

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	Health and Well Being Board		
DATE:	14 June 2016	AGENDA ITEM:	5
TITLE:	Berkshire Transforming Care Plan		
LEAD COUNCILLOR:	Rachel Eden	PORTFOLIO:	Adult Social Care
SERVICE:	Adult Disability/Commissioning	WARDS:	All
LEAD OFFICER:	Jenny Miller	TEL:	x72471
JOB TITLE:	Commissioning Manager	E-MAIL:	Jennifer.miller@reading.gov.uk

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1.1 NHS England has set up a set of boards across the country to oversee the reforms required by the Review post-Winterbourne "Transforming Care for People with Learning Disabilities and/or ASD and/or Mental Health problems whose behaviour challenges others and services". The Berkshire Transforming Care Board consists of all the CCGs and Local Authorities in Berkshire. It has drafted The Berkshire Transforming Care Plan which was submitted by the CCGs to NHS England on 16<sup>th</sup> May 2016. The plan outlines the proposal to reduce the number of in-patient Assessment and Treatment Unit beds for this cohort of people and use the resulting resource to provide an intensive intervention service to support this cohort to live safely in the community and reduce admissions to A&T Units.
- 1.1.2 This change will require better specialised care provision in the community and affordable accommodation for a small increase of very high needs individuals.
- 1.2 Appendix: Berkshire Transforming Care Joint Health and Social Care Plan.

#### 2. RECOMMENDED ACTION

- 2.1 To support Berkshire's vision to close down 50% of the in-patient service and developing an intensive intervention service in the community thus reducing the reliance on Assessment and Treatment units to support people with a learning disability and/or autism and mental health conditions.
- 2.2 To work with the West of Berks and Wokingham Health and Well Being Boards to identify resource and budget to ensure the transformation takes place by March 2019.

#### 3. POLICY CONTEXT

NHS England has set up a Berkshire Transforming Care Board to lead the governance of this plan. There is a representative on this board for the Directors of Adult Social Care but each Local Authority area needs to agree the plan through its Health and Well Being Board.

## 4. THE PROPOSAL

**4.1 Current Position:** A central part of the action plan resulting from the National review post Winterbourne View was “to ensure that people with challenging behaviour only go into hospital if hospital care is genuinely the best option and only remain in hospital for as long as it remains the best option”. By June 2014 it was expected that all individuals should have been receiving personalised support and care in their community and that when hospital based care is necessary the aim should always be that of recovery, improvement and returning to the community as soon as feasible.

More recently CCGs have been urged to avoid reliance on inappropriate or over extended hospital placements and are requested to “work with providers of specialist services to ensure that CTPLD’s have the additional, intensive support they need to keep people out of hospital, including in crisis”.

The Berkshire Transforming Care Plan (TCP) brings together work undertaken by a range of key stakeholders: Local Authority Commissioning Managers and operational leads, Carers, Berkshire Health Care Foundation Trust Clinical teams and Managers, 7 CCGs and NHS England, to articulate a proposed way forward to deliver high quality, needs led intervention to people with Learning Disabilities and/or ASD and/or Mental Health problems whose behaviour challenges others and services.

### 4.2 Options Proposed

The appended Transforming Care Plan (TCP) has been jointly developed with the 6 local authorities and the 7 CCGs and shows how services will be transformed for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

The Berkshire Transforming Care Plan is aligned to the national plan ‘Building the Right Support -to develop community services and close 50% of the inpatient facilities by March 2019. The vision is to improve the pathway for people with learning disabilities and challenging behaviour by reducing reliance on in-patient beds and increasing access to intensive specialist community services.

The Berkshire plan is built on agreed values and principles, and identifies specific actions to ensure that all services are planned through clinical engagement and accountability, commissioned and provided in line with national plan and the regional ‘Positive Living Model’ for people whose behavior may challenge.

The Positive Living Model will aim to support:-

- 1) Person Lead Planning
- 2) Advocacy
- 3) Carer support & Respite
- 4) Positive Behaviour Support
- 5) Specialist Social Care
- 6) Intensive Intervention Service

Some in-patient beds will be retained to provide therapeutic Inpatient support for planned and emergency day and overnight services to individuals for whom it is clinically indicated. A specialist multi- disciplinary team will assess needs, design and implement therapeutic programmes of care that require the physical environment a building based unit can offer. A therapeutic inpatient unit will also act as a resource hub for the intensive intervention service and sessional activity, such as Sensory Integration can be provided.

This cohort of people usually require intensive support in the community and high cost packages of care. There is high risk of breakdown of care package and it is difficult for this cohort to acquire and maintain tenancies.

The Plan aims to close 50% of the inpatient beds by March 2019 and use the same staff resource to provide an intensive support service in the community to prevent further admissions and support on discharge. Therefore, suitable affordable accommodation in the community must be identified and either specialist care providers need to be brought into the area or existing providers need specialist training to be able to meet the needs of these people. The specialist providers could be third sector or commercial. We will publish a public request for Expressions of Interest which we hope will attract a good range of providers to work with to develop the specification.

## 5. CONTRIBUTION TO STRATEGIC AIMS

- RBC Corporate Plan 2016-19.  
Safeguarding and protecting those that are most vulnerable:
  - Our commissioning of care services needs to be better aligned to the future needs of people and the Care Act.
- RBC Learning Disability Strategy published March 2016.
- NHS England have a national requirement aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support - a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015).

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The Berkshire Transforming Care delivery plan will be co-produced with people with lived experience and support from the 6 Learning Disability Partnership Boards.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 Once the plans for the proposed new services are developed in more detail it will be necessary to carry out an Equalities Impact Assessment on the possible impact on people with disabilities.

## 8. LEGAL IMPLICATIONS

- The services will be compliant with The Care Act 2014
- The procurement of new community provision will be subject to the Contract Procedure Rules of the participating partner local authorities.

## 9. FINANCIAL IMPLICATIONS

This plan covers a very small cohort of people. Over the last 18 months there have been 10 Reading patients discharged: seven of these have current social care packages with a total annual cost of £397k. At the end of March 2016 there were eight Reading in-patients, two have existing packages with RBC of £107,000 and £125,000. If beds are reduced by 50%, at any one time, there will be about 4 people living in the Reading community who would previously have been in hospital. These people average over £1000 per week so the potential pressure on the RBC revenue budget is over £200k per year.

The financial implications arising from the proposals set out in this report are set out below:-

## 1. Revenue Implications

	2016/17 £000	2017/18 £000	2018/19 £000
Other running costs - Adult Social Care external supported living Joint cost across 3 West of Berks Local authorities to procure and/or train specialist external provision	£10	Up to £100 £20	£200
<b>Expenditure</b>			
Income from: Continuing Health Care and Section 117 Mental Health		Potential sharing of placement costs	Potential sharing of placement costs
<b>Total Income</b>			
Net Cost(+)/saving (-)			

## 2. Risk Assessment.

The West of Berkshire Project Group that has met regularly for two years and this group has an aspiration that there will be joint commissioning across the 3 authorities and the CGGs for these community services for this high needs cohort. Each authority on its own has too few of this cohort to be able to attract cost effective specialist provision or training. This joint commissioning has failed to get started due the lack of capacity of the three local authority commissioning teams to meet and develop the new services.

There needs to be a budget to ensure the new community provision is in place prior to the closure of the beds. No money has been identified for this step-change.

## 10. BACKGROUND PAPERS

### 10.1 Berkshire Transforming Care Joint Health and Social Care Plan