

Clinical Commissioning Group Governing Body

Paper Summary Sheet

Date of Meeting: 26 January 2016

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<p><b>Agenda Item and title:</b></p>	<p><b>GOV/16/01/10 Transforming Care Partnership – DRAFT Service Model Plan</b></p>
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<p><b>Executive Summary:</b></p>	<p>In February 2015 NHS England publicly committed to a programme of transforming care to close inappropriate and outmoded inpatient facilities for people with a <b>learning disability and/or autism</b>, those who display behaviour that challenges, and those with a mental health condition, who often ended up living, or spending too much time in them. The programme requires establishing stronger support services in the community and to help shape and speed up the national approach there were <b>six fast track sites</b> established across the country who formed transforming care partnerships with key partners.</p> <p>In October 2015 <i>Building the right support: A national implementation plan to develop community services and close inpatient facilities</i> was published by NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS). It represents a key milestone in the ongoing cross-government Transforming Care programme, which has seen a number of reforms including the roll out of <b>Care and Treatment Reviews</b> and a <b>Government Green Paper</b> on strengthening the rights of individuals.</p> <p>Alongside the national implementation plan a <b>service model for commissioners</b> of health and social care services was published. This builds on the previous Winterbourne View Concordat work that has been undertaken across the country. The overarching outcomes of the work are:</p> <ul style="list-style-type: none"> <li>• <b>Reduced reliance on inpatient services</b>, closing hospital services and strengthening support in the community</li> <li>• Improved <b>quality of life</b> for people in inpatient and community settings</li> <li>• Improved <b>quality of care</b> for people in inpatient and community settings.</li> </ul>

	<p>The proposed outcome for the local interpretation of the national service model plan is to build up community capacity to support the most complex individuals in a community setting and avoid inappropriate hospital admissions; aiming to reduce the use of hospital beds by 50% for this customer group.</p> <p>This is a national programme but recognises services will not look the same all over the country. As such each area (for us, Wiltshire and Swindon) will draw up their own service models and will also work alongside our regional partners in South Central (Oxfordshire, Buckinghamshire, Berkshire, and Gloucestershire) to develop a regional service model plan. There will also be a need to work closely with other regional partners in Wessex and the South West where there are already strategic alliances.</p> <p>The work with Swindon will focus on a local response and will consider what we can realistically achieve within our own capacity. The regional response will focus on specialist support (e.g. the need for low and medium secure in-patient and community forensic services), support that cannot realistically be commissioned on a local basis.</p> <p>The local interpretation of the National Service Model plan will need to be submitted in draft to NHSE by 8<sup>th</sup> February 2016. The plan will be scrutinised and an opportunity provided for amendments. A final plan will be submitted to NHSE in March 2016 and implementation will commence in April 2016.</p> <p>To deliver the plan a Transforming Care Programme Board has been created along with a project delivery group. The draft Service Model plan will need to pass through the governance processes within the key partnership organisations for approval prior to submission by 8<sup>th</sup> February 2016.</p>
<p><b>Evidence in support of arguments:</b></p>	<p>In England, around <b>24,000</b> people who have a learning disability and/or autism are classed as being <b>at risk of admission</b>, 2,595 people were in inpatient settings as of 30<sup>th</sup> September 2015, more than three quarters of whom had been in inpatient facilities continuously for longer than a year, with the average length of stay standing at more than five years. While placements may be necessity in the short term, in too many cases they are used as a long-term option due to a historic lack of community-based services. They are expensive, costing the health and care system on average over <b>£175,000 per year</b> for often-inappropriate care, and do not deliver the best outcomes. As new and better alternatives become available in the community, the plan predicts a reduction in inpatient beds of between 30 and 50 per cent nationally. In some areas that have relied on inpatient settings more than average, the number of beds which will be commissioned may be reduced by up to 70 per cent. This should free up hundreds of millions of pounds for investment in community-based support,</p>

as well as improving the quality of remaining inpatient units so that they can meet the needs of patients in the new system

### **Wiltshire**

Wiltshire has a learning disabilities population of approximately 8,500 people. The numbers of people with a learning disability in Wiltshire is set to increase by 2030 by up to 800-900 more people. The Foundation for People with Learning Disabilities (2002) estimates an upper estimate of 40% prevalence of mental health needs, higher rates for those with severe learning disabilities, approximately 6,000 people in Wiltshire. Of this group there are 1600 in regular contact with learning disabilities services and 55 people being actively managed through the learning disabilities Care Programme Approach(CPA). These are people who are at risk of an inpatient placement.

Over the last 4 years as part of Wiltshire's response to Transforming Care a robust complex needs care pathway has been put in place for people with learning disabilities and Autism. The pathway includes the implementation of the Care Programme Approach (CPA), Intensive Support Service and next summer the 'Daisy', a new specialist residential group of flats in Devizes. However, it is also important to consider the complex needs care pathways for people on the Autistic spectrum, who do not have a learning disability and those from both groups who are under 18 years old.

Wiltshire currently has 7 people in an inpatient setting, 2 are funded via the Wiltshire Clinical Commissioning Group, 5 NHSE Specialist Commissioning. Of this group, all but one have been in hospital for over one year, one has been in hospital for over 5 years. Over the last year we have had 4 people admitted to an inpatient setting all have been supported locally within generic mental health services supported by the wider learning disabilities team and all are now discharged. Of the 5 people currently in inpatient beds there is a clear discharge plan in place for all, 3 will be moving back to their flats in Wiltshire, 1 is currently not ready for discharge but will look to move into their flat and the last person is currently recalled under section 37/41 and is unlikely to return to Wiltshire.

These statistics above are mostly based on people with a learning disability and Autism within Wiltshire. Information on people with Autism, people under 18 years old and Swindon information are not currently available or reliable enough to be included. As part of the Service Model plan we will look to address the need for better information for this wider group of people.

### **Transforming Care Partnership – National Service Model**

People with a learning disability and/or autism, or those who challenge (here after referred to as people) will be supported to lead more independent lives and have greater say about the support they receive under a national plan. Central to the progress set out by the Service Model plan over the next three years will be new, **high-quality, community-**

**based services.** Hundreds of individuals are expected to benefit from new, better care options in the community **instead of hospitals**, with fewer never being admitted in the first place.

The plan predicts that, as new services are put in place, there will be a **reduction of up to 50 per cent in the number of inpatient beds**, meaning that some units will close altogether. In particular, a key plank of plans developed in Lancashire and Greater Manchester will be to close and re-provide services offered by **Calderstones**, the only remaining standalone learning disability hospital trust in England.

While local areas will be able to design bespoke services with those who use them, the plan sets out the need for:

- **local housing** that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff;
- a rapid and ambitious expansion of the use of **personal budgets**, allowing people and families to plan their own care, beyond those who already have a legal right to them;
- people to have access to a local care and **support navigator or key worker**, and;
- investment in **advocacy services** run by local charities and voluntary organisations so that people and their families can access independent support and advice.

To achieve the shift from inpatient to community-based services, Building the right support sets out three key changes:

- **Local councils and NHS bodies will join together to deliver better and more co-ordinated services** - 48 new local Transforming Care Partnerships will work with people with lived experience of these services, families, carers and key local stakeholders to agree robust implementation plans by April 2016, and then deliver on them over three years. They will be made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities, and will cover the whole of England. Wiltshire's Transforming Care Partnership is with Swindon for local arrangements and the South Central for more regional planning (including, Oxfordshire, Buckinghamshire, Berkshire, and Gloucestershire).
- **Budgets will be shared between the NHS and local councils to ensure the right care is provided in the right place** – A new financial framework will aim to speed up discharges, particularly for those who have been in inpatient care the longest, and make better use of resources so that services can be increased and improved. Central to the new framework will be the opportunity for local pooled budgets which encourage better use of resources for all people in a local area with learning disabilities and/or autism. Funding guidance

will also be reformed to enable swift discharges. For people who have been in hospital five years or more, specific payments will be made by the NHS to local authorities to enable their needs to be met in the community.

- **National guidelines will set out what support people and families can expect, wherever they live** – A *new Service Model* describes what good services should look like, framed around nine principles from the perspective of the individuals using them. It gives a clear picture of what can be expected from the services used, while at the same time allowing Partnerships the flexibility to design and commission services that meet the needs of individuals in their area. The new model, which was co-produced by people using services, commissioners and health and social care system leaders, has been finalised using the feedback from early implementation by the six ‘fast track’ areas.

### **The National Service Model**

NHSE, LGA and ADASS have published the new draft Service Model for commissioners, which has been adopted by the six ‘fast track’ areas, who have used it to inform their transformation plans over the summer of 2015, and tested it against the reality on the ground ready for a final version to now be published alongside the *Building the right support* plan.

The National Service Model calls on local commissioners to plan and deliver services which meet **9 key principles** for improving the quality of life of people with a learning disability and/or autism, from their perspective:

1. I have a good and meaningful everyday life.
2. My care and support is person-centred, planned, proactive & coordinated.
3. I have choice and control over how my health and care needs are met.
4. My family and paid support and care staff get the help they need to support me to live in the community.
5. I have a choice about where I live and who I live with.
6. I get good care and support from mainstream health services.
7. I can access specialist health and social care support in the community.
8. If I need it, I get support to stay out of trouble
9. If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

### **Funding**

A national NHS England fund of £45m will be available to Transforming Care Partnerships over the next three years to aid the transition, focussing on ensuring that the right support is available in local areas to enable the first discharges. Bed closures will be staged, taking place when suitable alternatives are available. Providers such as hospital trusts will be supported by NHS England and others to adapt to the new model, shifting their own services to the community where possible.

<p><b>Who has been involved/contributed:</b></p>	<p>Within Swindon and Wiltshire this plan has been developed with representatives from all the key commissioning and provider organisations concerned with people with a learning disability and/or autism.</p> <p>These organisations are:</p> <ul style="list-style-type: none"> <li>• Swindon Borough Council</li> <li>• Wiltshire Council</li> <li>• Swindon CCG</li> <li>• Wiltshire CCG</li> </ul> <p>The scope of the Transforming Care Partnership has aimed for a whole system inclusive approach, other organisations included in this plan:</p> <p>Provider Organisations:</p> <ul style="list-style-type: none"> <li>• Avon and Wiltshire Mental health Partnership (NHS Foundation Trust)</li> <li>• Great Western Hospital (NHS Foundation Trust)</li> <li>• Swindon Borough Council</li> <li>• Wiltshire Council</li> <li>• Care and Support Partnership - SEQOL</li> </ul>
<p><b>Cross Reference to Strategic Objectives:</b></p>	<p>This strategy reflects the strategic direction already set out in the Wiltshire Health and Wellbeing Strategy. It will support the three principles of service delivery outlined in the Wiltshire CCG 5 Year Plan;</p> <ul style="list-style-type: none"> <li>• Encourage and support Wiltshire residents to take on more responsibility for their own health and wellbeing</li> <li>• Provide fair access to a high quality and affordable system of care for the greatest number of people</li> <li>• Provide less care in hospitals and more care at home or in the community</li> </ul> <p>This strategy links to a number of other Council and NHS Wiltshire Clinical Commissioning Group (CCG) strategies, particularly those relating to prevention, mental health and wellbeing and child health improvement.</p>
<p><b>Engagement and Involvement:</b></p>	<p>Service users, families and stakeholders have been engaged in the development of this plan via a stakeholder’s event held during January 2016. These events were attended by individuals with Learning Disabilities (LD), carers, families (including a number of parents) as well as Third Sector representatives. The joint commissioning team from the area also attended to support and facilitate discussions. In particular the Stakeholder</p>

