
  
*Newbury and District  
Clinical Commissioning Group*

  
*North and West Reading  
Clinical Commissioning Group*

  
*South Reading  
Clinical Commissioning Group*

  
*Wokingham  
Clinical Commissioning Group*

  
*Bracknell and Ascot  
Clinical Commissioning Group*

  
*Windsor, Ascot and Maidenhead  
Clinical Commissioning Group*

  
*Slough  
Clinical Commissioning Group*

# Berkshire Transforming Care Joint Health and Social Care Plan



May 2016

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## NHS Berkshire Transforming Care Joint Health and Social Care Plan to transform services for people with Learning Disabilities and/or Autism or with a Mental Health condition who display challenging behaviour.

8. Proposed work streams - What we need to work on	
Work Stream	Description
• Joint commissioning and integration	To align financial processes between health and social care in local authority/CCG areas. To explore joint commissioning across Berkshire for people with exceptionally complex needs. To share best practice and jointly management market across the County where possible
• Communication and Engagement	To design a comprehensive list of stakeholders and how best to engage them To create a Berkshire wide TCP communication plan To consistently and effectively communicate and engage all key stakeholders
• Workforce Development and Culture	To undertake a cultural audit within each local LDPB areas To create and deliver a workforce development programme for staff To grow a cultural change programme with people with lived experience at the centre
• Children and Young People	To engage children and young people services fully To develop new joint ways of working To ensure people using services have person lead plans that sees them through their life course
• Autism	To engage fully with local people with Autism and the services that support them To include people with Autism in all relevant developments To enhance current support for people with Autism
• Service Reconfiguration	To deliver the intensive Intervention Service and redesigned specialist beds To reduce the reliance on bed based services by enhancing local community provision To grow more robust housing and support solutions To further develop meaningful day occupation and employment opportunities To enhance services to effectively meet the needs of children and young people in transition To reconfigure services to further support people with Autism
• Risk Management –	To create a shared Financial, Quality and Relational risk plan with effective mitigation To mitigate risks through a robust Programme Management Approach and a Programme Management Office

A full proposal will be presented to the Transforming Care Partnership Board that will be fully worked up through engaging people with lived experience as a blue print for delivering the Transforming Care Plan locally. The board will engage programme management support to coordinate the delivery of this process with leadership at Director level to head up each work stream. A co-production group will be an integral part of the each of the work streams to plan and support the delivery of the main objectives to deliver the vision for supporting people to lead meaningful lives.

Each of the 6 local authorities will retain local autonomy to deliver the main objectives through developing shared Berkshire wide principles that will be centred on empowering people with a learning disability and/or autism and their families to live the lives they want and choose.

The Programme Management Approach will be across agencies, geographical and organisational boundaries and focus on strengths within the system. People with a learning disability and or autism will be meaningfully represented at every level of the decision making process.

### The Berkshire Transforming Care Partnership

The Berkshire Transforming Care Partnership Board and all stakeholders hold a shared vision and commitment to support the implementation of the national service model to ensure that children, young people and adults with learning disabilities, behaviour that challenges and those with Mental health and Autism receive services to lead meaningful lives through tailored care plans and subsequent bespoke services to meet individual needs.

The 6 Local Authorities in Berkshire already have well established Learning Disability Strategies or Plans, this joint Transforming Care Plan will be aligned to services that are already commissioned and the Board will ensure that the implementation plan is co-produced through collaborating with people with lived experience and their Carers.



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joint-autism-commissi LD-strategy-2014-19.p



BFC



Slough's Learning  
Disability Plan FINAL.p

[http://www.reading.gov.uk/media/4847/Support-for-People-with-Learning-Disabilities-Strategy/pdf/LD\\_Strategy\\_\(Part\\_1-3\).pdf](http://www.reading.gov.uk/media/4847/Support-for-People-with-Learning-Disabilities-Strategy/pdf/LD_Strategy_(Part_1-3).pdf)

<http://info.westberks.gov.uk/CHttpHandler.ashx?id=33954&p=0>

The map below shows the areas that form the key partnerships in Berkshire who will jointly implement the “Positive Living Model” and recognise that those with a learning disability and/or autism and challenging behaviours are not best served by long-term hospitalisation.

The Transforming Care Partnership Board and operational groups recognise that there are challenges ahead due to the geographical spread, the mix of some good but inconsistent provision of choice and the complexity of having 7 CCGs and 6 Local Authorities to work together to deliver a shared vision. The CCGs and Local Authorities recognise that significant change is required in the way that services are commissioned and provided across Berkshire.



## **Governance and stakeholder arrangements**

Berkshire CCGs and Local Authorities were part of the NHS England Thames Valley Network to develop a commissioning framework and model that enables, empowers and supports people with learning disabilities with or without autism whose behaviour may be challenging. This programme of work spanned six months and included meaningful involvement of people with learning disabilities and or autism in every aspect of the work. This also included a significant amount of collaboration with family carers and other support groups in a variety of sectors.

Whilst this programme was underway, Berkshire West system created a strategic plan for the delivery of the Transforming care agenda using a collaborative and systemic approach.

The Berkshire East system worked in a more iterative way across agencies and the system to enhance local provision and enable local people to live ordinary lives.

Both the East and West of Berkshire hold monthly multi-agency meetings, which include Local

Authority, CCG and Provider representatives. These meetings have focussed on Transforming Care and acted as the project delivery groups.

Berkshire CCGs commissioned external project support and subject-matter expertise to facilitate the change process and a formal governance structure was put in place that reported up through all represented organisations at tactical and strategic levels.

Since the most recent changes creating Transforming Care Partnerships has seen the advent of Senior Responsible Officers (SROs), there has been a joining up of resources between the West and the East and there is now a governance structure covering all key stakeholders across the whole of Berkshire.

The specialist service is provided for adults with a learning disability over the age of 18. The nursing staff and members of the MDT work closely with the six locality-based Community Teams for People with Learning Disabilities (CTLD's). Staff liaise with Community Mental Health Teams (CMHT), Out of hour's mental health services and acute mental health in-patient services. Staff work closely with independent sector providers of support to people with learning disabilities to enable safe and supportive transfers of care.

The service model is underpinned by a whole system approach to admission only when necessary, providing proactive community support and returning people to the community in a timely way with ongoing support strategies to maintain health and wellbeing.

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### **Blocks and Barriers**

Berkshire is a complex area with 6 local authorities and 7 CCGs, however, there is a shared vision to commission appropriate community based support to reduce the reliance on in-patient beds. This will be achieved primarily through the Berkshire CCGs de-investing resources from a block contract with the main provider for Mental health and Learning Disability services and re-investing this resource to support the redesign of services; this will be in the form of an 'Intensive Intervention service in the community and enhanced support within the community teams. Ensuring the wider community support across health and social care will also be key to delivering this.

One of the key risks and barriers for commissioning an Intensive Intervention Service through diverting health resources to support people in the community is the increase in financial pressures for the 6 local authorities to house people appropriately with the right supports. Some of these pressures will be met through capital funding from NHS England for adaptations to improve people's living space.

The TCP is cognisant of the risks to social care and the need for these risks to be better understood given the increasing pressures and demand. The move to reducing inpatient provision especially for those people who have been in services for some time will inevitably impact the Local Authorities however to what extent is largely unknown. Work will be undertaken to understand the fuller impact for health and social care.

The Berkshire Transforming Care Partnership Board recognises that the CCGs and the local authorities will need to work together to develop a processes for joint commissioning with a vision to agree pooled budgets to overcome budget pressures and support people out of hospital.

### **Improving Support Planning and Delivering Outcomes**

The Transforming Care Partnership Board will agree systems to ensure that everyone has a person-centred support plan with clear outcomes that can be monitored and are based around the principles set out in the Model of Care below on page 7 which was created by people with lived experience, family carers, providers and commissioners. The Positive Living Model is person-centred; housing and support will focus on achieving the best outcomes for the individual thus

reducing the reliance on in-patient beds to sustain people's lives in the community.

The support planning and outcomes will be linked into ensuring that there are housing options and money available to adapt properties for people to live safely within their own communities.

The CCGs and Local Authorities will develop plans to ensure that there is access to improved use of data and information to inform remodelling and commissioning for people that are currently using in-patient services as well as children transitioning into adult services to plan for the coming years.

### **Positive Behavioural Support Model**

Positive behavioural support is a multi-component framework for;

- (a) Developing an understanding of the challenging behaviour displayed by an individual, based on an assessment of the social and physical environment and broader context within which it occurs;
- (b) with the inclusion of stakeholder perspectives and involvement;
- (c) using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support; and
- (d) that enhances quality of life outcomes for the focal person and other stakeholders.



The Transforming Care plan will link to the 6 Local Authority Learning Disability Strategies/ Plans to ensure a system wide approach is applied through utilising resources that are already available to people delivered through the community teams for people with learning disabilities (CTPLDs).

An Intensive Support Service will be developed and delivered through working with existing learning disability teams of trained staff to provide outreach services to people that are discharged from hospital and to ensure only those that require an admission are admitted. The Care and Treatment Review process led by CCG commissioners will further support this process and ensure that recommendations derived from the CTRs are delivered through robust communication. Good levels of communication will ensure that people can continue to live safely with the right support in their community.

### **Improving Services**

The Transforming Care Partnership Board will aim to ensure that specialist support for people with learning disabilities and behaviour that challenges is improved through seeking opportunities for increasing behavioural specialism. The Transforming Care Programme Board will work towards developing integrated care pathways to ensure people receive the right services at the right time from the right people and this will include agreeing a set of standards and principles for all future commissioning of learning disability services. There will be close working with the CAMHS Transformation Boards – in Berkshire west this is the multiagency Future In Mind group and in the east of Berkshire this is via the East Berkshire Transforming Children's Health Board.

### **Improving Commissioning**

Identifying needs early is an important aspect of commissioning the right services. Commissioning services for younger people transitioning to adult services offers a prime opportunity for this. We will also work to establish joint commissioning pathways to ensure we have the right services in place. Out of area placements will be reviewed to ensure that where appropriate people are supported to move back to the area. We will consider how we can use Section 75 (lead commissioning and pooled budgets) to develop a continuum of care between health and social care.

### **Improving Funding Arrangements and Value for Money**

Social Care and NHS agencies will work together to ensure that we share a common understanding of health and social care funding criteria. We will also look at using pooled budgets to deliver better integrated care. High-cost placements will also be reviewed to ensure they provide value for money by delivering high quality outcomes.

### **Improving Support for Carers and Providers**

People caring for a family member who has challenging behaviour are a vital and valued part of the support available. We will ensure that carers are properly supported. We also explore how better to support providers and customers. In this respect workforce development initiatives through training, advice and peer support networks will be developed.

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### **Describe the health and care economy covered by the plan**

The Berkshire health and care economy is diverse with 6 Local Authorities and 7 CCGs (outline below). Whilst the CCGs are co-terminus with the Berkshire boundary, not all individual CCGs are co-terminus with the Local Authorities.

Local Authorities	CCGs
Bracknell Forest Council	Bracknell and Ascot CCG
Slough Borough Council	Slough CCG
Royal Borough of Windsor & Maidenhead	Windsor Ascot and Maidenhead CCG
West Berkshire Council	Newbury and District CCG
Reading Borough Council	South Reading CCG
	North West Reading CCG
Wokingham Borough Council	Wokingham CCG

The CCGs commission health care provision on a collaborative basis with a single contract with Berkshire Healthcare Foundation Trust on a block contract (BHFT). The commissioned service consists of:-

1. Assessment and Treatment Units; Little House in Bracknell with 7 beds and the Champion Unit in Reading with 9 beds
2. Health component to community team for people with a learning disability. There are 6 CTPLDs who are all co-located within the Local Authority and therefore work together. The

service leads for the CTPLDs are jointly funded by health and social care, however, are separately supervised by BHFT

A range of advocacy services are also commissioned by the local authorities.

