; informed by the population based report.
- 7.8 **Update on Key Milestones Market Development**
- LD and Autism strategy to be formally signed off by LA and CCG – ***draft complete and pending sign off***

- Market management priorities and action plan with timescales to be finalised – ***draft complete and pending sign off as part of strategy***
- Autism Board to be established – ***CCG leading and aim to establish by April 19***

## 8.0 Transitions

- 8.1 The Transitions work stream has progressed well with a particular focus on the 'Preparing for Adulthood Pathway' and the development of a 0-25 disabilities team.
- 8.2 The pathway has been co-produced with parents and key stakeholders and signed off by the Strategic Inclusion Board, chaired by an Operational Director in the Children and Young People's department; and is currently going through partner agency governance processes. It identifies and provides clarity around what is available through the Local Offer and the professional support that can be expected at each stage of a young person's life from the point of commencing secondary education; utilising the Education, Health and Care Plan as the planning vehicle.
- 8.3 A 0-25 Disabilities Team has been developed by integrating the Children with Disabilities and Transitions Teams to form a single team. This provides greater continuity for the child or young person and their family and enables a much earlier focus on maximising independence; the team is operationally managed by Children's services who are in the process, in partnership with Adult services, of developing a team development plan.
- 8.4 The purchasing budget will remain, in the first instance, with Adult Social Care, as this a significant area of risk, and a joint panel process established to enable shared oversight. This will provide time for staff unfamiliar with adult services to develop their knowledge and skills and provide assurance that expenditure reflects the application of a 'maximising independence' approach.
- 8.5 **Update on Key milestones Transitions**
- Develop options appraisal for team changes – ***complete***
  - 0-25 team operational - ***complete***
  - Develop Preparing for Adulthood pathway – ***complete***

## 9.0 Finance

- 9.1 NHSE believe that by reducing the numbers of inpatients in NHS England's commissioned beds this will enable the release of the associated funding which can then be used to pay for packages of care in the community, to support discharges and prevent admissions. The premise is that funding should flow with the patient and this is supported by the national arrangements around Building the Right Support.
- 9.2 The model that has been agreed by NHSE to facilitate the flow of funds to local TCPs is through CCGs and is called the Funding Transfer Agreements (FTA). This funding is only available to 5+ year patients discharged after April 2017 and will be treated as a dowry payment. NHSE has estimated that the average cost of a bed for the London region is £180,000. This is the full year effect that NHSE will release for each 5 year plus patient successfully moved back to local TCP areas. Brent currently has 3 patients who have been in treatment beds for over 5 years who are likely to meet the requirements of the FTA.

## 10.0 Challenges

- 10.1 One of the key challenges is the skills of the workforce to meet the needs of individuals with complex needs and/or forensic histories. Currently there are very few providers within Brent with the requisite skills and whilst there has been investment in training existing provider staff teams around positive behaviour support there is a need to attract new skilled providers into the market. There is a significant gap, both within the Learning Disability Team and the provider market in experience of supporting adults with a learning disability who have a forensic history and this is an area that will require further development.
- 10.2 NHSE have confirmed that for individuals who have been in an in-patient setting for 5 years or more there will be a 'settlement' of £180k which will be passed to the CCG. However, 9 individuals currently in in-patient beds have not been there for 5 years but are likely to require significant support which is likely to place additional financial pressure on local authority and CCG purchasing budgets.
- 10.3 The expectation is that the CLDT integration will deliver a service within the existing devolved funding from the CCG and LA. There is a concern that to meet the needs of both the TCP and local LD population that the skills mix within the team is not optimal. On this basis it is anticipated that following integration, and the embedding of the team, that there will need to be a skills mix review to determine whether the right resources are in the team to meet demand and the needs of the population.

#### **11.0 Next Steps/Priorities**

11.1 The priorities, which will be monitored via the Brent TCP steering group on a monthly basis, for the coming year are as follows:

- Establishment of an Autism Board (April 19) - CCG
- Further development of specialist accommodation via NAIL project (on-going) - LA
- Development of a forensic support service (NWL priority)
- Homecare and Day Care review and re-procurement (Sept 19) - LA
- Transfer of Transitions Team budget to Children's Services (Sept 19) - LA
- Community Learning Disability Team Service review (Sept 19) LA/CCG/CNWL
- Establishment of systematic learning processes for LeDeR outcomes (May 19) CCG

#### **12.0 Legal Implications**

12.1 Not applicable

#### **13.0 Equality Implications**

13.1 Not applicable

**Report sign off:**

***Phil Porter***

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