	<p>event looked at;</p> <ul style="list-style-type: none"> <li>• Values and Principles</li> <li>• What is currently working well</li> <li>• What is currently not working well</li> <li>• What would good care look like</li> </ul> <p>The outcomes and intelligence from this day, along with other consultations and engagement such as from the Winterbourne View Consultation process carried out in 2015, are incorporated throughout this Plan and will continue to be used as a check and balance as the Plan is implemented. Feedback to date;</p> <p style="text-align: center;"><b><i>“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” Learning Disabilities Partnership Board representatives (13<sup>th</sup> January 2016)</i></b></p> <p>It is acknowledged that there has been less engagement with people who have autism but not a learning disability. We will ensure that this is addressed and plans are in place to utilise the locality Autism Partnership Boards to involve people and their families in this work.</p> <p>In January 2015 Swindon and Wiltshire Local Authority together with the Clinical Commissioning Groups completed a consultation exercise with key stakeholders on how the partnership area should implement the Concordat recommendations. The consultation included separate groups with customers, their carers, carers for younger people, carers directly affected by Winterbourne View, providers and specialist health and social care workers. Those individuals and their families who have lived experience of inpatient services have been consulted as a fundamental principle of all the work undertaken prior to this work and will continue to be throughout the next three years and beyond.</p>
<p><b>Communications Issues:</b></p>	<p>There is potential media interest in the current issues identified in the paper. Any changes that impact on access to services will be communicated to all stakeholders.</p>
<p><b>Financial Implications:</b></p>	<p>There are no immediate financial implications of the Transforming Care Partnership – DRAFT Service Model Plan.</p> <p>The cost / benefit of the plan will need to be monitored through the Transforming Care Partnership Boards and any proposed changes delivered within the current funding envelope, or secured through alternative savings / funding found to cover investments.</p>

	<p>The DRAFT Service Model plan requests access to NHSE match funding and capital funding for people with learning disabilities and or Autism in the following areas for;</p> <ul style="list-style-type: none"> <li>• The further development of intensive support services</li> <li>• A specialist residential housing option for people returning from out of county inpatient placements</li> <li>• To explore specialist low and medium secure services with regional partners in the South/South West.</li> </ul>
<b>Review arrangements:</b>	The development and roll out of the Transforming Care Partnership Service Model Plan will be overseen by the Transforming Care Partnership Board, Chaired by Ted Wilson.
<b>Risk Management:</b>	The draft Service model plan will need to be proved to NHS England by the 8 <sup>th</sup> Of February 2016, this is now negotiable.
<b>National Policy/ Legislation:</b>	<p>In 2012, following an investigation into criminal abuse at Winterbourne View Hospital, the Department of Health initiated a national programme of action “Transforming Care” to transform services for people with learning disabilities and/or autism who have mental health conditions or behaviours that are challenging. Transforming care aims to reshape services for people with learning disabilities and autism away from institutional models of care, closing some inpatient provision and strengthening the support available in the community.</p> <p>On 12 June 2015, Health and Wellbeing boards received a letter from NHS England, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), Health Education England (HEE), Care Quality Commission (CQC) and the Department of Health which describes how they are collaborating on a cross-system Transforming Care programme. The Transforming Care Partnerships are a direct result of this collaboration.</p>
<b>Public Health Implications:</b>	Public Health are a member of the Transforming Care Partnership Board and will support the development and roll out of this plan.
<b>Equality &amp; Diversity:</b>	The completed WCCG Equalities Impact Analysis document accompanies this summary paper.
<b>Other External Assessment:</b>	There has been no other external assessment of this plan to date. Proposals outlined in this plan may be subject to scrutiny and Healthwatch Wiltshire may engage with patients and the public to see what

	they think about specific proposals and how far the proposed actions meet the desired outcomes.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	Decision Paper – That the Governing Body sign off the draft Transforming Care Partnership draft Service Model Plan which will enable the plan to be submitting to NHSE for the 8th February 2016 for further scrutiny. The final plan will come back to the Governing body for final sign off and final submission to NHSE in March 2016. The plan will then be implemented in April 2016 and will be reviewed in 2019/20.

**SWINDON & WILTSHIRE**  
**Transforming Care Partnership**  
**Service Model Plan**

**DRAFT**

**SWINDON & WILTSHIRE**  
**Transforming Care Partnership**  
**Service Model Plan**

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# SWINDON & WILTSHIRE

## Transforming Care Partnership

### Service Model Plan

#### Introduction

*“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” - Learning Disabilities Partnership Board representatives (13<sup>th</sup> Jan 2016)*

This document is the local plan of Wiltshire and Swindon for transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). This Plan covers 2016/17, 2017/18 and 2018/19.

This plan demonstrates how Wiltshire and Swindon will fully implement the [national service model](#) (published with above document) by March 2019 reducing the use of and/or closing any inpatient beds using the national planning assumptions set out in *Building the Right Support*, that no area should need more inpatient capacity than is necessary at any one time to cater to<sup>1</sup>:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

These planning assumptions have been used by commissioners in producing this plan. A creative and ambitious approach has been taken, based on a strong understanding of the needs and aspirations of people with a learning disability and/or autism, their families and carers, and on expert advice from clinicians, providers and others. It should be noted that Wiltshire and Swindon current use of beds is already much lower than the above planning assumption.

#### National principles

The Wiltshire and Swindon partnership have tailored the plan to the local system's health and care needs based on provider landscape and demographics and health and social care contexts. However the plan is consistent with the following principles:

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<sup>1</sup>The rates per population will be based on GP registered population aged 18 and over as at 2014/15

- a. [Building the right support](#) and the [national service model](#) developed by NHS England, the LGA and ADASS, published on Friday 30 October 2015.
- b. **A shift in power.** People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling the closure of all but the essential inpatient provision. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this, is through the expansion of personal budgets, personal health budgets and integrated budgets
- c. **Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education, housing) including people with direct experience of using inpatient services.

## Summary of the Plan



## **1. MOBILISE COMMUNITIES**

### **Governance and stakeholder arrangements**

#### **1a Describe the health and care economy covered by the plan**

##### **Background and national context**

In 2012, following an investigation into criminal abuse at Winterbourne View Hospital, the Department of Health initiated a national programme of action “Transforming Care” to transform services for people with learning disabilities and/or autism who have mental health conditions or behaviours that are challenging. Transforming care aims to reshape services for people with learning disabilities and autism away from institutional models of care, closing some inpatient provision and strengthening the support available in the community. On 12 June 2015, Health and Wellbeing boards received a letter from NHS England, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), Health Education England (HEE), Care Quality Commission (CQC) and the Department of Health which describes how they are collaborating on a cross-system Transforming Care programme.

Five ‘fast track areas’ (collaborations of CCGs, Local Authorities and NHS England specialised commissioners) piloted delivering Transforming Care approaches.

The National programme has been rolled out with the following timelines:

##### **January 2016**

- First Transforming Care Partnership (TCP) board meetings to take place (Wiltshire’s will be 19 January 2016)

##### **February 2016**

- Draft plans to be submitted by 8th February
- NHS England and other stakeholders to undertake review and assurance of TCP plans locally

##### **March 2016**

- TCP’s to revise plans according to local and regional feedback

##### **April 2016**

- Final TCP plans submitted and implementation commence

Timescales are extremely tight. However, previous consultations undertaken in Wiltshire on Winterbourne View Concordat have been used to develop the plans.

This is only the first stage and it recognised that plans and actions will change and develop and further consultation with, and the support of all stakeholders is vital.

##### **The local context**

The total population of Wiltshire and Swindon for people who have a learning disability and/or autism in 2015 is estimated at 18,136. Those individuals known to the Local authority of Wiltshire is 1,600 and Swindon is 898.

This submission provides our initial **DRAFT** Service Model plan. Swindon and Wiltshire intend to focus on further developing supporting people within their own community whilst recognising the need to work regionally with other transforming care partnerships to develop specialist services.

Over the last four years, the partners have been implementing the community based model of care concentrating on prevention, early intervention and maintaining people in their community. Closing all specialist assessment and treatment inpatient beds and only using inpatient beds when absolutely necessary. This intention has largely been realised and there are clear plans for the 7 people to move to community placement in 2016.

Wiltshire already has a strategy, with the development of a Learning Disabilities and/or Autism complex needs care pathway which has seen the roll out of the:

- Care programme approach (CPA),
- An intensive support service
- Development of specialist housing a support options, moving people on from inpatient placements.

Swindon is developing plans to consider a multi-disciplinary intensive support service to support adults with a learning disability and for those with behaviours that may challenge. Further exploration of the Swindon Autism Diagnostic Service to see if this could be developed and expanded. More robust preparation and support planning to be undertaken for complex cases under the Commissioning Around The Individual process to ensure appropriate provisions and outcomes are achieved. Planning Live events for young people entering into the transition period, achieving better outcomes for entering adult services. Further development of a wide range of housing options, core and cluster models to allow for appropriate support in a personalised way.

### **Swindon and Wiltshire Partnership**

There is agreement to collaborate for knowledge sharing and work towards the same strategic vision rather than having a set solution in place across the geography to deliver care, but a joint model of care has not been fully ruled out.

Most of this plan therefore concentrates on implementing the new models of care across Swindon and Wiltshire, and a sharing of best practise. The plan also recognises the need to work with our regional partners to develop care pathways for people who may need low and medium secure settings, keeping them close to home.

### **The Swindon and Wiltshire plan**

Swindon and Wiltshire's local plan to implement Transforming Care was signed off by Health and Wellbeing Boards and local CCG and Local Authority Governing Bodies in January 2016. The intentions outlined in the plan are echoed in commissioning intentions of local CCGs and in wider strategies for learning disabilities and autism locally.

Within this plan Wiltshire and Swindon aim that care and support should be:

- Closer to home
- In line with best practice models of care
- Personalised and responsive to individual needs over time
- Based on individuals' and families' wishes
- Value for money

The set of criteria against which we will measure our success:

- I am safe
- I am helped to keep in touch with my family and friends
- I have regular care reviews to assess if I should be moving on
- I am involved in decisions about my care
- I am supported to make choices in my daily life
- I am supported to live safely and take an activity part within the local community
- I get good quality general healthcare
- I get the additional support I need in the most appropriate setting
- I get the right treatment and medication to keep me well
- I am protected from avoidable harm, but also have my own freedom to take risks
- I am treated with compassion, dignity and respect
- I have a choice about living near to my family and friends
- I am cared for by people who are well supported

The plan builds on the work already undertaken under the Winterbourne View Concordat and is based on the 9 core principles set out with the Transforming Care National Service Model. See section 5 for more details on a how this partnership is going to deliver.

Our plan has three key phases to deliver this model and can be summarised as follows:

- **Phase 1:** Setting up and embedding intensive support services. Setting up a transitions team to assist the move of any patients from hospital into community settings. In Wiltshire we have set-up a bespoke residential community based option known as 'The Daisy', which will help to prevent unnecessary inpatient admissions. In addition these teams will prevent avoidable admissions, working with families and carers and providers to provide specialist support around challenging behaviours, and supporting mainstream services to provide reasonable access. Robustly working on our data to ensure its validity and aid accurate and effective planning for Phase 2 and 3 to inform any regional commissioning outside of this partnership.
- **Phase 2:** Building on the experience of implementing Phase 1 look to extend the scope to include people with Autism who do not have a learning disability, and or whether a separate service is required, working together across the region if appropriate to commission the required service.
- **Phase 3:** Building the capacity and capability of the market for community services, commissioning of regional forensic, specialist medium and low secure services if required by the partnership by 2018/19.