Berkshire West CCGs and the Local Authorities commission voluntary and the independent sector to provide advocacy and support services e.g. Mencap.

Across Berkshire, in and out of area providers are commissioned on a spot-purchase basis to provide support packages or placements for individuals requiring additional support post-discharge.

Currently health and social care commission separately with no collaborative commissioning or pooled budgets.

Provider relationships; CCGs and Providers review and keep up to date on performance through monthly meetings. Additionally service and commissioner meetings take place regularly to keep up to date on performance, in-patient activity, CTRs, discharges plans. BHFT is a key partner in the Transforming Care Partnership both in terms of planning and delivery. Residential care services are commissioned by the local authorities from a wide range of local, regional and national specialist providers. Placements are made out of the area where local provision is not available to support individual needs but our aim is to place locally wherever possible.

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### **Describe governance arrangements for this transformation programme**

Prior to the establishment of the TCPB governance arrangements have been separate for each half of the county and are now unified under the new Senior Responsible Officer (SRO) role. All parties have signed up to the structure and meetings are underway. The Tactical pan Berkshire workshops commenced in April 2016.

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### **Accountability**

The TCPB is accountable to the Chief Accountable Officers in East and West Berkshire and Chief Executives of the 6 Local Authorities and the Health and Well-Being Boards. Progress reports are shared with the Berkshire West Partnership Board that has Director-level representation from Reading, Wokingham and West Berkshire Councils. In the East of the County, meeting minutes and updates are reported in to the Joint Strategy, Planning and Development Committee.





Meeting	Chair	Membership	Frequency
Transforming Care Partnership Project Board	Gabrielle Alford – Director for Joint Commissioning Berkshire West CCG and Senior Responsible Officer for Transforming Care in Berkshire	Lead CCG Commissioning Managers Local Director/s for Adult Social Care Programme Director Berkshire East CCG Head of Learning Disability services – BHFT Director of Finance, Performance & Information BHFT (This board will be extended to include Children’s Commissioning Director)	Monthly/Bi Monthly
Pan Berkshire Tactical workshops	Gabrielle Alford	Members of the Operational groups Direct Health and Social Care Staff and Third Sector People with Lived experience and Carers	Quarterly
East TCP Operational Group	Nadia Barakat	Local Authority representatives CCGs representatives BHFT representatives The Wellbeing Collective	Monthly
West TCP Operational Group	Sarita Rakhra	Local Authority representatives CCGs representatives BHFT representatives The Wellbeing Collective (This operational group will extend membership to include Children’s commissioners, safeguarding leads to support the Transforming Care Plans)	Monthly

**East TCP Operational Group**

<u>Name</u>	<u>Job Designation</u>
Nadia Barakat	Head of Mental Health and Learning Disabilities Commissioning , CCGs
Hannah Doherty	Head of Service, Bracknell CTPLD
Louise Kerfoot	Head of Service, RBWM CTPLD
Simon Broad	Head of Service, Slough CTPLD
Colin Archer	Head of Learning Disabilities –Berkshire Healthcare Foundation Trust
Alan Sinclair	Interim Director of Adult Social Services, Slough Borough Council
Niki Cartwright	Interim Head of Strategy and Commissioning, CCGs

**West TCP Operational Group**

<u>Name</u>	<u>Job Designation</u>
Gabrielle Alford	Director for Joint Commissioning, Berkshire West CCGs

Jackeline Weise	Senior Commissioning Manager, RBC, ASC
Jenny Miller	Senior Commissioner, Adults Commissioning Team   Directorate of Adult Care and Health Services
Roz Haines	Business Manager – Adult Social Care West Berkshire Council
Paul Coe	Service Manager West Berkshire Council
Karen Felgate	Service Manager Contracts and Commissioning West Berkshire Council
Colin Archer	Head of Learning Disabilities –Berkshire Healthcare Foundation Trust
Isla Middleton	Consultant Psychiatrist , Learning Disability Specialist Services –BHFT
Mike Stillman	Market Development Manager – Wokingham Borough Council
Julie Stevens	Operational Commissioning Manager – Wokingham Borough Council

### **Autism Services**

The 6 Local Authorities in Berkshire commission autism services and the CCGs commission an Autism Assessment and Diagnosis service for adults.

The diagnosis of autism in children and young people is provided through the CAMHs service with additional support from paediatricians for younger children. Additional support has been commissioned into provide family support pre and post diagnosis through the voluntary sector and children’s integrated therapy service.

### **Programme Interfaces**

This is an area of development and the Transforming Care Partnership board will look to ensure that plans are appropriately embedded into the health and social care system, to include Children’s commissioning, CHC, MH services, Housing and Autism Partnership Boards.

The TCP interfaces with a number of existing programmes and Boards including:

- Learning Disabilities Partnership Boards
- Autism Partnership Boards
- CAMHs Transformation Future in Mind (East & West Berkshire)
- Transition Groups within the LAs

The Programme will link in with housing and children’s services further to ensure that this programme of work is fully embedded.

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### **Describe stakeholder engagement arrangements**

The Transforming Care Programme Board specifically commissioned an independent consultant with considerable experience in mental health and learning disability care to lead a customer voice project.

The aim of the customer voice exercise was to identify people's experiences of the care that is provided in Berkshire for those with a learning disability and/or autism that have behaviours that challenge.

This was delivered through reviewing hospital care and for people with lived experience and their carers to identify a range of suitable and different types of services in community settings. It was important to hear that whatever services are provided or will be commissioned in the future are able to meet a broad range of needs particularly in a time of real difficulty or crisis. These engagement events were also to communicate Berkshire's vision of developing a Positive Living Model and Intensive Support Service in the community.

The list below details people's experiences and the implementation plan will address each area in a systematic manner through involving people with lived experience to co-design their vision in areas that they would like to be improved. This will be achieved through improved communication and consistent engagement with the 6 Learning Disability Partnership Boards, development of a co-produced Charter and opening membership to people with lived experience on the Transforming Care Board to shape the care pathway.

### Hospital Care

Generally people felt that hospital care was **too long** and **centred around contracts and not the person** and people are **unsure about how to navigate through a complex system**.

### Positive Behavioural Support (PBS)

PBS approaches need to be **more robust** with a **stronger mandate to train, educate and deliver** across a range of services.

### Intensive Support Service (ISS)

Most carers felt **very positive** about a new ISS and think it will **offer hope** and a **fewer and reduce length of stay** or **avoid hospital admissions** altogether.

The big message is that staff, carers and people with lived experience want to be engaged in the development and testing out of a new service.

### What People with Lived Experience Required

Feeling safe, 'liking the staff', being close to important things like the shops, town and friends, having someone who 'understands people's feelings', 'helping to understand how to react to feelings'

### The CCGs have presented high level Transforming Care plans to the Learning Disability Partnership Boards.

Berkshire East CCGs have commissioned service user/ family feedback to understand the end to end experiences and impact of services. This information will be used to shape the range of services and provide a platform for co-production across Berkshire.

Berkshire West CCG organised a specific event for Carers to provide in-input to develop key elements of the 'Positive Living Model'

- People with lived experience of learning disabilities and or Autism - The main engagement routes for this wider group have been through LD Partnership Boards and LIGs. There has been number of info graphics and presentations delivered as well as an accessible newsletter. People have given their views and ideas through

- the regional work, pan Berkshire and in smaller localities and communities.
- People with learning disabilities and or autism who have used services because of behaviour that challenges - This specific group are currently being supported to share journeys and their views on what has worked well and what could be improved and how. This work is being undertaken by an independent third party organisation all the feedback used to design and test the model.
  - Family Carers – Family carers have been involved in the work from the start with two carer engagement workshops as well as range of activities to keep people informed and listened to. Family carers have been interviewed and the information has been used to design the new model. There is now a local Carers Champion who is directly involved in the development process.
  - Health and Social Care Support providers – The main health and Local Authority providers are an integral part of the overall programme and have a seat on all meetings and are part of every aspect of redesign. The main health provider is the second half of the coproduction partnership that is redesigning the pathway, increasing community support and reducing the reliance on beds. Operational staff from the specialist health and social care teams has been directly involved in a number of workshops over the past year redesigning the pathway. Independent social care support providers have been involved in a carer workshop to engage them in this work.
  - Local Authorities – Local Authority commissioners are on every relevant board and meeting. This work is fully multi-agency and the 6 local authorities are all signed up to this work operationally and strategically.
  - CCGs – The CCGs have been leading and directing this work and have been offering support and leadership for this programme.
  - Services for children and young people – This is the area of stakeholder engagement is the least developed within Berkshire and will be prioritised over the next 6 months.
  - Third sector – The voluntary sector have been engaged predominantly through the LD partnership boards and LIGS although several third sector organisations have been involved in the engagement workshops throughout this process.

An Experience Based Co-Design (EBCD) project has been launched in Berkshire; this involves service users, family members and staff working together to redesign learning disability services. The learning from this will inform our local services and subsequently rolled out other areas. EBCD in Berkshire will run for 12 months, beginning with a 6-month 'discovery' phase, in which local patients and staff will be interviewed about their experiences of a service. The patient narratives are video-recorded, and from these a 'trigger film' will be developed to stimulate discussion between staff and patients about potential quality improvements (and the film becomes a resource that can be used by other organisations). An important characteristic of the EBCD discovery phase is that it draws on rigorous, narrative-based research with a broad sample of users, rather than relying on a single representative on a committee or a few anecdotes.

Equally important will be the subsequent co-design phase, in which patients, families and staff will come together as equal partners in small change working groups to set priorities for quality improvement, and design and implement change.

It is recognised that more engagement is required with children and young people to ensure their views are reflected in service development.

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**Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers**

The programme has included people with lived experience at every stage and step of the way; this has been mainly in a consultative way although Berkshire has designed the new service model directly based on the input of people with lived experience, the Learning disability Carer Champion has been part of staff workshops and development sessions.

The new model is designed in a way that people with learning disabilities will be part of the leadership team in a formal way running, evaluating and developing operational support for people with complex needs. Using the co-production reflective tool Berkshire has 'got the basics right' comprehensively, and is 'really getting there' in its design for the future model of support. This reflective model will be useful in marking progress over the journey of the Transforming Care partnership.

There is a real desire within Berkshire to grow a collaborative culture and create a system based on co-production with people with lived experience. This aspiration is articulated in the strategy and includes enhancing personalised budgets, self-directed support and people with lived experience being actively and meaningfully involved in enhancing the lives of people with learning disabilities and or autism.

The Berkshire Transforming Care Partnership Board recognises that co-production with children and young people with a learning disability and/or autism is an area of development and will engage a board member from Children's commissioning to support this area of work. In addition in the future children and young people with learning disabilities and/ or autism will be invited to support project planning and implementation of the Positive Living Model

A learning disabilities Champion with an interest in or lived experience will be identified to engage with local people, feed in views and develop the model.

## **Baseline assessment of needs and services**

### **Provide detail of the population / demographics**

A commitment of this plan, and those mentioned within it, is to collect data in relation to the following groups. This will form part of our next Joint Strategic Needs Assessment (JSNA).

- 1) Children, young people or 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 with personality disorders, which may result in them displaying behaviour that challenges.
- 2) Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- 3) Children, young people or adults with a learning disability and/or autism who 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 or aggressive or sexually inappropriate behaviour).
- 4) Children, young people or adults with a learning disability and/or autism, often with 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 abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

5) Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

### Improving Information

The CCGs and local authorities recognise that a greater understanding of the needs of people with challenging behaviour is required and commissioners will address gaps through working with public health to provide more robust information through the local Joint Strategic Needs Assessments.

**Table 1:** Projecting Adult Needs and Service Information (PANSI) projections for people aged 18-64 with challenging behaviour for the six authorities is as follows.

Local Authority Area	2014	2015	2020	2025	2030
Reading	47	47	47	48	49
West Berkshire	42	42	42	42	42
Wokingham	44	43	44	45	45
Bracknell Forest	33	34	35	35	35
Slough	42	42	44	46	48
Royal Borough of Windsor and Maidenhead	39	40	40	41	42
<b>Total</b>	<b>247</b>	<b>248</b>	<b>252</b>	<b>257</b>	<b>261</b>

Although the numbers of people are relatively small and are not predicted to grow significantly we know that services for people with challenging behaviour can be difficult to commission in the immediate locality and that if we are to achieve our aim of enabling more people with challenging behaviour to be supported in the community we will need to improve our understanding of the needs of the individuals affected and extend and enhance services in a number of key ways.

2015	Bracknell	Reading	Slough	W&M	West Berks	Wokingham
Predicted LD prevalence 18-64	1,816	2,583	2,287	2,137	2,259	2,339
Predicted LD prevalence 64+	341	403	289	564	577	580
Children (2014 data)	467	120	1026	467	391	462
<b>Total</b>	<b>2,624</b>	<b>3,106</b>	<b>3,602</b>	<b>3,168</b>	<b>3,227</b>	<b>3,381</b>

2030	Bracknell	Reading	Slough	W&M	West Berks	Wokingham
	1,912	2,672	2598	2,246	2,244	2,435
	539	558	446	770	854	838
	490	124	1166	491	387	481
	2,941	3,354	4,210	3,507	3,485	3,754
% change	11.21	10.80	11.69	11.07	10.80	11.10

### LD with challenging behaviour 18+

Local Authority Area	2014	2015	2020	2025	2030
Reading	47	47	47	48	49
West Berkshire	42	42	42	42	42
Wokingham	44	43	44	45	45

Bracknell Forest	33	34	35	35	35
Slough	42	42	44	46	48
Royal Borough of Windsor and Maidenhead	39	40	40	41	42
<b>Total</b>	<b>247</b>	<b>248</b>	<b>252</b>	<b>257</b>	<b>261</b>

<b>Year 2014</b>	<b>Bracknell</b>	<b>Reading</b>	<b>Slough</b>	<b>RBWM</b>	<b>West Berkshire</b>	<b>Wokingham</b>
Children with moderate LD known to schools	450	*	907	581	346	364
Children with severe LD known to schools	*	105	92	39	*	75
Children with profound and multiple LD known to schools	17	15	27	*	45	23
Children with autistic spectrum disorders known to schools	237	322	316	321	663	526
Children with LD known to schools	<b>467</b>	<b>120</b>	<b>1026</b>	<b>620</b>	<b>391</b>	<b>462</b>
Children likely with challenging behaviour (severe/ profound LD)	<b>17</b>	<b>120</b>	<b>119</b>	<b>39</b>	<b>45</b>	<b>98</b>

### Autism

Data obtained from <http://www.poppi.org.uk> and <http://www.pansi.org.uk/> predicts that in Berkshire 2015:

- 5527 people of 18-64 will have an autism spectrum disorder
- 1238 people over the age of 64 will have an autism spectrum disorder

The CCGs and Local Authorities will establish further detailed analysis of this data to inform our future plans.

### Analysis of inpatient usage by people from Transforming Care Partnership

The CCGs commission 16 in-patient beds within Berkshire; these beds and learning disability services are commissioned through a block contract with Berkshire Healthcare Foundation Trust. This includes the community teams for people with learning disabilities.

In addition currently a further 12 beds are commissioned out of area which are funded either by the CCG or from within the block contract.

The 2 Assessment and Treatment Units within Berkshire:

#### Campion Unit

- The service is delivered from the West of the county. There is an agreed pathway between the service and the Community Teams for People with Learning disabilities (CTPLDs), most admissions are planned with the individual service user/ family/ carer.
- The Care and Treatment Review process provides the platform to ensure that key recommendations are followed up in the best interest of the person in the unit. Unplanned out of hours requests for admission are channelled through the emergency duty teams and the BHFT urgent care service.
- The service will operate within the 18 week; referral to treatment milestone as laid out by regulation and subsequent additions within contract year.
- Progress of referrals is reviewed at CTLD team meetings and at the monthly LD forum.

## Little House

- The service is delivered from a single stand-alone unit based in the East of the county and operates with same principles as the Campion unit.

Below outlines the inpatient use in Berkshire in Q1 – Q3 2015/16 across Berkshire which highlights a difference between the East and West of the patch both in terms of numbers and admissions.

The Berkshire plan includes retaining the commissioning of 11 beds for specialist health provision. This is to ensure that when people with learning disabilities are in need of this level of specialist care, they get the right care in the right place, provided locally in a timely manner, with their admission being for the shortest possible time. We will use our existing community teams, supported by the new Intensive Intervention Service to avoid and reduce admissions where ever possible. However some people will require specialist services and where these are necessary our teams will work to ensure these admissions have a clearly defined reason for the admission and planning for discharge will begin from the point of admission - to ensure people are only within inpatient services for the period required therapeutically.

	Newbury & District	Reading North & West	Reading South	Wokingham	Q1 15-16 (Berks West)	Bracknell	Slough	WAM	Q1 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	7	3	7	6	23	2	3	5	10	33
Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder Asperger's Syndrome)	1	1	4	0	6	1	1	2	4	10
Numbers of patients discharged to community settings	2	1	2	1	6	0	1	1	2	8

	Newbury & District	Reading North & West	Reading South	Wokingham	Q2 15-16 (Berks West)	Bracknell	Slough	WAM	Q2 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	8	3	5	5	21	2	3	5	10	31
Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder Asperger's Syndrome)	3	1	0	0	4	0	1	1	2	6
Numbers of patients discharged to community settings	2	0	2	0	4	2	0	0	2	6

	Newbury & District	Reading North & West	Reading South	Wokingham	Q3 15-16 (Berks West)	Bracknell	Slough	WAM	Q3 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	7	3	6	5	21	1	3	5	9	30



Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	3	0	2	2	7	1	0	0	1	8
Numbers of patients discharged to community settings	0	0	2	1	3	1	1	1	3	6

The chart below highlights the number of people in CCG commissioned hospital/health beds which are currently out of area.

	Newbury & District	Reading North & West	Reading South	Wokingham	Q3 15-16 (Berks West)	Bracknell	Slough	WAM	Q3 15-16 (Berks East)	Total
Total number of patients in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	2	1	2	2	7	0	1	1	2	9
Numbers of admissions to in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and /or autistic spectrum disorder (including Asperger's Syndrome)	0	0	0	0	0	0	0	0	0	0
Numbers of patients discharged to community settings	0	0	0	0	0	0	0	0	0	0

Of the 9 people identified in the table above – there have been 8 CTR's (for 1 person it was not considered in their Best Interest due to plans for discharge in place at the time).

Of these 9 people:-

- 1 person has now been discharged back into Berkshire into a supported living service
- 2 people were identified as being ready for discharge in 6 months – suitable community services are being identified and responsible commissioner issues being addressed
- 1 person has had a period of leave under section to a community based service in Berkshire but had to return to the hospital placement due to concerns for their wellbeing at the time
- 1 person had discharged plans in place however the identified placement withdrew the offer of a community placement due to behaviour displayed early in the transition – alternatives being identified
- 1 person was not ready for discharge at the time of the CTR but is now ready and a community based service has been identified pending agreement of funding between CCG/LA
- 1 person is subject to restrictions due to the Ministry of Justice and remains in their current placement
- 1 person remains not ready for discharge and suitably supported in the current placement – alternative local provision is also being explored
- 1 person remains appropriately placed in a step-down/rehabilitation service following discharge from a long period of detention in secure services

The assessment and treatment units within the TCP area of Berkshire is only accessed by those registered with a Berkshire GP. On occasion there are requests out of county to admit a patient in to either Little House or the Campion Units however no patients have ever been admitted from out of county. Individuals are either discharged into the community (with/ without package) or in some cases places in independent hospitals out of the county. This is due to the longer term needs of individuals which would not be best served by the assessment and treatment units.

There are instances where individuals who have not previously been resident in Berkshire are placed by either CCGs or LAs out of the area in a supported living/ residential environment. Subsequently these individuals once registered with a local GP become the responsibility of the CCGs and would then be able to access the assessment and treatment unit if at risk.

Individuals who are repatriated back by either LA or CCGs from out of area (placements) will also be able to access the assessment and treatment units.

Individuals who are placed out of area by Berkshire LAs whose placement subsequently breaks down are often refused admission to assessment and treatment units within that placement area which leads to pressure on the Berkshire system to admit. This will be improved through mapping the current use of in- patient beds and scoping the development of joined up health and social care strategies to secure better accommodation, systems and services to support people to remain in their own home.

The current housing provision will be strengthened through developing the provider market through a joint health and social care procurement framework. The Capital investment from NHS England will be utilised to adapt properties so that people can be placed into appropriate accommodation.

#### NHS England Specialist Commissioned Services

There are currently 16 Berkshire patients in out of area NHS England specialist Commissioning beds. The Board will seek to ensure that there are robust transition plans through mapping where people in this care pathway to plan future services that are sustainable and conducive to the person's wellbeing.

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#### **Describe the current system**

The CCGs commission health care provision on a collaborative basis with a single contract with

Berkshire Healthcare Foundation Trust on a block contract (BHFT). The commissioned service consists of:-

1. Assessment and Treatment Units; Little House in Bracknell with 7 beds and The Champion Unit in Reading with 9 beds
2. Health component to community team or people with a learning disability. There are 6 CTPLDs who are all co-located within the Local Authority and therefore work together. The service leads for the CTPLDs are jointly funded by health and social care however are separately supervised by BHFT.
3. Tier 4 CAMHs services are commissioned by NHS England.

### Berkshire Local Authority Learning Disability Commissioning

The six Local Authorities commission learning disability services separately for their own residents to meet their Care Act responsibilities through a range of methods including spot and block purchase arrangements to meet eligible needs. The Local Authorities are focussed on personalisation which is delivered through personalised budgets and direct payments.

Services commissioned include supported living, care home placements, day services, community support, and respite. Social care services provision is based on person centred planning to ensure that people receive quality services that meet their needs.

The Local Authorities in Berkshire also support individuals in transition from Children's services and employ specialist workers to support young adults with a learning disability reaching the age of 18.

All Local Authorities with social services responsibilities assess the care needs of any person who requires community care services and to provide or arrange services to meet their eligible care needs. The local authorities in Berkshire ensure that people are supported to live as independently as possible and in housing rather than institutional care. Support packages are implemented to maximise independence including supported living arrangements.

The CCGs and local authorities employ joint community teams for people with learning disabilities who are required to support adults with learning disabilities to be as healthy as possible and have the same rights, independence, choice and inclusion as those adults without learning disability. This is provided through a multi-disciplinary, integrated health and social care service for adults with learning disabilities resident in the Berkshire area and with a Berkshire GP.

These joint teams are contracted to ensure that they provide health and social care to adults with Learning Disabilities through an integrated interdisciplinary team. This includes a range of health and social care professionals, e.g. community nurses, occupational therapists, health care assistants, speech & language therapists, primary care liaison nurse and dieticians.

The CCGs and local authorities are committed to ensure that providers deliver high quality, evidence based services, which promote good, measurable outcomes for service users and their family carers to continuously improve these services through access to joint information systems. This involves working collaboratively with primary and secondary care services to raise their awareness of LD specific issues.

Berkshire Healthcare Foundation Trust is commissioned to provide a Children and Young People's Integrated therapy Team (CYPIT). This service is now developing to further integrate emotional health and wellbeing (CAMHs) services with physical health. A children's toolkit is available online for families and this is being expanded to incorporate strategies to support mental health and behaviour. An online support platform for parents and carers is due to open in Summer 2016.

Berkshire Healthcare Foundation Trust has a specialist nursing service that supports children with profound learning disabilities and provides much of the physical and nursing support to children.