Delivering this transformation requires significant implementation effort, and a programme to

achieve it will be place for at least the next eighteen months, delivering the 9 core principles through specific work streams to be decided by the Service Model Partnership board.

### **1b Governance**

In addition to NHS England, there are two Clinical Commissioning Groups (CCGs) and two Local Authorities who commission care for the population in this area. At this stage, the plan for transforming services in Swindon and Wiltshire primarily focuses on their own geographical areas. This programme will report into the Transformation Care Partnership Board which in turn reports into Joint Commissioning Boards and Health and Wellbeing Boards.

#### **Who are the key partners to this plan and do they endorse it?**

How Swindon and Wiltshire integrate in the delivery of the programme has yet to be determined. For example, Wiltshire already has an intensive support team in place, but need to develop how it meets the wider requirements of Transforming Care. The options for how the three areas may collaborate are:

- **Option 1:** One model of care implemented through shared teams across the geography
- **Option 2:** One model of care implemented through separate teams across the geography
- **Option 3:** Individual models of care for Swindon and Wiltshire and knowledge sharing of expertise across the geography

As work begins and information and ideas shared a way forward will be agreed as to which option will be adopted and a plan implemented.

#### **Finances**

The development of the financial plan to support the delivery of the model is at a very high level stage currently, and requires more detailed development with the 2 CCGs and Local Authorities in particular around plans for matched funding.

Decreasing NHSE specialised and CCG funded in-patient care for Swindon and Wiltshire residents might release some funding that can be re-invested in community care and support. It is more likely to be used on these individuals.

Finally, due to the short timescales for the process, the details contained in this document and appendices have been reviewed but have not undergone a thorough assurance and governance process within each of the represented organisations. Further immediate assurance work is needed to test the financial assumptions and review the finances in more detail.

To help understand the change needed across Swindon and Wiltshire, population data for Swindon and Wiltshire has been included in this plan. Inpatient and provider information has just been included for facilities outside of Swindon and Wiltshire.

### **1c Stakeholder engagement arrangements**

Within Swindon and Wiltshire this plan has been developed with representatives from all the key commissioning and provider organisations concerned with people with a learning

disability and/or autism.

These organisations are:

- Swindon Borough Local Authority
- Wiltshire Local Authority
- Swindon CCG
- Wiltshire CCG

The scope of the Transforming Care Partnership has aimed for a whole system inclusive approach, other organisations included in this plan:

Provider Organisations:

- Avon and Wiltshire Mental health Partnership (NHS Foundation Trust)
- Great Western Hospital (NHS Foundation Trust)
- Wiltshire Council
- Swindon Borough Council
- SEQOL

### **Wider Involvement**

In Wiltshire, service users, families and stakeholders have been engaged in the development of this plan via a stakeholder's event held during January 2016. These events were attended by individuals with Learning Disabilities (LD), carers, families (including a number of parents) as well as Third Sector representatives. The joint commissioning team from the area also attended to support and facilitate discussions. In particular the Stakeholder event looked at;

- Values and Principles
- What is currently working well
- What is currently not working well
- What would good care look like

The outcomes and intelligence from this day, along with other consultations and engagement such as from the Winterbourne View Consultation process carried out in 2015, are incorporated throughout this Plan and will continue to be used as a check and balance as the Plan is implemented. Feedback to date;

***“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” Learning Disabilities Partnership Board representatives (13<sup>th</sup> January 2016)***

It is acknowledged that there has been less engagement with people who have autism but not a learning disability. We will ensure that this is addressed and plans are in place to utilise the locality Autism Partnership Boards to involve people and their families in this work.

### **Previous Transforming Care Consultation**

In January 2015 Swindon and Wiltshire Local Authority together with the Clinical Commissioning Groups completed a consultation exercise with key stakeholders on how the partnership area should implement the Concordat recommendations. The consultation included separate groups with customers, their carers, carers for younger people, carers directly affected by Winterbourne View, providers and specialist health and social care workers. Those individuals and their families who have lived experience of inpatient

services have been consulted as a fundamental principle of all the work undertaken prior to this work and will continue to be throughout the next three years and beyond.

**1d 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 wider roll out of the plan will see further co-production, with a wider role on the implementation group and the overseeing transforming Care Board.

We intend to fully explore the use of the co-production, self-assessment tool where appropriate and as agreed by the wider stakeholder engagement as we move forward.

**Any additional information**

None

draft

## 2.UNDERSTANDING THE STATUS QUO

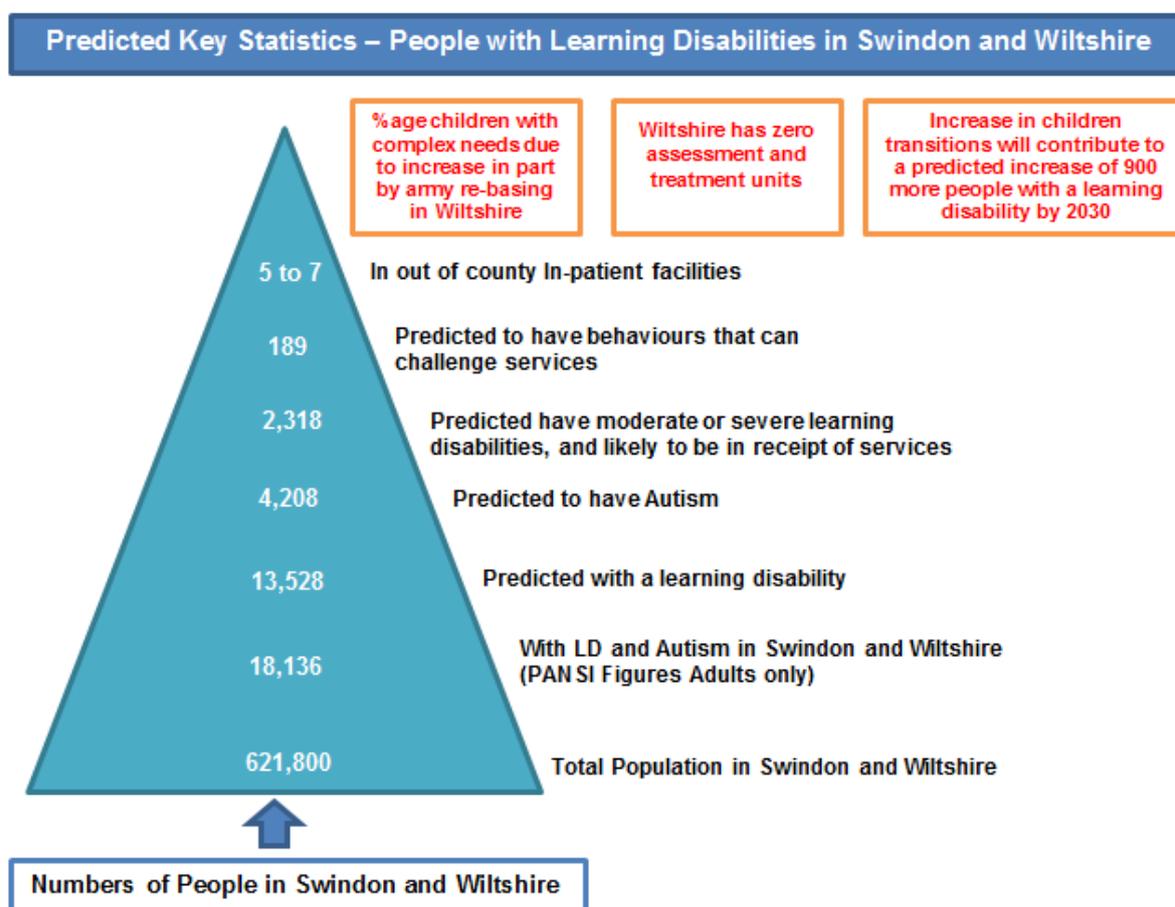
### Baseline assessment of needs and services

#### 2a. Provide detail of the population / demographics

##### What is our population?

Of the 18,136 people who have a learning disability and/or autism in Swindon and Wiltshire, there is a cohort that displays behaviour that challenges, estimates for this vary. Emerson & Einfield estimate that 10-15% of the learning disability/autism population will have behaviour that challenges. For Swindon and Wiltshire this would be between 1,813 and 2,719 people. The Projecting Adult Needs and Service Information (PANSI) database estimates that 189 people with a learning disability and/or autism have behaviour that challenges in Swindon and Wiltshire (based on a prevalence rate for people with a learning disability displaying challenging behaviour of 0.045% of the population aged 5 and over).

In terms of the degree of need, 2927 or 16% of people in Swindon and Wiltshire with a learning disability and/or autism have moderate or severe learning difficulties. Statistics suggest 336 or 1-1.6% of the learning disabilities and/or autism population have profound multiple learning disabilities.



### Predictive Figures broken down into area

It is estimated that 13,528 people or 2.7% of the population in Swindon and Wiltshire currently have a learning disability and/or autism (approximately 2.5% nationally).

Area	Total population	LD/autism population in area	LD/autism know to services
Wiltshire	484,400	13,907	1,600
Swindon	137,400	4,229	898
Wiltshire CCG	As above	As above	tbc
Swindon CCG	As above	As above	716
<b>TOTAL</b>	621,800	18,136	Est 3214

### Predictive Numbers of Children

In schools the numbers of pupils with a learning disability as of January 2015 were:

Degree of learning disability	Numbers of pupils in Wiltshire (Swindon Figures to be confirmed)
SEN and ASD	451
Moderate learning disability	321
Severe learning disability	189
Profound and multiple learning disability	29

### Predictive Adult Numbers

The profile across the age bands in 2015 for adults in Swindon and Wiltshire based on the 18,136 population estimate is shown in the table below:

Age band	Estimate of population in 2015 with a learning disability
18-24	636
25-34	1095
35-44	1107
45-54	1100
55-64	792

### **Predictive Behaviours that Challenge**

The profile across the age bands in 2015 for adults in Swindon and Wiltshire based on the 18,136 population estimate is shown in the table below:

	<b>Estimate behaviours that can challenge</b>
18-24	24
25-34	38
35-44	41
45-54	48
55-64	38

### **Future**

Looking forwards the numbers nationally are estimated to increase overall from 2015 to 2030. Separately in Wiltshire there is a falling trajectory with estimates for those with a learning disability and/or autism having been identified as estimated to fall from 12,155 in 2015 to 11,901 in 2030 representing a decrease of 2.1%. In Swindon there is an increase of 425 in 2015 to 2030. Overall this represents a total increase of 171 in Swindon and Wiltshire.

The number of people with a learning disability and/or autism with challenging behaviour in Swindon and Wiltshire is estimated to be 189 in 2016. Due to the increase in children transitions it is predicted that the number of cases where individuals may challenge is likely to increase. There is also anticipated to be an increase in year 9 group (age 14) from children to adult's services, which will likely impact on the complex needs individuals in the next 15 years.

Total number of people known to SEND who have behaviours that challenge is 259 in Wiltshire. This will present challenges across the health care and system as people with learning disabilities and or autism are more likely to experience age related health conditions at an earlier stage.

## Finances

CCG and specialist spend refers to the cost of inpatient support as it currently stands January 2016

Category	2015/16 forecast spend	Comments
<b>CCG Spend</b>		
Swindon CCG	tbc	Awaiting definitive figures
Wiltshire CCG	tbc	Awaiting definitive figures
Continuing Health Care	tbc	Awaiting definitive figures
<b>Specialist Commissioning Spend</b>		
Low and medium Secure	tbc	Awaiting definitive figures
<b>Local Authority Spend</b> (LD adult and children Social spend – residential and community)		
Swindon	£23M	
Wiltshire	£46M	

## Patient Flow

In terms of inpatient flow, Wiltshire and Swindon is a natural grouping. There is no provision in our area for specialist inpatient beds so there are not placements made from out of county. There is a degree of flow out of the Wiltshire with 7 people currently placed out of the county in long term inpatient placements. These placements need to be validated and an appropriate /robust plan to be agreed and put in place within the next 12 months.

A new complex needs care pathway is in place reducing the need for future specialist inpatient placements which will see a reduction in the need to place people out of county, using intensive support and local generic inpatient bed usage. However, there is recognition of a need to develop specialist inpatient services, on a regional basis, closer to peoples' homes. To reduce the number of beds spot purchased out of area a collaborative effort will be required by our wider closest regional Transforming Care partnerships.

## 2b. Analysis of inpatient usage by people from Transforming Care Partnership

Learning disabilities NHS Assessment and Treatment inpatient beds in Swindon and Wiltshire have now closed and refocused support into a community setting. There are no private inpatient providers and no other specialist low or medium secure or forensic services. When a specialist inpatient bed is required a bed is spot purchased from a range of providers. There is currently limited provision within the South and West region, and the 7 people currently placed in specialist inpatient provision, were placed with providers many miles from their homes. (These are NHSE figures, not yet validated by CCG).

Provision in Swindon and Wiltshire	No. of Beds In County	No. of Beds Out of County	No. admissions and discharges in the last year
Swindon	0	0	0
Wiltshire	0	7	4 additional local generic inpatient now all discharged.
<b>TOTAL</b>	<b>0</b>	<b>7</b>	<b>4</b>

## 2c. Describe the current system

Currently, people with a learning disability and or Autism who at risk of admission to hospital are usually supported in the following ways:

**Wiltshire** - For people with a learning disability, the 24/7 Learning Disabilities Wiltshire Intensive Support Service (LD WISS) will support a person to maintain them in their community setting, with the framework of the Care Programme Approach (CPA), robust, pre authorised crisis contingency planning and positive behavioural support. If a person is at risk of an inpatient placement, the Blue Light protocol is triggered, all efforts are made to divert, considering amongst other things the specialist respite flats. The protocol is authorised to agree 72 hours of joint funding to address crisis situations and avoid an inpatient admission. If an admission is still required a local generic inpatient mental health placements will be considered and support provided by LD WISS with the care and treatment review facilitated and undertaken within 72 hours of admission. If a generic bed is not available or a specialist inpatient bed is required, it is currently spot purchased from a specialist provider.

Wiltshire CAMHS inpatient admissions are low (just 13 in 2014/15), and we will endeavour to reduce this further, including the length of stay in inpatient services by making investment in early intervention and prevention. Redesigning the child and youth mental health pathway and the service and investing in early help and counselling services. Also further enhancing our Outreach Service for Children and Adolescents which is already helping to facilitate quicker discharge by providing treatment in home settings. Strengthening support for children and young people with special educational needs and/or disabilities through our trailblazing integrated 0-25 SEND service, to include the co-location of CAMHS mental health practitioners. In addition, we have expanded our Children's Learning Disability Service with an additional investment to help improve help and care for families, including support around challenging behaviour).

The CAMHS team are also looking to strengthen transition work between CAMHS and adult services. Developing a fast track intervention scheme and integrating care and treatment reviews for those in a crisis situations. The teams will be co-locating with mental health

clinician within the MASH so that specialist CAMHS are represented.

**Swindon** - For people with a learning disability, the community team for people with learning disabilities working closely with commissioners to support and maintain a person a community setting, with engagement from the clinical psychiatry and psychology team if appropriate. Robust planning and contingency plans are essential focusing on Positive Behaviour Support models. If this is not possible to maintain and an inpatient placement is required, the Blue Light protocol is triggered, and a spot purchased inpatient bed is procured from a specialist provider.

Further work to strengthen the transition planning between CAMHS and Adult Services in Swindon. Consideration given to a more integrated response to crisis situations and interventions using an multi-disciplinary approach.

Out of area beds are commissioned on a case by case basis using spot contracts. Low and medium secure, and CAMHS beds are commissioned through frameworks with NHS England Specialised Commissioning Units.

## **2d. What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?**

As stated above, Swindon and Wiltshire have already closed all inpatient beds relevant to this service model plan. There is no existing estate.

## **2e What is the case for change? How can the current model of care be improved?**

The current challenges within this baseline are:

- Robustness of data
- The population increases will put pressure on capacity
- The ageing population will require more proactive support, integrated around co-morbidities that are more common in later life.
- There is a lack of joined up commissioning and working across the forensic pathway for people with learning disability and or autism.

To address these challenges, the following needs to be put in place:

- A system wide approach across specialised and CCG commissioning, health and social care and other services e.g. housing, for those in Swindon and Wiltshire with a learning disability and/or autism and challenging behaviours
- Care and support services need to be redesigned to minimise inpatient care so it is the best place for the person concerned e.g. crisis prevention, respite or assessment when community provision not possible, or when it is mandated by the courts
- A 'whole life' preventative approach needed for care and support with a much greater emphasis of addressing or reducing the impact of challenging behaviours from a young age
- Significant market development and provider liaison is required to achieve the changes required by building the skills and capacity in the market, and avoid destabilisation

The overall plan is to work towards achieving zero admissions, relying on a community and or a local generic mental health response (see section 2c). However, there is recognition that we will need to consider specialist low and medium secure services and will look to undertake work with other regional Transforming Care Partnerships to establish a better understanding of need. Currently Swindon and Wiltshire would consider;

<b>Type of accommodation</b>	<b>Sept 2015 No. of beds for Swindon and Wiltshire</b>	<b>2020 No. of beds commissioned for Swindon and Wiltshire residents</b>	<b>Assumed length of stay</b>	<b>New/enhanced provision as a result of the model</b>
Low and medium secure (1 CAMHS A&T)	6 (wilts)	Up to 3 spot purchased	3 months (low) and 6 months (medium)	Look to develop a regional response to this need
Locked Rehabilitation	0	0	up to 6 months	Look to develop a regional response to this need
Assessment and Treatment	0	0	up to 6 months	Community focused A&T with the support of the ISS and generic mental health inpatient services
CAMHS Adolescent beds – Learning disability only	1	1	up to 6 months	Look to develop a regional response to this need

*The above figures are based on assumptions and therefore further validation and clarification of information is required*

**Any Additional information**

None

### 3.DEVELOP YOUR VISION FOR THE FUTURE

#### 3a Describe your aspirations for 2018/19.

##### **Our aspirations:**

To continue to promote prevention, early intervention and keep low or completely removed the need for admissions to hospital. The expected outcomes are:

- All will be supported to live in the community/at home, safely as a first option with good care and quality of life
- The frequency and severity of behaviours that challenge will reduce
- Fewer, or no one, will be admitted to non-secure and secure hospitals but if required it will be closer to home and delayed discharges will be minimised
- There will be fewer inpatient beds used for the Swindon and Wilshire population.

#### 3b. How will improvement against each of these domains be measured?

The Transforming Care Partnership will use the national service indicators as follows;

- To monitor reduced reliance on inpatient services, we will use the Assuring Transformation data set
- To monitor quality of life, we are minded to make use of the Health Equality Framework<sup>2</sup>

To monitor quality of care, the partnership will also use the basket of indicators (see Annex A). This will measure progress in uptake of personal budgets (including direct payments), personal health budgets and, where appropriate, integrated budgets; and strongly supports the use of external quality assurance and quality checker schemes.

The National Service Model also sets out nine core principles which the partnership will use to evaluate and measure progress. The nine core principles are as follow;

- 1) I have a good and meaningful everyday life.
- 2) My care and support is person-centred, planned, proactive and coordinated.
- 3) I have choice and control over how my health and care needs are met.
- 4) My family, paid support and care staff get the help they need to support me to live in the community.
- 5) I have a choice about where I live and who I live with.
- 6) I get good care and support from mainstream health services.
- 7) I can access specialist health and social care support in the community.
- 8) If I need it, I get support to stay out of trouble.
- 9) If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

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<sup>2</sup> <http://www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide1/>

Based on the nine core principles section 5 of this plan sets out the partnerships deliverables The project board will plan and setup a monitoring process designed to measure progress against these core principles (see section 5 for more details).

### **How will we know that we have succeeded?**

We will measure our success against individual perceptions and outcomes in relation to the care and support people receive;

- I am safe
- I am helped to keep in touch with my family and friends
- I have regular care reviews to assess if I should be moving on
- I am involved in decisions about my care
- I am supported to make choices in my daily life
- I am supported to live safely and take an activity part within the local community
- I get good quality general healthcare
- I get the additional support I need in the most appropriate setting
- I get the right treatment and medication to keep me well
- I am protected from avoidable harm, but also have my own freedom to take risks
- I am treated with compassion, dignity and respect
- I have a choice about living near to my family and friends
- I am cared for by people who are well supported

### **3c Principles we are using in how we offer care and support to people with a learning disability and/or autism who display behaviour that challenges:**

The National Service Model sets out nine core principles which the partnership will be use to in how we make changes to improve care and support for people with learning disabilities and /or Autism who display behaviour that challenges.

To deliver this new model of care we, as the organisations commissioning and providing care and support, will also work to a wider set of overarching principles;

- Service users and their families will be at the heart of decisions about their care, providing them with more choice and control over their care including promoting a culture of positive risk taking
- We will assume a person has the mental capacity to make decisions about their care, unless it is established that they lack capacity for that specific decision – and all practicable steps will be taken to support them to make their own decisions
- We will establish the extent of a person's mental capacity as soon as there is any doubt as to whether the person has the mental capacity to make decisions
- Services will be commissioned which promote prevention, early intervention and wellbeing to support people of all ages, including children, who are at risk of developing challenging behaviours and minimise inappropriate admissions

to hospital, including from the Criminal Justice System

- We will encourage the use of mainstream services as the starting point for care and support, available and accessible for those with a learning disability and/or autism
- Where mainstream services are insufficient to meet a person's needs then we will provide access to specialist multi-disciplinary community based housing and support expertise seeking creative options and or bespoke solutions.
- We will work in partnership across health and social care commissioners to ensure people's homes are in the community
- Commissioners and providers of care and support will collaborate and share knowledge and experience to achieve the best outcomes for service users, including collaborating regionally across the wider region and with NHS England specialised commissioners where appropriate
- People involved in implementing the plan will use a problem solving 'can do' approach
- We will develop cost effective services which promote individuals independence
- We will provide support in the least restrictive setting possible that is therapeutic and safe for all. Where restrictive interventions are required they should be for the shortest time possible
- We will proactively use intelligence from a range of sources to identify and respond to commissioning gaps and to facilitate and shape the local health, social care and housing market
- We will protect those with a learning disability and/or autism from abuse and neglect wherever possible, and address safeguarding concerns as soon as they arise

**Any additional information**

None

## 4. IMPLEMENTATION PLANNING

### 4a Overview of your new model of care

#### Introduction

The Swindon and Wiltshire plan focuses on delivering and developing a model of care that embeds the nine overarching principles set out within the national service model which defines what 'good' services are for people with learning disabilities and/or autism whose behaviour challenge. In Wiltshire, the commissioning strategy has been to move towards community based support with the development of a new learning disabilities intensive support service and also a new specialist housing support option known as 'The Daisy'. This will support individuals moving back from existing in-patient provision and assist with prevention of unnecessary patient re-admissions.