The service will also provide support to parents and behaviour support is delivered through schools (mainstream and specialist).

Across Berkshire in and out of area providers are commissioned on a spot purchase basis to provide support packages or placements for individuals requiring additional support post admission.

The CCGs and local authorities have developed plans for 'Future in Mind for improving the mental health and wellbeing of children and the main objective is to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children and mothers at the perinatal stage whose needs escalate to require a specialist intervention, a crisis response or admission to an in-patient facility. This means that:-

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Women with emerging perinatal mental health problems access help quickly and effectively
- Vulnerable children access the help that they need easily. This includes developing Liaison and Diversion services and better links with SARC's.
- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires residential, secure or in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition.

The neurodevelopmental pathway (ADHD and ASD) is being developed within the main provider Trust in Berkshire and with partners with the following objectives for 16/17:-

- Enhance provision across the system for children and young people with ASD and Learning Difficulties.
- Review current Common Point of Entry and access arrangements into CAMHs services, ensuring access for the most vulnerable (includes step down from in-patient units, links to SARC's, Looked After Children's services, emerging Liaison and Diversion services for under 18's, forensic services, provision for children and young people with LD and ASD)

**When asked to process map and draw the current system staff and carers confirmed the following;**

The SWOT analysis below was derived from health and social care adult services engagement events. The Berkshire Transforming Care Implementation Plan will address the issues detailed below through looking at areas that work well and strengthening areas that require improvement. This work will be co-designed by putting the person at the centre of future planning.

<p style="text-align: center;"><b>Strengths</b></p> <p>Evidence of good clinical practice.</p> <p>Clinical expertise around Challenging behaviour exists.</p> <p>Examples of joint working across the County. All teams have a Proact Scip trainer.</p> <p>Clinical expertise around Challenging behaviour exists.</p> <p>1 definite Head of Service.</p> <p>A universal desire to provide high quality provision.</p> <p>People with Challenging Behaviour are prioritised.</p> <p>PBS experts within the service.</p>	<p style="text-align: center;"><b>Weaknesses</b></p> <p>An example of too many clinical hands offs in some teams.</p> <p>Significantly more unplanned admissions that planned.</p> <p>Multiple routes through the system for users.</p> <p>Many different sources of clinical guidance.</p> <p>Highly complex services.</p> <p>Many examples of duplications and gaps.</p> <p>Limited formal clinical leadership.</p> <p>Limited client and carer leadership of services.</p> <p>Very flat management structure with little definition</p>
<p style="text-align: center;"><b>Opportunities</b></p> <p>6 Community Teams for people with Challenging Behaviour exist</p> <p>6 Local Authorities.</p> <p>7 Health Commissioners.</p> <p>Clinical expertise around Challenging behaviour exists.</p> <p>16 beds in 2 units.</p> <p>PBS is already in place but not consistently used.</p> <p>Even more examples of opportunities and possibilities.</p>	<p style="text-align: center;"><b>Threats</b></p> <p>6 Community Teams for people with Challenging Behaviour exist</p> <p>6 Local Authorities.</p> <p>7 Health Commissioners</p> <p>Few examples of talent management or role development.</p> <p>Some confusion around pathways, processes and ways of working.</p> <p>Individual professional waiting lists in some areas.</p> <p>Some professional groups outside the service budget.</p> <p>Communication issues between teams and professionals.</p>

### **Voluntary Sector Commissioning:**

Autism Berkshire is commissioned by CCGs to provide support for families and children with autism. We will link this organisation in to developing future plans. Parenting Special Children is commissioned in Berkshire to support families particularly in the post diagnostic period.

Berks West CCGs commission voluntary and independent sector to provide information, advice, advocacy and support services e.g. Mencap, ASD Family Help, A range of statutory and non-statutory advocacy services, including self-advocacy are commissioned by the local authorities.

### **CAMHS**

CAMHS Tier 3 services are commissioned Berkshire wide; this includes the provision of an Autism diagnosis service, autistic spectrum disorder as well as specialist mental health pathways. An eating disorders service is in operation for those with complex needs and in 2016/17 the provision of a full community based eating disorders service will be available in line with the nation standards.

Tier 2 CAMHS services are commissioned by the local authorities. Berkshire West CCGs jointly commission youth counselling services.

The CAMHS Transformation Plans have funded additional behaviour support to children and families pre and post diagnosis of autism as well as blending counselling services.

### **Local CAMHS Transformation Plans**



Transformation plan-  
Reading Borough Cou



Transformation plan-  
West Berkshire Coun



Transformation plan-  
Wokingham Borough (



East Berkshire Local  
Transformation Plan F

The local transformation plans are also available on CCG websites in easy read formats with Frequently Asked Question sections. The website content has been developed in partnership with service users.

For example:

<http://www.southreadingccg.nhs.uk/mental-health/camhs-transformation>

<http://jsna.bracknell-forest.gov.uk/news/mental-health-services-children-young-people-transformation-plan>

### **NHS England Specialist Commissioned Services**

The specialist commissioner in NHSE currently commission Tier 4 in-patient facilities for children and young people with mental health problems and/or learning disabilities.

The fundamental challenge in delivering care in its current format is the number of partners involved in commissioning and delivering the services.

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### **What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?**

Berkshire will strengthen its local provision through working with people with lived experience to review the current provider market to develop bespoke and accessible accommodation to sustain people's wellbeing in their local community. One of the key challenges is that Berkshire does not have a single procurement strategy to support housing needs.

The Berkshire Transforming Programme has applied for capital funding to utilise this money to redesign and develop existing estate for supported living tailored to meet individual needs.

Estates and housing providers	
NHS Estate – owned by BHFT	Campion Unit with 9 beds, fit for current purpose The Little House with 7 beds, fit for current purpose
Bracknell Forest Council	Currently 5 properties owned by the council 4 x housing providers 5 bed respite unit and a day service unit
Slough Borough Council	3 x day centre. All fit for purpose (max 35 people p/day) 1 x Respite 8 bedded respite unit which is fit for purpose 1 x 8 bedded residential unit SBC currently commission 12 Supported housing providers
Royal Borough of Windsor and Maidenhead	1 x 4 bed property used for short breaks (property owned by NHS) 2 x 8 bed residential care homes (property owned by Housing Solutions – housing association) 2 x day centres, one owned by RBWM, one owned by Housing Solutions – day centre in Maidenhead purpose built, includes public library and café. 5 x care homes (4 x 6 bed, 1 x 4) bed, owned by NHS but transferred to Housing Solutions with a capital charge agreement. (hospital re-provision) 2 x supported living services in Maidenhead, owned by Housing Solutions (16 one bed flats) – good quality purpose built 1 x supported living service in Old Windsor, owned by Radian Housing – housing association (11 one bed flats) – good quality purpose built 9 x supported living service in Windsor, owed by Radian Housing – housing association (9 one bed flats) – good quality purpose built
Wokingham Borough Council	Council owned properties where support for people with a learning disability is provided. Acorn day centre (purpose built and equipped day centre). Hillside Park LD Supported living consisting of 9 self-contained flats The Council owns a number of supported living dwellings across the borough 1 x 4 units 1 x 3 units 1 x 2 units 10 x 1 unit In addition the Council works with 17 independent housing providers/housing associations providing 171 units across 47 sites. Support to residents is commissioned from a range of support providers. The Council also commissions a 8 bed respite unit for overnight and sessional day respite.
Reading Borough Council	1 x 6 bed LD respite unit for adults (RBC owned) 1 x 6 bed respite unit for LDD Children (RBC Owned) 8 x shared houses for supported living 2-5 beds each (RBC owned) 1 block of 6 one bed flats for supported living (RBC owned) 28 shared houses and flats owned by RSLs or private landlords currently used for LD supported accommodation. Landlords include Radian, Trinity Housing, Sovereign, Dimensions.
West Berkshire Council	Purley Park Trust 16 units of supported living Hillview House supported living and residential care Advance UK 21 units of shared accommodation – supported living across West Berkshire Sovereign Housing 3 houses for supported living – support delivered by Creative Support

	<p>A2Dominion – Pelham House – Supported Housing for 16 residents. Support provided by Dimensions.</p> <p>Golden Lane Housing 12 units of Supported Housing in 2 houses</p> <p>West Berkshire Mencap – Heffernan House West Berkshire</p> <p>Sovereign - Blagden House Supported living for 5 adults</p> <p>WBC also owns 3 Day Centres</p> <p>Hungerford Resource Centre – 20 places (Pan-Disability), currently 4 LD users in rotation</p> <p>Greenfield House Resource Centre – 20 places (Pan-Disability), currently 9 LD users in rotation</p> <p>Phoenix Resource Centre – 20 places (Pan-Disability), currently 31 LD users in rotation</p>
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There is significant volume of estate within the county both LA and health owned. Further work will be undertaken to ensure that bespoke personalised service in appropriate services are provided through capital investment from NHS England.

## **Vision, strategy and outcomes**

### **Our Vision**

By 2019, people in Berkshire with a learning disability and or autism will be fully supported to live good lives in their communities, with the right support from the right people at the right time.

### **Our strategy**

- Strengthen the role of the community teams for people with learning disabilities and/or autism and develop a workforce strategy that provides consistency across services regardless of where people live, delivers equality and promote a positive culture.
- Promote greater support to Carers and families of people with learning disabilities and/ or autism.
- Offering people with learning disabilities and/ or autism a choice of where and who they choose to live with to lead everyday lives.
- Developing a provider market that will support people to realise their aspirations and maintain wellbeing.
- Collaborate and strengthen the role of the LD Partnership Boards to access engagement with people with lived experience to plan the 7 workstreams listed on page 4.
- Utilise existing beds differently and creatively to offer respite and short term interventions with robust plans for discharging people back into the community with the support from well-developed community teams for people with learning disabilities, the voluntary sector, housing and day care facilities.
- Promote greater access to advocacy to support choice and a voice for people with lived experience.
- Strengthen the role of Primary Care to support health and wellbeing.

The Berkshire Transforming Care plan will dovetail with the local learning disability and autism strategies to deliver the vision.

People will have a positive experience regardless of where care is provided, with access to good housing options, to live safely exercising their right to choice to achieve the following outcomes:-

- Focus on improving quality of life and support to reduce behaviours that pose a risk to self and others through a robust workforce development to improve standards of care through increased knowledge and experience to support people to live meaningful lives.
- To reduce the reliance of referrals to hospital and avoid hospital admissions through increasing life opportunities in the community. This will be achieved through developing an 'Intensive Intervention service in the community, specialist interventions and Positive



Behavioural Support as well as personalised care and support.



Housing that is right



Support from community (teams & providers)

### Describe your aspirations for 2016/17 - 2018/19

The Programme Board will ensure that people have the best opportunity to lead ordinary lives through the right support system to meet their individual needs. The Board will ensure that the vision for the future is further articulated through involving people with lived experience to co-design services to support people out of hospital and into appropriate community placements.

This will mean working closely with Health and Social Care to support people to lead meaningful lives through access to:-

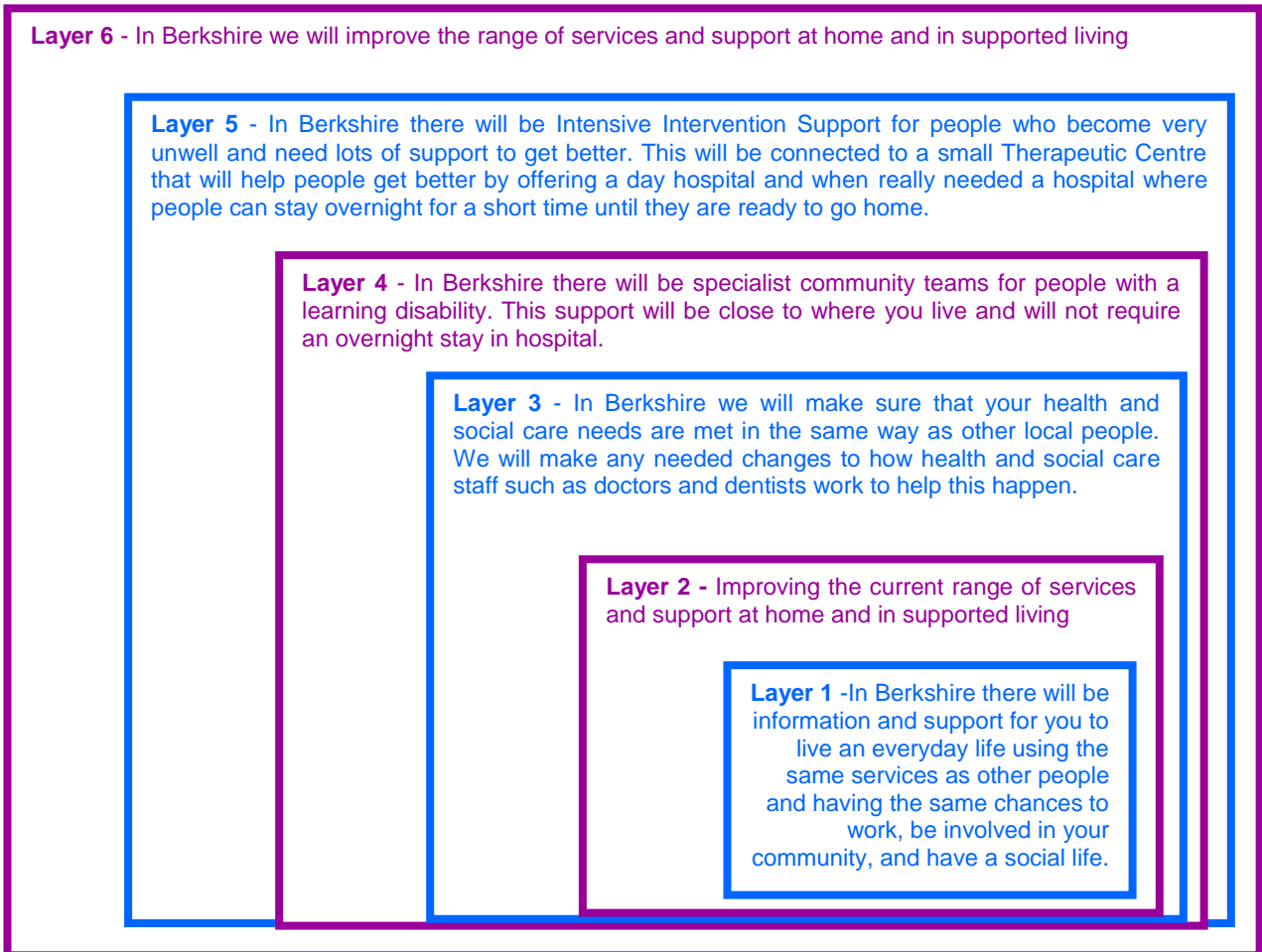
- 1) Individualised tailored care plans
- 2) Personal Health Budgets
- 3) A safe environment designed to meet the person's holistic needs
- 4) Meaningful easy read information to navigate through to services
- 5) Well trained staff regardless of people receive services
- 6) Choice to design own services
- 7) Personal Health Plans

- 8) Carers Information, Advice and Support
- 9) Positive Behaviour Support
- 10) Education, Support and Housing
- 11) Timely and meaningful diagnostic support

**What support will look like in the future?**

In order for us to deliver this vision, Berkshire will ensure that it has the following in place:-

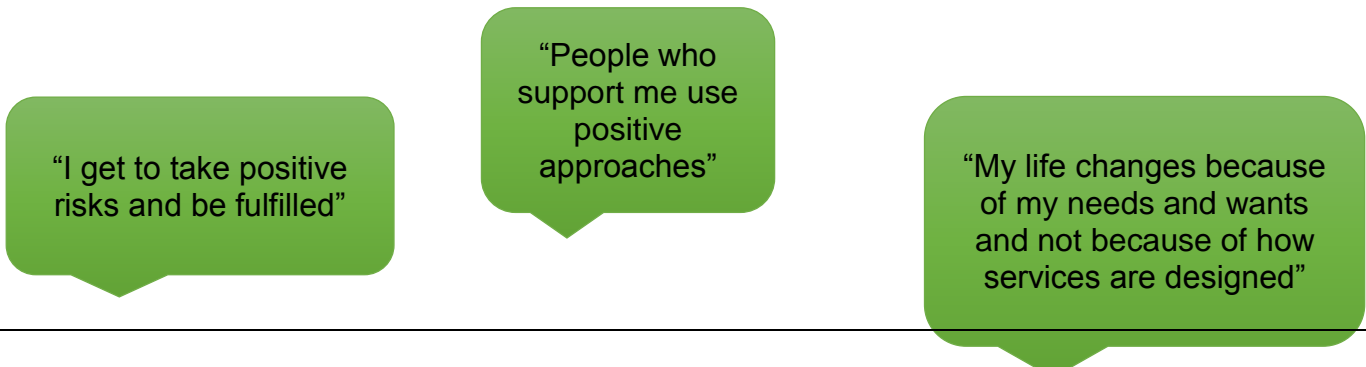
There are going to be 6 layers of support for people:



**Intended Benefits for People with Lived Experience**

People with learning disabilities, family carers, clinical staff and local authority managers have identified the benefits to people. The benefits relate specifically to 5 cohorts outlined. The benefits will be measured through audit, evaluation and formal Periodic Service Review of the redesigned service.

**Berkshire has committed to supporting and empowering people with Learning Disabilities to ensure that they can say;**



“I can live in safety with the help I need”

“I have a voice, I am listened to and it makes a difference”

“I am part of my community and I have the lifestyle I choose”

“It’s about my Life course not about service transitions”

“When I need more support I get exactly what I need for as long as I need it”

#### **Benefits to Performance**

- Reduced numbers of unplanned admissions.
- Reduced length of stay.
- Reduce overall admissions.
- Increase number having their needs met in the community.
- Reduce readmission within 12 months.
- Increase number treated in the community.
- Extend out of hours capability per day.
- Extend days of community working per week per week.

#### **Benefits to Quality**

- Least restrictive environments for individuals.
- Admissions only when absolutely necessary.
- Lengths of stay determined by clinical need.
- Improved communication throughout pathway.
- Improved joined up nature of service.
- Improved Customer experience.
- Increased range and intensity of specialist community interventions.
- Increased Support and capacity within Community Teams for people with Challenging behaviour and for those with other needs.

#### **Benefits to Cost**

- Reduction in out of area placements by 75%.
- Reduction in Local Authority costs relating to placement breakdown.
- Management of efficiency targets within BHFT.
- No additional recurring investment required from CCGs.
- No additional recurring investment required from BHFT.
- Reduction of costs related to avoidable admissions and readmissions.

### **How will improvement against each of these domains be measured?**

- A bespoke balanced scorecard approach developed using key metrics based on each of the agreed benefits above.
- Increased personalised budgets.
- Experience feedback from people using services.
- Coordinated and collaborative commissioning across health and social care.
- Local people, People with lived experience and other stakeholders will be engaged in evaluating improvement against each domain using, Citizens Juries, Periodic Service review and learning events.

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### **Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.**

Positive Behaviour Support is the central principle around which services are developed. It is a multi-layered framework for improving the quality of life of people with learning disabilities and or autism whose behaviour challenges services. The focus is upon the person and others with whom the person has a close and significant relationship.

- All staff working directly with people with Learning Disabilities and or autism have sufficient knowledge, training and support to promote their psychological wellbeing and to identify early indicators of behavioural difficulty.
- Health promotion widely available for people whose challenging behaviour may be caused by a physical issue.
- Mental Health Promotion widely available for people whose challenging behaviour may be caused by psychological distress.
- People with Learning Disabilities with behaviour that challenges are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
- Positive Behaviour Support is the methodology of choice for all practitioners and there is sufficient skill, knowledge and delivery of intervention using Positive Behaviour support approach.
- People receive help outside 9-5 Monday to Friday and carers get help needed with other tasks such as house maintenance and shopping, including respite and preventative support via Mencap, ASD family help.
- Support gradually increases when needed and can be stepped up and down at any time.
- The tiered approach is used to offer a spectrum of care from prevention through to emergency intervention.
- The model is based on building blocks that people can use to build a bespoke service for each individual.
- Individuals are empowered to be in control of their lives, making choices and gaining increased independence.
- The Positive Living Model works for people through their life course and “becoming an adult will be about the party not the cliff edge!”
- Case coordinators and radical person centered planning are in place and effective.
- Community teams include dedicated specialist expertise in challenging behaviour using Positive Behaviour Support and manage the risks associated with this particular group.
- Direct support and intervention for staff in social care agencies and organisations from Intensive intervention practitioners is widely available.
- Multi agency Positive Behaviour Intensive intervention teams that provide direct training and intervention to individuals, carers and families are present in each county.
- Creative Housing solutions are in place for people with very complex needs and behaviour that challenges.

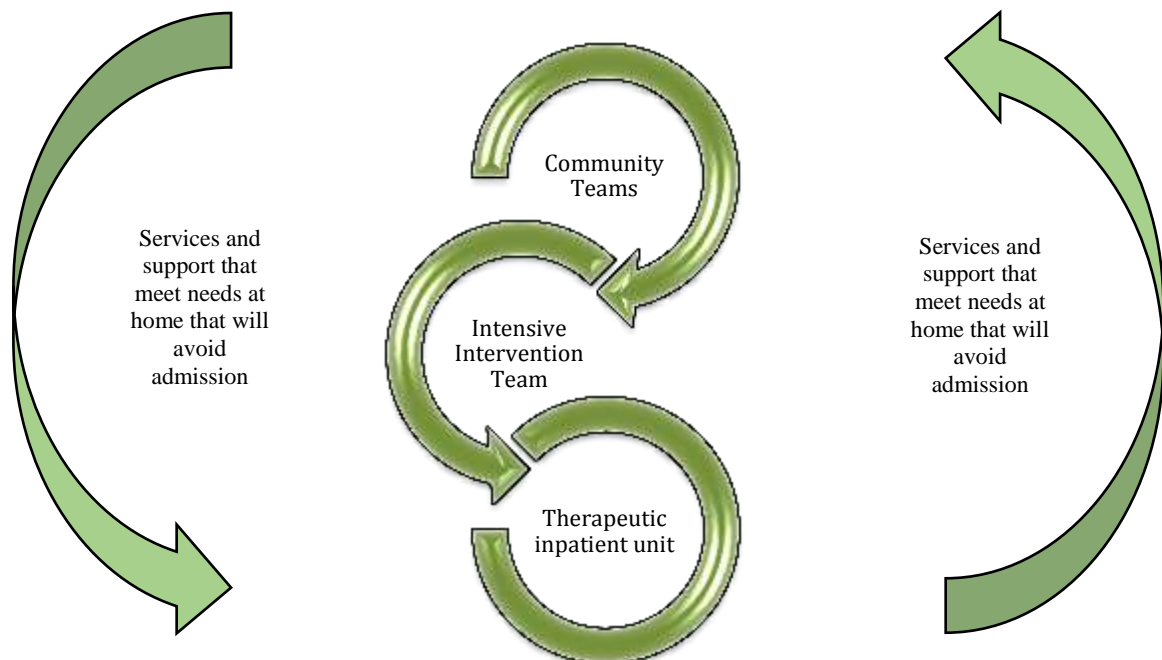
- Comprehensive and robustly funded Advocacy and Carer Support is in place and accessible.
- Periodic Service Reviews run by People with Learning Disabilities and or autism, Carers and Professionals.

## Overview of your new model of care

### The Proposed redesigned service

A process of triangulation of all the local information, national drivers, Positive Living Model, customer voice work and commissioning intentions was undertaken this was then compared against the financial resource available and the following proposal was created.