#### Background

Swindon and Wiltshire have not had any specialist Learning Disability/Autism beds since the closure of Postern House and previously the closure of The Lanterns. Following their closure, work was carried out to identify the needs of the people within the partnership area. The closure of Postern House, A&T unit, Wiltshire released finance that was used to commission LDWISS in Wiltshire.

#### How is it different?

The emphasis on community provision over inpatient settings will mean that the size and extent of community provision relative to inpatient provision will be much more extensive than it is now. This community provision will be focused on three cohorts:

- **The current in-patient cohort, including those in forensic settings**  
The community provision will need to effectively accommodate those previously served by inpatient settings, so that the people concerned can improve their quality of life, and the quality of care and support is improved so that they can stay living in the community and any inpatient admissions are minimised.
- **The current community cohort**  
The community provision will need to keep people with a learning disability and/or autism living well in communities, preventing deterioration in their wellbeing and crises so that their need for inpatient services is reduced to when they are the best option for the person concerned.
- **The wider learning disability and autism population**  
This is the cohort that is currently unknown to services, with the exception of primary care. Mainstream services and community networks will need to support people with a learning disability and/or autism living well in the community without the need for specialist services for those with learning disabilities and/or autism where possible.

We will require a continued focus on community provision on being proactive, and preventing and intervening early to reduce need. Underlying causes of behaviours will need to be addressed so that the frequency and severity of incidents of challenging behaviour is reduced. This will be helped by effective risk stratification of the population, with a **register of those at risk of admission** being the key tool to do this.

The role of **mainstream services** and **community networks** as an important partner in achieving this is also much more of a focus. There will be an emphasis on making sure all the relevant mainstream services are accessible.

Spending extensive time in hospital often disempowers individuals. The intention is that Positive Behaviour Support approaches will be embedded at every level, commissioners and providers, and the wider mainstream services, building on and using the expertise of Swindon and Wiltshire specialist providers. This way of working will have a significant and positive impact over the next few years - not only on the individual but also on their care team, developing practical skills and resilience. In addition, there will be a **consistent approach to challenging behaviours** across all teams so that the right interventions are delivered to change behaviours. This will be done with the aim of reducing the severity and frequency of challenging behaviour and consequently the needs that need to be addressed.

### **What will our future system look like?**

The future model of care is presented pictorially on the table below. It was developed as part of the Winterbourne View Concordat. It has been developed by Swindon and Wiltshire joint commissioning teams on behalf of the CCGs Local Authorities and providers. The transforming care partnership have implemented this concordat which has been based on robust consultation processes and is in the process of delivering a new complex needs care pathway for this group of individuals.

draft

## **The Plan**

Following submission of these plans discussions will be had with the regional partnerships in the South and South West to find a way to collaborate going forwards. This is primarily to address the need for **more localised specialist services**, services that are unachievable within the smaller partnerships.

The longer term care and support teams for both adults and children will address **the lower levels of complexity and challenging behaviour**, review care plans, coordinate rapid access to professionals including short-breaks accommodation, and coordinate evidence-based parenting training and practical and emotional support.

Currently in Wiltshire LDWISS is an enhanced support or crisis support function around those with a learning disability and autism who display challenging behaviours. This is planned to be developed within Swindon and is yet to be delivered for people with Autism within Wiltshire. The enhanced support and crisis support functions may be set up incrementally in order to support the wider cohort of people covered within this plan. This will enable the model to be tested and refined. The team may be grown to support a prevention approach, working across children's and required to extend its capacity and skills to incorporate the development of community forensic provision.

An important responsibility for the Intensive Support Service will be to work closely with family and carers, and providers, including those for mainstream services, so they don't need specialist support going forward.

## **Mainstream services, community networks and peer support**

People with a learning disability and/or autism should experience similar levels of service provided as the general population. Any new intensive support services will facilitate access through supporting staff of generic services to make reasonable adjustments so they are able to cater for those with a learning disability and/or autism, including the principles of positive behavioural support. It is envisaged that the mainstream services that may need to be supported to make these reasonable adjustments may include:

- Activities that enable people to lead a fulfilling and purposeful everyday life
- Education, training and employment services. Employment is overwhelmingly a high priority for people with a learning disability and/or autism in Swindon and Wiltshire
- Primary care
- Mainstream NHS services and mental health services, including those provided by GPs
- Services that prevent or reduce anti-social or offending behaviour
- Liaison and diversion schemes to enable people to exercise their rights and/or where appropriate diverting people to appropriate support from health and care services
- Mainstream forensic services
- Dental care
- Generic housing services
- Settled accommodation options including exploring home ownership or ensuring security of tenure
- Drugs and alcohol services
- Sensory services

In the new model there will also be a much stronger emphasis on support given by communities and networks, both community networks that are of interest to the whole population, and peer support networks around those with a learning disability and/or autism and their carers. There will be a much more systematic approach to ensuring peer network coverage for all, though recognising the necessary organic nature in which they evolve and develop if they are to be successful.

We will **promote peer networks** to be in place across Swindon and Wiltshire to establish and provide support to other individuals and their families throughout the journey from children into adulthood and into old age. Our feedback from people with a learning disability and/or autism and their families shows that these peer networks are valued by most individuals where they currently exist. The exceptions are those with autism who often don't want to be involved in social networks. Across Swindon and Wiltshire teams have been developed including Transition Link Workers or Community Connectors to work with young people and families to start looking at community options and planning about the future. It has procured 4 full time volunteers to work across learning disability on some of the softer social isolation, community engagement, vulnerability aspect. Building connections then gradually withdrawing.

### **Primary care**

In primary care there is an additional focus on GPs identifying physical and mental health needs earlier for those with learning disabilities and/or autism. This will be partly achieved through **GP led health checks** for everyone with a learning disability over the age of 14. Each Annual Health Check will result in a **Health Action Plan integrated** into an individual's person-centred care and support plan.

### **Short term accommodation options**

This will be required for crisis and respite. When people are placed in this accommodation it will be part of a journey of care, seamlessly integrated into community based care by the CPA care coordinators and supported by the Intensive support teams.

For crisis accommodation there is currently limited specific crisis **respite** for people with behaviours that challenge, but with the increasing numbers of people supported in the community and the increase in complexity of people being supported in the community, then capacity and capability will need to be increased. The crisis accommodation will include the following:

**Bradbury House** – Has a specially adapted flat that can be used, when available for planned respite or crises intervention for people with learning disabilities and Autism.

**Bradbury Manor** - Has a specially adapted flat that can be used, when available for planned respite or crises intervention for people with learning disabilities and Autism.

**Swindon - Firethorn Close** - redesign of service to accommodate a small number of beds that could be used for crisis intervention for people with learning disabilities and Autism.

### **Longer term accommodation options**

Longer term accommodation options, including **Supported Living**, will also need to increase capacity and capability to support the extra volume and specialist needs of people living in the community, and the support services for these need to be skilled up to be able to take on people with more complex needs and challenging behaviour, and also be based around a culture of **positive behavioural support**. Accommodation specifications will also need to be considered to ensure we have robust community accommodation to meet the needs of individuals who may display destructive behaviours. The provision of long term accommodation will move to mixed models of care including accommodation with support, moving away from 'one model fits all' and commissioning models that offer choice to customers and their carers. There are planned schemes in the pipeline and already in place to expand accommodation capacity and as part of this plan we are proposing the development of bespoke services to enable individuals currently in hospital to be discharged into the community, or those at risk of inpatient admission to be accommodated appropriately.

### **Hospital admission**

Hospital admission will be integrated into a broader care pathway, working closely with community-based mental health and learning disability services. Hospital-based specialist services will only be used where community settings cannot deliver and only accessed after the **Blue Light Protocol** has been exhausted. The **intensive support teams** will use **generic inpatient settings** as part of a continuum of care, and will work with hospital staff from the day of admission to the day discharge, to make sure an estimated day of discharge is determined when the person is admitted and discharge planning and preparations begin from the day of admission.

Robust care plans to commence on admission to ensure that discharge preparation and planning are thorough and appropriate. Individual commissioning to be considered to ensure personalised and tailored support for discharge to community settings.

### **Offender Pathway**

The partnership will consider an improved offender pathway to minimise in-patient admissions. Considering an admission of a person with a learning disability onto the offender pathway (specialised commissioning commissioned services) will only occur for people who are detained under Part III of the Mental Health Act 1983 (Patients Concerned in Criminal Proceedings or Under Sentence). An admission of a person with a learning disability detained under Part II of the Mental Health Act 1983 (Compulsory Admission to Hospital and Guardianship) will only occur if the referral for an admission is via the courts as part of the diverting offenders with mental health problems and/or learning disabilities within the National Conditional Cautioning Framework. Possibilities for the improved offender pathway could include:

- **Community forensic support** to police custody areas and magistrates courts
- The use of **Care and Treatment Reviews (CTRs)** before an admission
- Intensive community support services (non-secure)
- **Short break/crisis intervention** support and facilities

#### **4b What new services will you commission?**

The transforming care partnership have implemented the Winterbourne View Concordat which has been based on robust consultation processes and is in the process of delivering a new complex needs care pathway for this group of individuals. This has resulted in the following commissioning plan:

##### **What will we commission that is different?**

- **Intensive support services**  
Any services commissioned will focus initially on supporting people with learning disabilities and/or autism, and specifically the 7 existing inpatients for Wiltshire moving out to the community. The partnership will consider plans to enhance the specification for any transition team to include this cohort.
- **Community forensic services**  
To consider the options to commission forensic services.
- **Specialist Housing Options**  
As part of this work we are developing more appropriate ranges of accommodation for this. In Wiltshire we are developing 'The Daisy'. This is a housing and support option which will support people moving back from in-patient placements and also support prevention of readmission into hospital settings. This is a new specialist service which is planned to support people under the mental health act where necessary and under the least restrictive route.
- **Housing options**  
All new frameworks commissioned will look to include this cohort and existing ones will be reviewed. There will need to be work done to look at the market to ensure capacity for the Transforming Care work. This will be followed by market development activity to create a market of small niche providers, since there are few providers of this nature currently operating in the area.
- **Advocacy services**  
Advocacy services are a key enabler for the new model to help those with a learning disability and/or autism exercise choice and control over their care and support over the long term. Those with a learning disability and/or autism with behaviours that challenge may need long term advocacy support. Swindon and Wiltshire currently has an outcome based advocacy framework that would support this.

#### **4c What services will you stop commissioning, or commission less of?**

##### **How will care settings change?**

Care settings will shift further from in-patient provision to community settings. Community settings will be bolstered by teams providing community based intensive support and also consideration will be given to admission prevention (crisis) accommodation that will be for those with learning disabilities and/or autism.

##### **Inpatient beds**

As previously stated Swindon and Wiltshire do not currently commission any block funded inpatient beds for people with a learning disabilities and/or Autism. There are currently 7 Wiltshire residents, according to NHSE who are placed in inpatient out of county settings. All authorities would like to see this reduce to zero once the work already started, and further exploration and development work identified as required, is fully implemented and embedded.

#### **4d What existing services will change or operate in a different way?**

As above and in addition short term care settings such as admission prevention (crisis) accommodation and short breaks, as well as long term care settings through e.g. Supported Living, will be able to cater for those who have come into contact with the Criminal Justice system.

#### **4e Describe how areas will encourage the uptake of more personalised support packages**

Wiltshire is currently part of a regional pilot / regional commissioning which includes personal health budgets (PHB). Consideration will be giving to rolling out PHB's across the full partnership for the cohort group. See section 5 for actions.