There will be four core elements of the redesigned service, community teams for people with learning disabilities (CTPLD), an intensive intervention team (IIT), Supports and Services that will meet people's needs at home (SSH) and a therapeutic Inpatient Unit (TIU).



The community teams will be strengthened through increased resource and a reduction of pressure from the work currently associated with supporting people with behaviour that challenges that are in crisis. The teams will be able to respond more proactively and preventatively to people whose behaviour that is challenging as well as those needs of people whose behaviour is not challenging as a result of increased capacity.

The Intensive Intervention team will offer support and consultation to the community teams, will work in partnership with them as people's behavioural needs become more intense, will pick up direct case work for people who require that level of intensity and specialism, enable people to access the therapeutic inpatient unit as and when required in a planned way, speed up discharge as a result of working alongside communities to ensure a state of discharge readiness and reduce the rate of readmission by working with people post discharge for 12 weeks.

The Therapeutic Inpatient Unit will provide planned and emergency day and overnight services to individuals for whom it is clinically indicated. The 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. The 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.

### **McKinsey 7S Framework in relation to the redesigned service**

The framework was developed in the early 1980s by Tom Peters and Robert Waterman, two consultants working at the McKinsey & Company consulting firm, the basic premise of the framework is that there are seven internal aspects of an organisation or service model that need to be aligned if it is to be successful. This framework has been used within the project workshops with staff and will be the basis of the internal implementation once the redesign has been agreed.

### **Strategy - The plan devised to maintain and build high quality provision, excellent customer experience and cost efficiency.**

The learning Disability services in Berkshire have created a vision that everyone locally has signed up to.

'Developing excellent services in local communities with people and families, improving their health, wellbeing and independence. – The best care in the right Place for people with Learning Disabilities'

### **Style - The style of leadership adopted and embedded within the service and wider organisation**

Conscious Leadership is the model of leadership identified as most aligned to the service model and the culture of the provider as an organisation.

A conscious leader is someone who leads by serving and thereby inspires their followers to do the same. Someone who empowers people to make decisions and take controlled risks with the responsibility and awareness for the consequences for all. Someone who recognises how we are all connected and therefore every action we take has a consequence beyond ourselves.

This is what is meant by conscious leadership and it offers a powerful and sustainable approach to all areas of life and sits very comfortably within a context where people who use services are empowered and enabled to live aspirational lives however complex their support needs may be.

Being aware and responsible for our own actions - and responses to the actions of others - is having the power to change the future and make a difference in our organisation and the wider system. The major implication of this is that leadership is not restricted to a few but that everyone has the ability - and indeed the responsibility - to lead.

### **Shared Values - These are the core values of the service that are evidenced in the culture and the general work ethic.**

The values assumed within this proposal and those at the core of the people who have worked together across professions, boundaries and agencies on this project are the three that BHFT have identified for their organisation as a whole:

- **Caring** for and about you is our top priority.
- We are **Committed** to providing you with good quality, safe services.
- Working **Together** with you to develop innovative solutions.

These Values effectively articulate the foundations that the new service model has been built on

and they work in harmony with the CCGs Values.

### **Systems - The daily activities and procedures that staff members engage in the redesigned service**

The Intensive Intervention team will work alongside the local CTPLDs to meet the needs of individuals with learning disabilities and challenging behaviour (with or without autism and mental health needs) who require a period of intensive, focussed assessment and intervention that is beyond the capacity of the CTPLD. It will also work closely with the inpatient service to deliver care in the least restrictive environment, and to avoid inappropriate or unnecessarily long admissions.

#### **The key objectives of the proposed Intensive intervention model are:**

- To provide a flexible, proportionate and timely response to crises so that service users receive care in the least restrictive environment, consistent with their clinical and safety needs and with the minimum of disruption to their lives.
- To develop preventative input in order to avoid future crises.
- To actively encourage continued and meaningful involvement of the service user, family and carers.
- To add value to the lives of all adults displaying significantly challenging behaviour. IIT members will work in partnership with other stakeholders to commission, create, and strengthen capable and resilient environments.
- IIT will contribute to the planning and support of local services in order to facilitate the return of people currently in out of area placements.
- To work closely with generic mental health services to ensure people with learning disabilities can access their specialist skills during crisis.

#### **Staff - The workforce plan including Human Resources issues.**

The service is modelled on three core staff groups, leadership, specialist skills and direct behavioural support. Within those three will be a number of sub sections of staff groups and grades. The staff will be located in three teams and will all have dedicated time within the Core Intensive Intervention team.

As part of the implementation phase a full workforce plan will be created with details of the numbers as well as the training and development requirements. The Tiered model of service will underpin the workforce plan and enable the service to plan for skills and expertise needed to sustain the service in the long term.

The table below outlines the types of professionals required to work within the new Intensive Intervention Team and how some of the professionals would remain within other teams and offer expertise to the Challenging behavior service. It is crucial that the Community Learning Disability Teams are supported and empowered and that a culture is developed that encourages equality and equal status across the whole pathway.

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#### **What new services will you commission?**

The commissioning section outlines Berkshires Clinical Commissioning Groups intention to redesign the current service specification that forms part of the contract with Berkshire Foundation NHS Trust

to deliver health services to people with learning disabilities.

It is the intention to disaggregate the existing specification in order to commission a more defined provision for people with learning disabilities and or autism whose behaviour may challenge.

This work is part of the system wide Berkshire Transforming Care Partnership.

The section of the plan sets out a high level narrative that indicates to the system an intention to work collaboratively and in co-production with the existing provider to remodel services in line with the national Model.

There is a truly compelling vision for the redesign of services, reducing inpatient beds and investing in bespoke community intensive support services. Berkshire intends to maintain the high quality of services currently offered and enhance them further by redesigning aspects of the provision to better meet the needs of this discrete but incredibly vulnerable group of people and their families.

### Commissioning Intentions Summary

Segment	Covering:	Supported by:
1. New specialist health pathway for people with a learning disability and or autism whose behaviour challenges	Individuals will have robust and effective community support In the form of a challenging behaviour pathway that will enable them to live supported lives in the community and receive intensive intervention as and when required to prevent hospital admission. If a short stay in a health resource is clinically indicated this will be offered locally and the whole process will be orientated around returning the person to their chosen life in the community	Stakeholder sign up Individual organisation vision JSNA Regional Positive living model National winterbourne Concordat NTDI JIP Partnership Boards
2. Improving quality and outcomes	A) Reduction in numbers of people requiring in patient beds B) Reduction in length of stay C) Enhancement of individuals lives through increased choices, better care, better communication and more control thus reducing challenging behaviour D) Reduction in the impact of challenging behaviour on individuals lives and their carers lives E) Increased alignment with other key plans around, carers, continuing care, specialist social care, mental health, access to physical care	Detailed metrics to be provided in the commissioning specification  Sign up from key stakeholders such as Health and Wellbeing Boards and learning disability partnership board
3. Sustainability	In five years, the numbers of people in Berkshire requiring a specialist health bed per year should be reduced by 50% and that the default position for almost everyone is robust personalised planning, positive behaviour support, a comprehensive pathway of care that	Detailed metrics to be supplied in the financial plan to be produced in 2016/17



	increases in intensity as and when required and an integrated specialist health offering that enables people who may display challenging behaviour to live in a community setting of choice.	
4. Improvements to Housing, Care and Support	To increase life opportunities for people to live in their community through commissioning appropriate housing and support services to sustain people's wellbeing through personalised care plans and a trained workforce aligning personal health and social care budgets and increasing access to direct payments to increase choice.	Mapping current provision within Berkshire and market development in 2016/17.
5. Improvement interventions	To achieve the desired state the key improvement interventions planned are a meaningful pathway between the community team and a highly specialist behavioural resource centre. A new intensive intervention service to support individuals and their carers whenever needed and the building based resource centre able to provide positive behavioural support to individuals and their circle of support around them throughout their life course.	Contract expectations included in the financial plan to be produced in 2016/17

Segment	Key Line of Enquiry	Response
a) System vision	What are the specialist health commissioning intentions for people with Learning Disabilities and or Autism and behaviour that challenges?	To implement the national model For Berkshire Foundation NHS Trust to work in co production with CCGs to redesign existing services and to reduce bed numbers in order to deliver Intensive intervention service and Positive Behavioural support. For individuals and their carers to be central to all planning throughout their life course.
	How does the vision include the six Cs of compassionate care and meet the Winterbourne Concordat deliverables?	<b>Care</b> - These commissioning intentions focus on delivering high quality care in peoples local communities offering an increasing intensity of intervention as and when required <b>Compassion</b> - The Positive Living Model has been built on stories from individuals with learning disabilities, experiences of people using assessment and treatment services, carers and other stakeholders. All messages from these people have strongly indicated that a compassionate community model is what they want <b>Competence</b> – The commissioning intentions outline a community support model that requires highly trained competent staff <b>Communication</b> – The model is designed as a pathway and effective communication will be essential to the success of the services <b>Courage</b> – Taking the steps towards reducing bed numbers and reinvesting in community intensive support requires a belief in the vision and a courageous leap of

		<p>faith from the system</p> <p><b>Commitment</b> – These commissioning intentions will require time and effort from key stakeholders and a true commitment to the improvement of health and wellbeing of this vulnerable group of individuals</p> <p>These commissioning intentions meet the winterbourne deliverables by significantly reducing ATU beds, enabling individuals to receive tailor made community intensive intervention, keeping the individual and their family at the centre of the planning and delivery of care and the whole model being underpinned by positive behavioral support approaches.</p>
	<p>How do the commissioning intentions address the following aims:</p> <p>a) Improving health outcomes for this specific group?</p> <p>b) Reducing Health inequalities for this specific group?</p> <p>c) Increase quality of experience for individuals and their families?</p>	<p>The improving health and lives learning disability observatory. Health Inequalities in people in the UK by Professor Eric Emerson state that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. The health inequalities result, to an extent, from barriers they face in accessing timely, appropriate and effective health care.</p> <p>Individuals with lived experience of using assessment and treatment units and their carers were interviewed as part of developing the Thames valley ‘Positive Living Model’ and all of them strongly indicated that they believed they could have been more effectively supported in their communities and that moving away from home into a hospital setting had been a detrimental transition for them.</p> <p>The specialist health elements within the Berkshire plan that are outlined in these commissioning intentions focus on improving health outcomes, reducing inequalities and enhancing the experience of users and carers by;</p> <ul style="list-style-type: none"> <li>• Enabling the person to be at the centre of all care planning and delivery</li> <li>• The circle of support around an individual being trained and using positive behavioural support methodologies</li> <li>• Clinicians with significant expertise in positive behavioural support being present in the community teams</li> <li>• There being an intensive support service available to intervene in a flexible way in and out of hours as and when required to wrap around an individual offering tailor made support</li> <li>• A small number of beds that are available locally to people as part of a pathway that can be accessed in a short term way if and when individuals require them</li> </ul>