The design of the service model plan has at its focus the individual and as such PHB's will influence the delivering of individual bespoke services for people with learning disabilities' and or Autism who have complex and challenging needs.

Swindon will work to develop personal health budgets whilst continuing to promote personal budgets and direct payments. Where cases are joint funded with Health or solely health funded, the same standards will be implemented to ensure personalised support planning is at the forefront. The Commissioning Around The Individual (CATI) process will be used in most cases to ensure individuals and family/carers have as much involvement as possible in designing the future support package and are fully part of the selection process.

#### **4f What will care pathways look like?**

See section 4a, figure 1 for more details

#### **4g How will people be fully supported to make the transition from children's services to adult services?**

The partnership will review current transitions processes and look to make changes that support people with learning disabilities and/or Autism to have a successful transition. See section 5 for actions plan.

A new transitions process is being set up and refined in Wiltshire to support people with learning disabilities and or Autism who have the most complex needs to achieve a successful transition to adult life.

Swindon has in place a Transitions Protocol which is regularly reviewed and updated. There is a dedicated transitions care management team with 4 newly appointed Transition Link Workers. The Transition Link workers will commence engagement with young people and families at the start of the transition planning process and will be the key point of contact and support throughout the move into Adult Services. We need to improve the robustness of the flow of data between children and adults services.

#### **4h How will you commission services differently?**

There will be an increased focus on outcomes when commissioning services, notably around the quality of care and support, and the quality of life enjoyed by those with a learning disability and/or autism, and their family and carers.

Local commissioners need to work with the independent and third sector to ensure there is a vibrant and high quality market to support the needs of people with complex needs. As the model of care is developed local commissioners will explore the opportunities to develop an integrator model to support alignment and fit of people's needs with a range of providers. Greater understanding of the children's and autism population will mean commissioning arrangements may need to change. Market development activities will be required where providers do not currently have the capability required.

The increase in complexity of needs and also the increased use of personal budgets and personal health budgets means that small niche providers are likely to be required to address some of the accommodation requirements. Therefore commissioning mechanisms, as well as market development activities, are likely to need to encourage a much smaller type of provider.

Consideration will be given to collaborative commissioning and linked risk-sharing with other CCGs and other specialised commissioning teams. This will require the support of NHS England in the negotiations to ensure that CCGs and other specialised commissioning teams have a plan to reduce the numbers of beds they commission.

There are no current intentions in these plans to pool budgets however this is something that will be explored fully.

#### **4i How will your local estate/housing base need to change?**

The partnership will review the housing needs of people with learning disabilities and or autism who have complex and challenging needs and review the housing strategy to see if it meet the needs of this group of people. See section 5 for actions.

Swindon has a fortnightly Housing and Adult Social Care Board the meets to look at strategic need and will take exceptional cases that require a more creative option or fast track response.

#### **4j 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?**

Wiltshire currently has 7 people in long term inpatient placements. Robust plans to be put in place for all inpatient provision, subject to further data validation. Four will be moving back to their own flats in Wiltshire in 2016, one of whom has been in an inpatient placement for over 5 years. The fifth person is currently under section 37/41 and we are working with the Ministry of Justice to deliver a community placement for this individual. The other 2 are short term placements.

#### **4k How does this transformation plan fit with other plans and models to form a**

**collective system response?**

This plan has been developed alongside our key partners and works alongside all other plans and models within the current partnership area. However, during this work future amendments and alignments may be required.

**Any additional information**

None

draft

## 5 DELIVERY

The delivery plan is based on the **9 Core Principles** set out in the National Service Model Plan. They are:

- 1) My care and support is person-centred, planned, proactive and coordinated.
- 2) I have choice and control over how my health and care needs are met.
- 3) My family, paid support and care staff get the help they need to support me to live in the community.
- 4) I have a choice about where I live and who I live with.
- 5) I get good care and support from mainstream health services.
- 6) I can access specialist health and social care support in the community.
- 7) If I need it, I get support to stay out of trouble.
- 8) If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.
- 9) If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

The plan covers the **5 Cohorts** groups described within the National service Model Plan; it is children, young people or adults with a learning disability and/or autism:

- 1) 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) Who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.
- 3) Who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system
- 4) Often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- 5) 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.

**Swindon and Wiltshire Delivery Plan** (Based on the 9 Core Principles set out in the National Service Model Plan)

Core Principles 1 - I have a good and meaningful everyday life.				
5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Strategic learning disability commissioners should work with those that commission and manage <b>mainstream activities/services to find ways to make them accessible</b>, in line with Equality Act duties.</p> <p>Operational commissioners will need to work with mainstream services to enable people with a <b>learning disability and/or autism who display behaviour that challenges</b> to be included.</p> <p>Local Authorities should <b>commission supported employment</b> services that can meet the needs of this group.</p> <p>Commissioners should ensure that service specifications are based on <b>person-centred outcomes</b>.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Audit mainstream activities/services to assess accessibility (Date)</p> <p>Ensure that all new contracts for mainstream activities/services include this cohort. (Date)</p> <p>Ensure that Supported Employment specifications are reviewed and amended as required. (date April 2016)</p> <p>All new tender/specifications to include Person Centred Outcomes. (date)</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p> <p><b>Assumptions:</b> The plan runs over a five year period to March 2020.</p> <p>The plan concerns individuals whether in beds or placements.</p> <p><b>Dependencies:-</b> All organisations and stakeholders across the area.</p>	<p>Trusting relationships are required across all organisations.</p> <p>A single shared vision across all stakeholder organisations. All organisations sharing the same vision.</p>

**Core Principles 2 - My care and support is person-centred, planned, proactive and coordinated**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Strategic learning disability commissioners should <b>risk stratify their local population</b> of people with a learning disability and/or autism.</p> <p>Micro-commissioners should ensure that the person they are supporting has a <b>single person-centred care and support plan</b>, not just those on the Care Programme Approach (CPA).</p> <p>Commissioners should ensure that everyone is <b>offered a local care and support navigator or key worker</b>.</p> <p>Commissioners should ensure a <b>multi-disciplinary approach to EHC plans</b>, not leaving this only to education</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p> <p>Wiltshire and Swindon - Operational teams</p> <p>Wiltshire and Swindon - Operational teams</p> <p>Joint Children’s Commissioning Team in Swindon and Wiltshire</p>	<p>Revise the data base to cover this cohort (date)</p> <p>Roll out of CPA for this cohort* (date).</p> <p>Roll out care coordinators, care managers and key workers for the 5 cohort groups* (date)</p> <p>Roll out multi-Disciplinary EHC plans for the 5 cohort groups (date)</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p> <p><b>Assumptions:</b> The financial plan for the Partnership programme is based on a reduction in use of inpatient beds (commissioned by specialised services or the CCGs but excluding high secure beds) that releases funds for re-investment into community services.</p>	<p>Public and stakeholder support for the programme.</p>

Core Principles 3 - I have choice and control over how my health and care needs are met				
5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Commissioners should be planning for, and delivering the offer of, <b>personal budgets</b>, personal health budgets and integrated personal budgets beyond rights guaranteed in law.</p> <p>By April 2016, every CCG will be expected to have a <b>‘local offer’</b> for how to expand the use of personal health budgets; this must include people with a learning disability</p> <p>Commissioners should work with <b>the local voluntary sector to consider what additional or different local services</b> are needed to ensure that people with personal budgets have a range of services to choose from.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Roll out the PHB pilot in Wiltshire for the five cohort groups (ongoing 2016).</p> <p>Build up the range of LD/A specialist support providers by ensuring the support framework and training offer are robust. Put in place robust provider frameworks (April 2016).</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p> <p><b>Assumptions:</b> Wiltshire is part of the PHB pilot, Swindon not at this time. Look to both join.</p> <p>Swindon will join the Training partnership to develop focus on the training needs of the 5 cohorts*.</p> <p>Roll out of a consistent approach to PBS across Swindon and Wiltshire.</p>	<p>Public and stakeholder support for the programme.</p>

**Core Principles 3 Continued - I have choice and control over how my health and care needs are met**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Commissioners should be <b>extending the offer of advocacy</b> through investment in non-statutory advocacy services and should ensure statutory and non-statutory advocacy is available to people who are leaving a hospital setting.</p> <p>Commissioners should ensure <b>that advocacy services are independent</b> and provided separately from care and support providers</p>		<p>Develop a new consistent to approach to PBS. Developing a training partnership, <b>champions role (summer 2016)</b> and <b>training agreement (summer 2016)</b> and roll out of Wiltshire and Swindon single approach to <b>positive behavioural support (PBS)</b> (Date).</p> <p>Review Advocacy contracts to ensure that robust statutory and non-statutory advocacy is available for the 5 cohorts (date).</p> <p>Review advocacy services for cohort who are in inpatient beds to ensure that robust independent statutory and non-statutory advocacy is available (date).</p>	<p><b>Capacity and working / improving on current arrangements</b></p>	<p>Contracts for mental health advocacy awarded from April 2016 that will be monitored</p> <p>Support of people with complex LD.</p>

**Core Principles 4 – My family, paid support and care staff get the help they need to support me to live in the community**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Children’s and strategic learning disability commissioners should <b>ensure availability of early intervention programmes</b>, including evidence-based parent training programmes.</p> <p>Children’s and strategic learning disability commissioners should ensure availability of a range of <b>support and training for families and carers</b>.</p> <p>Children’s and strategic learning disability commissioners should provide flexible and <b>creative short break/respice</b> options</p> <p>Children’s and strategic learning disability commissioners should work with their local providers to develop models of <b>alternative short-term accommodation</b>.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Review early intervention programmes, and consider options to ensure access is available (date).</p> <p>Review and consider options for the support and training for families and carers (date).</p> <p>Review and consider options for the provision of flexible and <b>creative short break/respice</b> (date).</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p> <p><b>Assumptions:</b> Access to match funding for the wider development of early intervention, crisis intervention and housing and support options.</p> <p><b>Issues:</b> Swindon short breaks are looking at developing an early intervention, crisis intervention model. (dates) Wiltshire are in the process and have adapted their Children’s and Adult services to offer early, crisis intervention and respice options.</p>	<p>Public and stakeholder support for the programme.</p>

**Core Principles 4 – My family, paid support and care staff get the help they need to support me to live in the community**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Commissioners should develop a <b>group of social care preferred providers</b> that meet the needs of people with a learning disability and/or autism.</p> <p>Local Authorities should develop <b>Market Position Statements</b> with an explicit focus on this group.</p> <p><b>Transition</b> - There will be improved coordination between children’s and adult services around the transition of children with a learning disability and/or autism, with better support to people with a learning disability and/or autism and their family and carers through this time. A simple step by <b>step guide</b> will be produced to support people and carers through the process.</p>		<p>Review and consider options to ensure that provider frameworks cater for the 5 cohort groups (date).</p> <p>Redraft Market Position Statements (date)</p> <p>New <b>Transitions panel</b> and resolutions panel process to be put in place (date)</p> <p><b>Step by step guide</b> to be produced/reviewed</p>	<p>Both areas within the partnership need to consider alternative short term accommodation options.</p>	