		<ul style="list-style-type: none"> <li>The specialist health interventions in this document being part of the 6 elements within the Berkshire plan</li> </ul>
	Who has signed up to the strategic vision? How have the health and wellbeing boards and the Partnership boards been involved in developing and signing off the plan?	The Health and Wellbeing Boards and Learning disability Partnership Boards have signed up to the Berkshire Plan and were part of developing the Berkshire Transforming Care' report that initiated this programme of work. The specific commissioning intentions will require formal sign off prior to co-production work with the key provider.
	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included?	There is a clear 'You said, we did' document for the creation of the regional 'positive living model' which included individuals and carers from Berkshire and further local listening exercises have been completed during 2015, some focussed on individuals with learning disabilities and two for Carers. A Customer voice exercise is being undertaken currently and a large scale event is being planned for April 2016
Current position	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed?	Yes, an assessment of the current state has been undertaken and forms part of the Berkshire Transforming Care report. There is also work underway to include increased data around this service user group in the JSNA
	Do the interventions identified below take into consideration the current state?	The interventions are designed around all the information gathered regarding the current state and the desired future state.
	Does the two year detailed commissioning intentions document provide the necessary foundations to deliver the strategic vision described here?	The two year detailed commissioning document is in train and would be the next step of the programme and completed
	How have the community and clinician views been considered when developing plans for improving outcomes?	Community and clinician involvement has been extensive in the production of the 'Berkshire plan and these specific specialist health elements would require additional Berkshire stakeholder engagement during the planning phase
	What data, intelligence and local analysis were explored to support the development of these commissioning intentions?	Current contracts and specifications, JSNA, admission and treatment data for Berkshire and local trend analysis over the past 3 years. Learning disability annual reporting data. Public health data and national prevalence information all supports these commissioning intentions

	How are the plans for improving outcomes aligned to local JSNAs?	The new services will improve a range of inequalities in the JSNA including individuals receiving health care close to home, enhanced engagement with primary care, reduced incidents of untreated mental ill health and reduction in challenging behaviour attributed to a health or psycho social need
The transformational interventions required to move from the current state and deliver the commissioning vision for people with a learning disability and or autism with behaviour that may challenge.	<p><b><u>Intervention One</u></b>  <u>To reduce the number of purchased assessment and treatment beds by 50% by 2019</u></p> <p><b><u>Expected Outcome</u></b></p> <ul style="list-style-type: none"> <li>• For significantly less people to find themselves in bed based specialist health services</li> <li>• For the system to respond by increasing the type and availability of specialist social care housing for this group</li> <li>• For intensive support in the community to be commissioned as a viable alternative to hospital assessment and treatment beds</li> <li>• For specialist skills and knowledge to be transferred to community support settings</li> <li>• For the remaining beds to be redesigned as part of a challenging behaviour pathway.</li> <li>• For cost savings to be released and available for investment into community intensive support</li> </ul> <p><b><u>Investment costs</u></b></p> <ul style="list-style-type: none"> <li>• Financial costs will be minimal as the beds will be decommissioned and savings released for reinvestment</li> <li>• Non-Financial costs include collaboration and co-production with the provider and the risk of the community provision not being in place in advance of beds being decommissioned.</li> </ul> <p><b><u>Implementation timeline</u></b>  50% of contractual value of current bed based spend to be reduced between 2016 and 2019 releasing investment at that point for intensive support service</p> <p><b><u>Enablers required</u></b>  Intervention two needs to be planned and in place in advance of July 2016. Senior sign up from provider and operational project management of transition by provider. Remaining elements of the national model need to be in place to ensure success i.e. specialist social care and carer support/respice.</p> <p><b><u>Potential risks</u></b></p> <ul style="list-style-type: none"> <li>• Beds still required after reduction this causing clinical risk to individuals</li> <li>• Damage to provider relationship</li> <li>• Destabilise provider</li> <li>• Duplicated spend if out of area spend increases at the same time as decommissioned spend into intensive support</li> </ul>	
	<p><b><u>Intervention Two</u></b>  <u>To commission a challenging behaviour intensive service to be operational in 2016</u></p> <p><b><u>Expected Outcome</u></b></p>	

	<ul style="list-style-type: none"> <li>• Reduced need for bed based provision</li> <li>• Increased support in local communities</li> <li>• Reduction of challenging behaviour in people’s lives</li> <li>• Increased Carer support</li> <li>• Individuals living in their housing of choice</li> <li>• Intensive support when and where people need it</li> <li>• Increased skills and knowledge in the community</li> </ul> <p><u>Investment costs</u></p> <ul style="list-style-type: none"> <li>• Financial costs</li> </ul> <p>To be confirmed, the investment will be almost the same as the decommissioned bed savings released from intervention one. There will be project costs and pump priming required to mobilise the new service in advance of the bed reduction</p> <p><u>Implementation timeline</u></p> <p>Creation of service during 2015 with a 'go live' date of July 2016</p> <p><u>Enablers required</u></p> <p>Intervention two needs to be planned and in place in advance of July 2016. Senior sign up from provider and operational project management of transition by provider. Remaining elements from the positive living model need to be in place to ensure success i.e. specialist social care and carer support/respite.</p> <p><u>Potential risks</u></p> <ul style="list-style-type: none"> <li>• Beds still required after new service in place causing clinical risk to individuals</li> <li>• Damage to provider relationship</li> <li>• Destabilise provider</li> <li>• Duplicated spend if out of area spend increases at the same time as decommissioned spend into intensive support</li> </ul>
	<p><b>Intervention Three</b></p> <p><u>Commission a model that ensures all users and carers are at the centre of all care planning</u></p> <p><u>Expected Outcome</u></p> <ul style="list-style-type: none"> <li>• Individuals at the centre of all planning for them, no action without their involvement\</li> <li>• Robust and independent advocacy in place for all individuals</li> <li>• Life course planning not just for childhood transitions</li> <li>• Individuals significant others supported to be actively part of planning and evaluating care</li> <li>• Individuals empowered and supported to challenge care decisions not in their best interests</li> </ul> <p><u>Investment costs</u></p> <ul style="list-style-type: none"> <li>• Financial costs</li> </ul> <p>Low levels of financial investment required, part of the national model implementation project – transforming care partnership</p> <p><u>Implementation timeline</u></p> <p>For this to be in early implementation stage by April 2015 and fully embedded by</p>

	<p>December 2015 in advance of bed reduction and new service model being on line.</p> <p><u>Enablers required</u> This is a key element from the Berkshire plan and will be implemented as part of the transformation project. This intervention will be enabled by cultural change across the system and building on pockets of local best practice and learning from national examples of good practice.</p> <p><u>Potential risks</u></p> <ul style="list-style-type: none"> <li>• If this intervention isn't successfully implemented then the success of the other interventions will be at risk</li> <li>• The achievement of this intervention rests on a large number of stakeholders being committed to a sustained cultural change across the system</li> <li>• Circumstances around individuals can be complex leading to challenging conversations and dynamics. Skills and confidence in empowering people and in mediation will need to be in workforce plan</li> </ul>
	<p><b>Intervention Four</b> <u>Commission a positive behavioural support approach and training</u></p> <p><u>Expected Outcome</u></p> <ul style="list-style-type: none"> <li>• All staff and supporters in the lives of individuals with learning disabilities will have positive behavioural support training. This group to include GPs teachers, dentists and wider networks</li> <li>• People with a key relationship with an individual will have enhanced training specifically orientated around supporting that person. This group to include family members, support staff and health/social care staff</li> <li>• There will be professionals in community teams with advanced skills and knowledge in Positive behaviour support</li> <li>• The culture will shift to supporting people consistently in a different and positive way with confidence and compassion.</li> </ul> <p><u>Investment costs</u></p> <ul style="list-style-type: none"> <li>• Financial costs to be assessed fully and national funding opportunities to be explored.</li> <li>• Non-Financial costs</li> </ul> <p>There is a time cost from all involved in supporting people with learning disabilities so that the whole system has a basic awareness of the model and how to positively support people</p> <p><u>Implementation timeline</u> Preparation and implementation once commissioned will take 6 months and so this model would be in place by October 2015 and operational by July 2016</p> <p><u>Enablers required</u> Sign up from Local system Support from main provider Commissioning and funding of the model National support and potentially funding</p> <p><u>Risks</u></p> <ul style="list-style-type: none"> <li>• This element is crucial to the success of the whole model</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Not having access to necessary training to ensure adequate numbers of psychology staff are fully skilled</li> <li>• Destabilising existing psychology teams</li> </ul> |
|--|---|

The outcomes of the above interventions aim to deliver:

- Enhanced Advocacy and Self Advocacy services
- More flexible support for carers and families
- Positive Behaviour Training
- An Intensive Intervention service to support people and their families when things become more challenging, to eliminate avoidable admissions and to support people when they are discharged from hospital bed based care.
- Bespoke support packages using personalised health budgets

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**What services will you stop commissioning, or commission less of?**

- There is an aim of reducing the reliance on bed based hospital care by 50% with the funding being diverted to community support from the newly designed Intensive Intervention Team

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**What existing services will change or operate in a different way?**

- The Community Teams for People with a Learning Disability (CTPLDs) will be working in a new way and will be undertaking a piece of workforce redesign to build the necessary skills that are required to meet people's needs in a new and innovative way focussing on; Health facilitation, Positive Behavioural Support and strengths based approaches for independent Living
- Redesign the local Inpatient Services and divert resources into the community through individualised support planning and identifying those people that are at a risk of admission.
- The local Inpatient Services will be redesigned to offer a wider range of therapeutic interventions in a resource centre approach. This may include, sessional interventions, peer workers, day assessments and therapeutic programmes and core inpatient programmes and may see people admitted to hospital for short periods when necessary.
- The CTPLDs to provide outreach support in people's homes.
- Strengthen the Care and Treatment Review process to ensure that there information available on people at risk of an admission and support people out of hospital into appropriate community placements.

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**Describe how areas will encourage the uptake of more personalised support packages**

We will work with the existing mechanisms for using personal health budgets to support people with complex needs. This will be particularly focussed on those individuals for whom a solution has not been successfully sought.

The Berkshire CCG's are committed to further rolling out Personal Health Budgets (PHBs) across

our area for all patients who would benefit from them. In time this will include those with a learning disability, autism, as well as those in maternity, end-of-life and elective care. Our next step is to take what we have learned from offering PHBs to those with Continuing Health Care needs (CHC) and apply this in a new offer to people with learning disabilities. In doing so we confidently expect to further develop our processes and practice to facilitate the further roll out of PHBs to other patient groups.

We will develop this work jointly with appropriate local partners and with the relevant Local Authorities (LAs) in particular. The 6 local authorities that cover Berkshire have already taking part in an engagement exercise to launch this work and signed up to being involved in joint delivery and sharing of resources where appropriate and practical.

### **What will care pathways look like?**

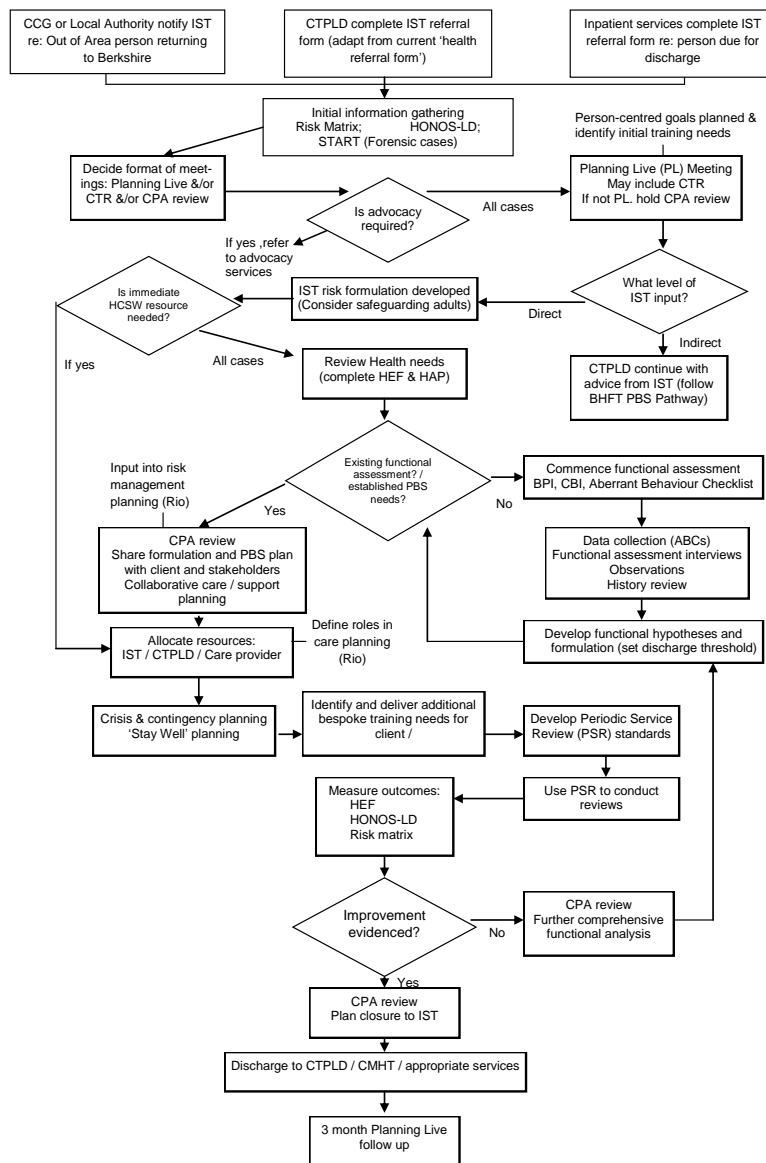
See table below on Page 40 and in addition:

- People will have access to timely assessment and access to the Intensive Intervention Service.
- Access to technology to lead independent lives
- Well trained accessible staff to navigate through services from the point of referral to the end point
- Mental Health staff to have access to training to support people in community placements in during hospital stay
- Link into the local Crisis Care Concordat to have access to system wide support
- Access to Personal Health Budgets to support discharge planning
- Access to an Assessment and treatment Unit beds where this is clinically appropriate
- Timely access to community staff

### Areas that will need further development

- Pooled Health and Social Care budgets
- An at risk register that would provide an opportunity for early identification and support to avoid a hospital admission – the current CTR process supports people at risk but a more formal process and register will need to be developed
- A Forensic pathway will be developed with specialist commissioning for people detailed under a home office section
- Link and align the TCP to the local joint Learning Disability Strategies
- Develop closer links with Continuing Health Care, Education and Children's commissioning to strengthen the care pathway.
- Alignment with specialist NHS commissioning





**How will people be fully supported to make the transition from children’s services to adult services?**

In Berkshire West the SEND Joint Implementation Group meets regularly and is attended by the SEND leads in each of the 3 Local Authorities, the CCG Head of Children’s Commissioning (who is also the Designated Clinical Officer), provider leads from RBFT and BHFT, parent /carer representatives and voluntary sector representatives.

A key focus is transition into adult services and the implementation of Ready Steady Go. A workshop to improve transition is scheduled for 27 April and this workshop aims to better align EHCPs and Ready Steady Go principles so that ideally families have a single plan. Thames Valley Strategic Clinical Network has provided support in the development of transition arrangements in the area.

Partners have jointly completed a self-evaluation focussing on two questions:

1. How effectively does the local area identify children and young people who are disabled and /or have special educational needs?
2. How effectively does the local area meet the needs and improve the outcomes of children and young people who are disabled and/or have special educational needs?

The above includes CYP with and without an EHCP

A comprehensive Local Offer has been published on websites in each area and this information is updated regularly.

A Joint Agreement between the Berkshire West CCG Federation, the Berkshire Healthcare Foundation Trust, the Royal Berkshire Hospital Trust, West Berkshire Council, Reading Borough Council and Wokingham Borough Council, in respect of operational arrangements for children and young people with Special Educational Needs and Disabilities (SEND) aged 0 to 25 years is in place. This document covers joint arrangements for individual children and young people with SEN and disabilities.

Work is underway to improve arrangements for EHCP health reports for young people over the age of 16 years.

The Designated Clinical Officer undertakes strategic duties relating to the Children and Families Act. Discussions are underway with BHFT and RBFT to ensure that structures are in place to assure the quality and timeliness of EHCP reports. The service specifications for the provider services are being updated to reflect the requirements of the Act and to understand any changes in activity flows.

A funding panel is in place to consider requests to commission services that are in addition to those that are ordinarily available in the area. This includes requests for out of area placements/treatments.

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### **How will you commission services differently?**

The Board will lead a process for engaging people with lived experience to redesign the current care pathway.

The Board will also lead a process to develop joint Health and Social Care processes to ensure that people are not delayed in hospital due to budgets. In the future Berkshire TCPB will look to develop:

- Pooled budgets
- Personalised Budgets
- Co-production with providers to redesign and improve quality
- Outcomes based contracting across a pathway rather than traditional methods of counting activity
- Individuals and their circle of support will be directly and meaningfully involved and often in charge of creating bespoke specifications of care and then selecting the right people to provide that specified support

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### **How will your local estate/housing base need to change?**

The Transforming Care Board will carry out a mapping exercise to identify current and predicted needs to develop the local housing market use the capital investment from NHS England will

be used to adapt properties e.g. soundproofing and water proofing

- Reduction of existing bed based estate
- Creation of new inpatient service
- Increased numbers of supported living properties and RSLs

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**Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve ‘resettling’ people who have been in hospital for many years. What will this look like and how will it be managed?**

Berkshire will strengthen the CTR process to keep people out of hospital and provide access to greater community support through the Intensive Intervention Services and embed the Positive Living model in the community

Berkshire TCPB will seek to improve opportunities to develop the housing and care market to meet the needs of resettling people and greater involvement of the voluntary sector to promote choice and independence.

The following area will also be strengthened:-

- Co-production between the CCGs and The specialist Health provider
- Planned and in progress ‘resettling’ programme
- The new intensive Intervention Service and redesigned bed based service will be supporting the successful resettling process
- Housing and care options

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**How does this transformation plan fit with other plans and models to form a collective system response?**

This plan has been developed in collaboration with the 6 local authorities and 7 CCGs. Carers of people with a Learning Disability have been instrumental in supporting the development of the 6 key elements of the Positive Living Model and the pathway re-design that will support [people to remain well in the community.

We recognise that the vast majority of people aged 14 to 25 years of age have an Educational Health Care Plan (EHCP). Locally it is recognised that the vast majority of this group will also have mental health needs and for those under the age of 18 will be known to CAMHS. Therefore, the Future in Mind local Transformation Plans will address the needs of this cohort. Currently it is known that there is an overlap of transformation planning related to future in mind, SEND reforms (Children and Families Act and the Care Act), we are working together with local authorities to streamline this development.

- CAMHS – this will fit together and be part of the young People with learning disabilities project commencing 2016
- Children With disabilities programme – As above
- Adult mental health – this is done already and the new service will be directly linked to MH services
- Autism – This is already linked in and there are synergies between both strategies
- Dementia – This work needs further development and is being planned
- Carers Strategy – This is strongly linked and is referenced in both strategies and work plans

## What are the programmes of change/work streams needed to implement this plan?

The TCP Board will develop detailed implementation plans in collaboration with people with lived experience and agree processes with the 6 local authorities to support the development and strengthen:-

- Preventative strategies
- Carers support & Training
- Strengthen access to primary care
- Person centred care plans that meet the holistic needs of people
- Intensive Intervention in the community
- Pooled budgets
- Joint Health and Social Care Funding Panels
- Local housing provision
- Skilled workforce

There have been a range of work streams covering the 6 elements of the Positive living model and these are now being expanded to achieve the wider programmes of change that fit within the National model such as children and young people (Please refer to CAHMS Transformation Plans).

### Who is leading the delivery of each of these programmes, and what is the supporting team.

<b>Positive Living Model Element</b>	<b>Lead</b>	<b>Support</b>
Person Centred Planning	Local Authorities	Children Services
Advocacy	Local Authorities	Mainstream advocacy services
PBS	BHFT	Independent Psychologist
Specialist Social Care, Housing and Support	TBC	The TCP Operational Groups
Intensive Intervention Team	BHFT and CCGs	Independent consultants
Respite and carer support	CCGS	Carer Champion

### What are the key milestones – including milestones for when particular services will open/close?

<b>Milestone</b>	<b>Date</b>	<b>Lead</b>
Stakeholder Engagement	On-going	CCGs and LAs
Customer Voice Exercise	February 2016	Independent consultant
Co-Production to deliver the plan through developing an implementation plan.	May 2016	Programme Manager
Workforce Development within Community LD teams	March 2016	Programme Manager
Remodel in patient offering	April 2016	Berkshire Transforming Care Programme Board
Confirm detailed pathway and Operational Policy	February 2016	BHT and CCGs
Workforce plan created	March 2016	BHFT
Share HR consultation document	April 2016	BHFT
Commence HR change process	April 2016	BHFT
Recruitment new team	June 2016	BHFT
Change management within services	Ongoing	BHFT
Commence reduction of bed usage	September 2016	CCGs
Commencement of Intensive	September 2016	CCGs

community provision		
Evaluation of redesign	January 2017	CCGs and LAs

**What are the risks, assumptions, issues and dependencies?**

Risk	Grade	Mitigation
That the programme will not dovetail effectively the needs of children and adults and there will be gaps in provision	<i>Red</i>	<ul style="list-style-type: none"> <li>• Board sponsors to directly engage and unblock</li> <li>• A phase 4 plan to be created to develop this work</li> </ul>
Risk to local authority budgets for increased supports and housing	<i>Red</i>	<ul style="list-style-type: none"> <li>• There may be new revenue costs and work will be undertaken to understand the full risks and plans to mitigate</li> </ul>
Potential risk to quality and safety of clients and staff through transition period and mobilisation	<i>Amber</i>	<ul style="list-style-type: none"> <li>• Double running or pump priming will be required and a contingency plan is being produced</li> </ul>
Risk of insufficient Internal Engagement	<i>Green</i>	<ul style="list-style-type: none"> <li>• Workshops, newsletter, engagement events, focus groups, planning groups</li> </ul>
Risk of insufficient External Engagement	<i>Amber</i>	<ul style="list-style-type: none"> <li>• News Letters, Presentations, listening events, conversations and the governance structure</li> </ul>
<i>Risk of co-production with people with lived experience not being as radical as the local vision</i>	<i>Red</i>	<ul style="list-style-type: none"> <li>• Carer Champion role</li> <li>• LD partnership Boards</li> <li>• Self-advocacy groups</li> <li>• People with lived experience on the new leadership team</li> </ul>

**What risk mitigations do you have in place?**

See above

## Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.<sup>1</sup>

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

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<sup>2</sup> Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

Indicator No.	Indicator	Source	Measurement <sup>2</sup>
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	Average census calculation applied to: <ul style="list-style-type: none"> <li>Denominator: inpatient person-days for patients identified as having a learning disability or autism.</li> <li>Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.</li> </ul>
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	This indicator can only be produced for upper tier local authority geography.  Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only.  Numerator: all those in the denominator excluding those on commissioned support only.  Recommended threshold: This figure should be greater than 60%.
3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty - Psychiatry of	HES is the longest established and most reliable indicator of the fact of admission and readmission. <ul style="list-style-type: none"> <li>Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism</li> <li>Numerator: admissions to psychiatric inpatient care within specified period</li> </ul> <p>The consultation took 90 days as the specified period for readmission. We would recommend that this period should be</p>

<sup>2</sup> Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		Learning Disabilities or diagnosis of a learning disability or autism.	<p>reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.</p> <p>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.</p>
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	<p>Two figures should be presented here.</p> <ul style="list-style-type: none"> <li>• Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register</li> <li>• Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available</li> <li>• Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme</li> </ul>
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	<ul style="list-style-type: none"> <li>• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism</li> <li>• Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks</li> </ul>
6	Proportion of looked after people with learning disability or autism for	MHSDS. (This is identifiable in	<p>Method – average census.</p> <ul style="list-style-type: none"> <li>• Denominator: person-days for patients in current spell of</li> </ul>



	whom there is a crisis plan	MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	<p>care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities</p> <ul style="list-style-type: none"> <li>• Numerator: person days in denominator where there is a current crisis plan</li> </ul>
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## A: Learning Disability specialist health commissioning intentions for people whose behaviour may challenge