**Core Principles 5 – I have a choice about where I live and who I live with.**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Commissioners should co-produce <b>local housing solutions</b> leading to security of tenure, that enable people to live as independently as possible, rather than in institutionalised settings.</p> <p>CCGs could consider allowing individuals with a personal health budget to use some of <b>their budget to contribute to housing costs</b> if this meets a health need and is agreed as part of the individual’s care and support plan.</p> <p>Strategic commissioners need to work with housing strategy colleagues to ensure <b>strategic housing planning</b>.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Review housing strategies to ensure it covers the 5 cohorts*. (date)</p> <p>Revise housing strategy, if required, after review to meet the needs of the 5 cohorts*. (date)</p> <p>Develop housing options that meet the most needs for the cohorts 5*. (date)</p> <p>Feasibility study and if agreed, policy and procedure agreed to allow individuals with a personal health budget to use some of <b>their budget to contribute to housing costs</b> (date)</p> <p>Working on a joint strategy with Housing department to look at the provision of appropriate future accommodation.</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p> <p><b>Assumptions:</b> Assess to match funding for the wider development of early intervention, crisis intervention and housing and support options.</p> <p><b>Dependencies:</b> Change in national PHB guidance to allow them to be spent of housing costs</p>	<p>Public and stakeholder support for the programme.</p>

**Core Principles 6 – I get good care and support from mainstream health services.**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Health commissioners should ensure that people with a learning disability are offered <b>Annual Health Checks</b>.</p> <p>Health commissioners should ensure that everyone has the option of a <b>Health Action Plan</b>, and are promoting the use of <b>Hospital Passports</b>.</p> <p>Mental Health commissioners should ensure that the <b>Green Light Toolkit</b> audit is completed annually, and an action plan developed.</p> <p>Commissioners should ensure that practices and care and support pathways within mainstream primary and secondary NHS services are '<b>reasonably adjusted</b>' to meet the needs of this group, in line with Equality Act duties, and are routinely monitoring equality of outcomes</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Review and ensure Annual Health Checks are in place for the 5 cohorts across children and adult services (date)</p> <p>Review and ensure Health <b>Action Plan</b> are in place for the 5 cohorts across adult and children's services. (date)</p> <p>Build in the Green Light Toolkit into contracts (Date).</p> <p>Audit reasonable adjustment across mainstream primary and secondary NHS and social care services. (date)</p> <p>Consider the development of the quality checker role (date).</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p>	<p>Public and stakeholder support for the programme.</p>

**Core Principles 7 - I can access specialist health and social care support in the community**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Commissioners should ensure the <b>availability of specialist integrated multi-disciplinary health and social care support in the community</b> for people with a learning disability and/or autism. Covering all ages.</p> <p>Commissioners should ensure this specialist health and social care support includes an intensive <b>24/7 support</b> function.</p> <p>Commissioners should ensure <b>inter-agency collaborative working</b>, including between specialist and mainstream services.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Review current care pathways to ensure the availability of specialist integrated multi-disciplinary health and social care support in the community. (date)</p> <p>Put in place a plan, as necessary to enable access a specialist integrated multi-disciplinary health and social care support in the community. (date)</p> <p>Roll out an intensive support service for the 5 cohorts. (date)</p> <p>Roll out of the Care Programme Approach (CPA) for those most at risk within the 5 cohorts. (date)</p>	<p><b>Risks:</b> Capacity across all areas to deliver</p> <p><b>Assumptions:</b> Develop care pathways across children and adults.</p> <p>Roll out of intensive support services for the cohort across children’s and adults.</p> <p>CPA will be for people with the most complex needs, others will be offered care management.</p> <p>People with Autism not a learning disability are requesting a different care pathway from those with learning disabilities.</p> <p><b>Dependencies:</b> NHS match funding will be required to ensure that the intensive support service is inclusive.</p>	<p>Public and stakeholder support for the programme.</p>

**Core Principles 8 – If I need it, I get support to stay out of trouble.**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Commissioners should ensure that mainstream services aimed at preventing or reducing anti-social or ‘offending’ behaviour are making <b>reasonable adjustments</b> to meet the needs of people with a learning disability and/or autism, in line with Equality Act duties, and are routinely monitoring equality of outcomes.</p> <p>Commissioners should ensure the availability of <b>specialist health and social care support</b> for people with a learning disability and/or autism who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>Adapt the Green Light Toolkit (or the similar assessment tool) for mainstream services aimed at preventing or reducing anti-social or ‘offending’ behaviour. (date)</p> <p>Insert into new contracts a duty to use the new toolkit, and contract monitor. To ensure reasonable adjustments are made for the 5 cohorts. (date)</p> <p>Review care pathways for the 5 cohorts looking at availability of <b>specialist health and social care support</b> for who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group (date)</p> <p>Put in place an action plan for change to widen availability of <b>specialist health and social care support</b> for those within the cohort who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group. (date)</p>	<p><b>Risks:</b> Capacity within the Joint Commissioning team.</p> <p><b>Dependencies:</b> NHSE match funding will be required to ensure the further development of community forensic services.</p>	<p>Public and stakeholder support for the programme.</p>

**Core Principles 9 – If I am admitted for and assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.**

5a What are the programmes of change/work streams needed to implement this plan?	5b Who is leading the delivery of each of these programmes, and what is the supporting team.	5c What are the key milestones – including milestones for when particular services will open/close?	5d What are the risks, assumptions, issues and dependencies?	5e What risk mitigations do you have in place?
<p>Health commissioners should ensure that hospital admissions are supported by a <b>clear rationale of assessment and treatment</b>, and desired outcomes, and that services are as <b>close to home</b> as possible.</p> <p>Micro-commissioners should be working with individuals, families/carers, clinicians and local community services to ensure that <b>the discharge planning process starts from the point of admission</b>, or before.</p>	<p>Wiltshire and Swindon - Joint Commissioning Team</p>	<p>To fully implement the development of the <b>CPA</b> process for the 5 Cohort groups. (date)</p> <p>Development of a robust <b>Crisis Contingency</b> process for the 5 Cohort groups. (date)</p> <p>Fully implement the <b>Blue Light Protocol</b> incorporating the <b>Pre Care and Treatment Review</b> process (Pre CTR) for the 5 Cohort groups. (date)</p> <p>Further develop <b>community assessment and treatment</b> services which utilise local generic mental health beds, supported by Intensive support services. (Date)</p> <p>Develop appropriate <b>residential options</b> that can support the current people in inpatients beds to move back to Wiltshire and prevent readmission. The Daisy</p>	<p><b>Risks:</b> Capacity within the Joint Commissioning team.</p> <p>Registration for new Housing option and service will only happen once the flats are built.</p> <p><b>Assumptions:</b> The first transfer of patients commences in Q4 of 2015/16. This is a worst case situation for the first transfer though as it is anticipated that the discharge of patients will happen in summer 2016.</p> <p>There is an increase in total placements over and above that needed to replace closed in-patient beds based on demographics and other factors.</p> <p>From 2015/16 there will be an average of about 4 new community placements coming on stream each year from 2015/16 to 2019/20.</p> <p>Savings from using fewer medium and low secure, CAMHS (just those for with a learning</p>	<p>Public and stakeholder support for the programme.</p>

<p>Health commissioners should ensure the <b>appropriate CTR</b> are taking place and are of a high quality, in line with NHS England policy.</p> <p>Commissioners should ensure that <b>support for families and carers are part of any commissioning framework.</b></p> <p>Consideration will be given to introduce the <b>Quality checker</b></p>		<p>will be a real example of this working well in the community, in practice. (Summer 2016)</p> <p>Develop a regional plan to provide specialist services close to home (e.g. low and medium secure). (date)</p> <p>Care and Treatment review will be imbedded in practice for people in inpatient setting with the 5 cohorts. (date)</p> <p>Review of current practice to ensure that families and carers are at the heart of bespoke commissioning practice. (date).</p> <p>Implement change needed to support for family and carers to ensure that they are part of any commissioning framework for bespoke and whole service commissioning. (date)</p>	<p>disability) and other beds (currently commissioned by specialised commissioning) will be used to fund community services. This will require a national policy decision to implement whole care pathway commissioning for this group of patients and the pooling of specialist and CCG budgets. If this is not possible then the financing of the plan is in jeopardy.</p> <p>Swindon and Wiltshire will not provide, in preference utilising its intensive support teams and local generic inpatient provision. Specialised commissioning beds will commissioned via a regional response to the project.</p> <p>At this stage the potential impact of dowries for 1 person is being consider (on the basis, those who have been an in-patient for five years or more)</p> <p>New Daisy service will come on line in Summer 2016. The will be 5 flats that, in a residential setting that will be able to meet the needs of people currently identified n inpatients settings.</p> <p>Further consultation will be built into the roll out of service model plan.</p> <p><b>Issues:</b> Capacity issue rolling out the wider CTR programme.</p>	
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<p><b>schemes</b> to ensure that mainstream and specialist services serve people with learning disabilities and/or autism well.</p> <p><b>Engagement of people with a learning disability and/or autism and their carers and families</b> - There will be an increased emphasis on close working with people with a learning disability and/or autism and their carers and families in commissioning activities, including the monitoring of contracts. This will help ensure that concerns around services are quickly understood and acted on, and that people's voices are heard and acted on in commissioning the shape and structure of care and support services.</p>			<p><b>Dependencies:</b>  NHSE match funding will be required to ensure the further development of Daisy service services.</p> <p>To help engineer the conversation with other CCGs and partnerships to look at a regional response to commissioning specialist services locally</p> <p>National changes to allow budgets for specialised commissioning to be pooled with CCG budgets for non-forensic services for those with a learning disability and/or autism.</p>	
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\***The 5 Cohorts** – Not just people with learning disabilities. It is for children, young people or adults with a learning disability and/or autism;

- 6) 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.
- 7) who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.
- 8) who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system
- 9) often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- 10) 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.

## **6.Finances**

Due to the short timescales for the bid process, the details contained in this document and appendices have been reviewed but have not undergone a thorough assurance and governance process within each of the represented organisations. Costs are indicative of the work required. Further immediate assurance work is needed to test the financial assumptions and review the finances in more detail. Not all the costs requested are associated with clinical care and therefore it is not expected that match funding the whole amount will be required.

Note - Financial assumption are in Section 5 of this report

## 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>3</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>3</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>4</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	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> The consultation took 90 days as the specified period for readmission. We would

<sup>4</sup> Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		specialty - Psychiatry of Learning Disabilities or diagnosis of learning disability or autism.	<p>recommend that this period should be 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 whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	<p>Method – average census.</p> <ul style="list-style-type: none"> <li>• Denominator: person-days for patients in current spell of 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</li> <li>• Numerator: person days in denominator where there is a current crisis plan</li> </ul>

**Equality Impact Analysis – the EIA form**

Title of the paper or Scheme:

**Transforming Care**

**For the record**

Name of person leading this EIA : Barbara Smith, Interim Associate Director of Commissioning (Mental Health, Dementia and Learning Disabilities)

Date original completed 18/01/2016

Names of people involved in consideration of impact: Ted Wilson – director of Community and Joint Commissioning, Wiltshire Clinical Commissioning Group;

Name of director signing EIA: Ted Wilson - Group Director - N&E Wiltshire Group, Wiltshire Clinical Commissioning Group;

Date signed 19/01/2016

**1. What's it about?**

**What is the proposal? What outcomes/benefits are you hoping to achieve?**

Historic situation:

In February 2015 NHS England publicly committed to a programme of transforming care to close inappropriate and outmoded inpatient facilities for people with a **learning disability and/or autism**, those who display behaviour that challenges, and those with a mental health condition, who often ended up living, or spending too much time in them. The programme requires establishing stronger support services in the community and to help shape and speed up the national approach. **Six fast track sites** were established across the country where transforming care partnerships with key partners were formed.

In October 2015 *Building the right support: A national implementation plan to develop community services and close inpatient facilities* was published by NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS). It represents a key milestone in the ongoing cross-government Transforming Care programme, which has seen a number of reforms including the roll out of **Care and Treatment Reviews** and a **Government Green Paper** on strengthening the rights of individuals.

Over the last 4 years as part of Wiltshire's response to Transforming Care a robust complex needs care pathway has been put in place for people with learning disabilities and Autism. The pathway includes the implementation of the Care Programme Approach (CPA), Intensive Support Service and next summer the 'Daisy', which is a new specialist residential group of flats in Devizes. However, it is also important to consider the complex needs care pathways for people on the autistic spectrum, who do not have a learning disability and those from both groups who are under 18 years old.

These statistics above are mostly based on people with a learning disability and autism within Wiltshire. Information on people with autism under 18 years old in Swindon and Wiltshire is currently not available or reliable enough to be included. As part of the Service Model plan we will look to address the need for better information for this wider group of people.

The proposal:

Alongside the national implementation plan a **service model for commissioners** of health and social care services was published. This builds on the previous Winterbourne View concordat work that has been undertaken across the country. The overarching outcomes of the work are:

- **Reduced reliance on inpatient services**, by closing hospital services and strengthening support in the community
- Improved **quality of life** for people in inpatient and community settings
- Improved **quality of care** for people in inpatient and community settings

The proposed outcome for the local interpretation of the national service model plan is to build up community capacity to support the most complex individuals in a community setting and avoid inappropriate hospital admissions. The aim is to reduce the use of hospital beds by 50% for this group.

Wiltshire currently has 7 people in an inpatient setting; 2 are funded via the Wiltshire Clinical Commissioning Group and 5 NHSE Specialist Commissioning. Of this group, all but 1 person has been in hospital for over a year and 1 has been in hospital for over 5 years. Over the last year we have had 4 people admitted into an inpatient setting and all have been supported locally within generic mental health services supported by the wider learning disabilities team and all are now discharged. Of the 5 people currently in inpatients beds there is a clear discharge plan in place for all, 3 will be moving back to their flats in Wiltshire, 1 is currently not ready for discharge but will look to move into their flat and the last person is currently recalled under section 37/41 and is unlikely to return to Wiltshire.

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### Who's it for?

Wiltshire has a learning disabilities population of approximately 8,500 people. The numbers of people with a learning disability in Wiltshire is set to increase by 2030 by up to 800-900 more people. The Foundation for People with Learning Disabilities (2002) estimates an upper estimate of 40% prevalence of mental health needs, higher rates for those with severe learning disabilities, approximately 6,000 people in Wiltshire. Of this group there are 1,600 in regular contact with learning disabilities services and 55 people being actively managed through the learning disabilities Care Programme Approach (CPA). These are people who are at risk of an inpatient placement.

These statistics above are mostly based on people with a learning disability and autism within Wiltshire. Information on people with Autism, people under 18 years old and Swindon information are not currently available or reliable enough to be included. As part of the Service Model plan we will look to address the need for better information for this wider group of people.

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### How will this proposal meet the equality duties?

While local areas will be able to design bespoke services with those who use them, the proposals will ensure that:

- people with a learning disability are offered **Annual Health Checks**.
- everyone has the option of a **Health Action Plan**, and are promoting the use of **Hospital Passports**.
- the **Green Light Toolkit** audit is completed annually, and an action plan developed.
- practices and care and support pathways within mainstream primary and secondary NHS services are '**reasonably adjusted**' to meet the needs of this group, in line with Equality Act duties, and are routinely monitoring equality of outcomes.
- **local housing** that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff;
- there is a rapid and ambitious expansion of the use of **personal budgets**, allowing people and families to plan their own care, beyond those who already have a legal right to them;
- people would have access to a local care and **support navigator or key worker**, and;
- investment in **advocacy services** run by local charities and voluntary organisations so that people and their families can access independent support and advice.

This proposal covers all people with a learning disability and/or autism within Wiltshire and Swindon, and particularly those with complex and challenging needs.

We are aware of specific issues relating to provision of services for these groups of people and the protected groups as outlined below:

**Ethnicity** – services need to take account of the fact that the needs for people from minority ethnic groups may be different from the majority population. The 2011 census shows that Wiltshire's population is 93.4% White British. 3.4% are from black and minority group, and 3.2% are Irish and other White groups.

**Disability** – People with learning disabilities and/or autism may have other unconnected disabling conditions that will complicate the nature of care they require.

**Gender** – There will be difference in the nature of care required according to gender, and in the approach of carers.

Age – The incidence of dementia increases with age, and for people with a learning disability can develop dementia earlier in life and services need to reflect this. Also planning for the transition for people from childhood into adulthood needs to start early and focus on meeting the needs of individual people.

Religion – there is no obvious religious dimension to learning disability or autism, however care provided should respect religious and other beliefs. These tend to be closely associated with cultural and ethnic differences.

Sexual orientation – it is difficult to obtain robust data on sexual orientation, however it is possible that lesbian, gay, bisexual and transgender people may face particular challenges.

In engaging on the Transforming Care draft service model we have had discussions with a number of people with a learning disability and/or autism and their carers through the Wiltshire Learning Disabilities Partnership Board and Autism Partnership Board and consultation events facilitated by Wiltshire People First and Wiltshire Parent Carers. We believe that we have covered a cross section of society in doing so.

We will ensure that as part of the implementation, we request feedback covering all of the equality duties, and where we find any areas that have particular issues needing addressing, we will take this forward through engaging with relevant services to effect the necessary change.

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### **What are the barriers to meeting this potential?**

An equality analysis was undertaken for the Dementia strategy 2014 - 2021 which includes specialist dementia care. This identified that the main equality issues that will require further attention include:

- People with learning disabilities and dementia/ mental health issues
- People with learning disabilities and/or autism from black and minority ethnic communities
- People with learning disabilities and/or autism and complex needs who live alone without family support
- People with autism who have complex needs, but do not also have a learning disability
- People who lack transport and for whom travel is costly and complex

These areas are being addressed through an action plan which provides the overriding direction for the development of these services. The progress in addressing these issues will be overseen by the Wiltshire Learning Disabilities Partnership Board and Autism Partnership Board which will ensure that all relevant partners and stakeholders are involved as appropriate.

A needs assessment has been undertaken for people with a Learning Disability and Dementia and the development of the Learning Disability Intensive Support Service and the Care Home Liaison Service will provide more support for this group. The Care Home Liaison Service will also provide support to all care homes across Wiltshire and aims to support people where they are which will enable people to stay close to their families and mitigate transport issues.

Further work is also required to look at whether the people accessing services are representative of the population with a learning disability and/or autism. This will be addressed through commissioning and contract monitoring arrangements.

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## **2 Who is using it?**

Refer to equality groups

### **What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?**

Views of service users and carers have been incorporated into the proposal. Demographics and best practice data have been reviewed and included although there is a lack of local data available regarding the protected groups with learning disabilities and/or autism.

#### **Stakeholder engagement arrangements**

Within Swindon and Wiltshire this plan has been developed with representatives from all the key commissioning and provider organisations concerned with people with a learning disability and/or autism.

These organisations are:

- Swindon Borough Local Authority
- Wiltshire Local Authority

- Swindon CCG
- Wiltshire CCG

The scope of the Transforming Care Partnership has aimed for a whole system inclusive approach, other organisations included in this plan:

Provider Organisations:

- Avon and Wiltshire Mental health Partnership (NHS Foundation Trust)
- Great Western Hospital (NHS Foundation Trust)
- Wiltshire Local Authority
- Swindon Borough Local Authority
- SEQOL

### **Wider Involvement**

Service users, families and stakeholders have been engaged in the development of this plan via a stakeholder's event held during January 2016. These events were attended by individuals with Learning Disabilities (LD), carers, families (including a number of parents) as well as Third Sector representatives. The joint commissioning team from the area also attended to support and facilitate discussions. In particular the Stakeholder event looked at:

- Values and Principles
- What is currently working well
- What is currently not working well
- What would good care look like

The outcomes and intelligence from this day, along with other consultations and engagement such as from the Winterbourne View Consultation process carried out in 2015, are incorporated throughout this plan and will continue to be used as a check and balance as the Plan is implemented. Feedback to date:

***“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” Learning Disabilities Partnership Board and Autism Partnership Board representatives (13<sup>th</sup> January 2016)***

It is acknowledged that there has been less engagement with people who have autism but not a learning disability. We will ensure that this is addressed and plans are in place to utilise the locality Autism Partnership Boards to involve people and their families in this work.

### **Previous Transforming Care Consultation**

In January 2015 Swindon and Wiltshire Local Authority together with the Clinical Commissioning Groups completed a consultation exercise with key stakeholders on how the partnership area should implement the Concordat recommendations. The consultation included separate groups with individual people with a learning disability, their carers, carers for younger people, carers directly affected by Winterbourne View, providers and specialist health and social care workers. Those individuals and their families who have lived in and experience of inpatient services have been consulted as a fundamental principle of all the work undertaken prior to this work and will continue to be throughout the next three years and beyond.

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### **How can you involve your customers in developing the proposal?**

The wider roll out of the plan will see further co-production, with a wider role on the implementation group and the overseeing Transforming Care Board.

We intend to fully explore the use of the co-production, self-assessment tool where appropriate and as agreed by the wider stakeholder engagement as we move forward.

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Any gaps will be addressed by the Transforming Care action plan, overseen by the Wiltshire and Swindon Transforming Care Partnership. A needs assessment for people with learning disabilities and dementia in Wiltshire has been undertaken.

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**Impact: Refer to dimensions of equality and equality groups**

**Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political views**

**Using the information in parts 1 & 2 does the proposal:**

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**a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?**

The scope of the proposed service model is the provision of specialist services for people with a learning disability and/or autism with highly complex needs to reduce reliance on specialist in-patient services and improve the quality of life and quality of care for this group of people. The proposed services do not exclude any of the groups listed above. We have commissioned a Learning Disability Intensive Support Service that will work with the Care Home Liaison Service and other specialist Mental Health Services to ensure that the needs of people with a learning disability and dementia are met. We will seek to establish an equality profile as the implementation of the service model progresses.

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**What can be done to change this impact?**

Not applicable at this stage.

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**b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?**

The scope for this proposal is for people of all ages with a learning disability and/or autism who have high complex needs. The proposed service model should improve the quality of life and quality of care for the 7 people currently being treated and cared for in NHS in-patient settings, but will improve service options for people who may need these services in the future. .

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**Does further consultation need to be done? How will assumptions made in this Analysis be tested?**

The development of the service model will require further consultation and co-production for specific developments in the plan. The assumptions will be tested by the establishment of an equality profile as the implementation of services progresses.

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**4 So what?**

*Link to business planning process*

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**What changes have you made in the course of this EIA?**

During the course of preparing for the plans in response to the Winterbourne View Concordat, there was extensive consultation with stakeholders and people with a learning disability, autism and their carers. This exercise has highlighted the need to develop equality profiles of people who will need the services and in particular, people with Autism.

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**What will you do now and what will be included in future planning?**

The Service Model has been supported through formal national and local consultation. Once services have been commissioned we will evaluate the outcomes and take these into account.

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**When will this be reviewed?**

This will be reviewed in 12 months when more information is available.

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**How will success be measured?**

Through monitoring of indicators such as admissions, length of stay, delayed discharges, care placements out of county and through patient and carer satisfaction surveys and feedback. Discussions with the Wiltshire Learning Disability Partnership Board and Autism Partnership Board members will also ensure steady and sustained feedback as the new services are commissioned and implemented.

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