

<b>Report to:</b>	Update on Transforming Care Project in Wiltshire.	<b>Agenda item:</b>	GOV/15/10/17
<b>Date of meeting:</b>	20 October 2015		

<b>Title of report:</b>	Transforming Care Project update
<b>Governing Body Sponsor:</b>	
<b>Author:</b>	Mark Tucker
<b>Appendices:</b>	<b><i>Appendix 1: Winterbourne View – Transforming Care Action Plan</i></b>

<b>1. Summary of issues (including link to objectives)</b>
<p>1.1. Wiltshire Clinical Commissioning Group (CCG) and Wiltshire Council (WC) have been working in partnership on the Winterbourne View, Transforming Care agenda, on a comprehensive action plan to improve support for people with Learning Disabilities and/or Autism who also have mental health and/or complex and challenging needs. The aim is to implement the Winterbourne View, Transforming Care Concordat with a focus on providing quality local provision and avoiding, where possible, the need to place people in mental health inpatient settings often faraway from family and friends, and if an inpatient setting is required to ensure it is for the least possible time.</p> <p>1.2. The project continues to move forward and is making good progress in many areas. For example it has:</p> <ul style="list-style-type: none"> <li>• Fully implemented the <b>Care Programme Approach (CPA)</b> within the adult Learning Disabilities team and is working on rolling it out with Children's. This provides robust care coordination for people with Learning Disabilities who have mental health and or complex and challenging needs.</li> <li>• Been successful in securing funding for <b>3 housing options</b> for people with complex and challenging needs in Wiltshire.</li> <li>• Supported the development of a new <b>LD Wiltshire Intensive Support Service</b> for this customer group. Moving away from inpatient settings, supporting people in their own homes to prevent crisis and admission to hospital.</li> <li>• Developed the use of accommodation within Wiltshire Council Short Breaks services that can be used by the Intensive Support Service to avert crisis, to support people in crisis and or avoid admission to an</li> </ul>

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- in-patient placement wherever possible.
  - Commissioned the **Daisy** as a new 5 flat residential housing option in Wiltshire that will be able to support people with the most complex and challenging needs and where necessary can accommodate people under the Mental Health Act.
  - Established **Triangulation** of care quality issues with, amongst other things, the development of a Local Quality Surveillance group, and
  - **Quality Assurance** – An individual quality assurance tool is now in place to monitor the quality of new and existing placements for those under CPA.
- 1.3. Over the last few months the project has refocused its work, taking on a clear action plan in order to deliver the required elements of Sir Stephen Bubb’s report and the wider Transforming Care agenda. See the Winterbourne View action plan in the appendix for more detail.
- 1.4. Whilst continuing to press ahead with the actions set above the project team have now, in the projects last 3 months of operation focused on;
- The **needs of younger people and children** with Learning Disabilities who have mental health and or complex and challenging needs.
  - The development of more **robust joined up working across children’s and adults**, health and social care for this group of customers, to ensure robust hand overs, more opportunity to joint work/share information and more opportunity to joint plan for their transitions.
  - Looking at rolling out of the **Personal Health Budgets** pilot, working more closely across health and social care to provide creative individualised budgets for this customer group.
  - The need to improve generic **Mental Health services**, to ensure reasonable adjustments are made to meet the needs of this customer group. Enabling the intensive support service to work alongside the mental health teams to support people in local inpatient beds.
  - Improve the level of **training** for people supporting people with the most complex needs.
  - Improve the level of **intelligence** provided to commissioning and operational teams to help deliver robust local services.
  - Improving the **crisis/contingency planning** process to ensure that crises are avoided where possible and that a **Blue Light** decision making process is implemented to fast track joint health and social care decisions in a crisis situation.
- 1.5. By December 2015 Wiltshire will have in place a robust Pathway for people with Learning Disabilities who have the most complex and challenging needs. This will include robust care coordination through the Care Programme Approach, robust crisis support through the Wiltshire wide Learning Disability Intensive Support Service; access to accommodation options including Short Breaks and the Daisy<sup>1</sup> and lastly, local generic inpatient beds which are able to support

<sup>1</sup> The Daisy is now running later than previously planned. It will enable people directly effected by Winterbourne View to finally move back to Wiltshire and into their own home.

people with Learning Disabilities with the most complex needs within Wiltshire.

- 1.6. Although substantial progress has been made it is now clear that the Winterbourne View, Transforming Care project work will not be fully completed by 2015. To successfully deliver and embed the complex needs care pathway there will be ongoing work required from commissioning and operational teams. The current project manager is funded through non-recurrent Department of Health funds which finish at the end of December 2015. The CCG has provided capacity within the new Joint Commissioning structure for Mental Health and Disabilities from January 2016.
- 1.7. There will also be considerable actions required by NHS England over the next 6 to 12 months where the focus will be on Wiltshire. Firstly, to implement the many requirements of the NHS Transforming Care team, mainly the implementation of the National Transformation Plan and Service Model and pre Care and Treatment Reviews. Secondly, for Wiltshire to act as a beacon and example of good practice in the South West.
- 1.8. There is also a need to consider the following issues:
  - Although the Care Programme Approach (CPA) has been implemented there are recruitment and capacity issues that are being addressed to ensure that all people are allocated CPA care coordinators. Currently all individuals with complex needs are care managed through CTPLD and work is being undertaken currently for the care management of all individuals with a learning disability to be managed through the CTPLD.
  - The needs of people with Autism have not been thoroughly addressed through the project. For example, the current specification for the LD Wiltshire Intensive Support Service does not include people with Autism who do not have a Learning Disability.
  - The transitions process remains a vulnerable time for people with Learning Disabilities. There is still a need to ensure young adults with the most complex needs have the support they need to remain within Wiltshire, avoiding the need for costly educational and or hospital placements.

## 2. Recommendations (note, approve, discuss etc)

2.1. That the Governing Body notes that the Winterbourne View, Transforming Care Project action plan will need further work to deliver its outcomes, and continued oversight post December 2015.

2.2. That further work will be required to meet the NHS England Transforming Care agenda over the next year.

## 3. Link to CCG Strategic Objectives

3.1. **NHS Wiltshire CCG vision** – The Wiltshire Clinical Commissioning Group Vision can be found at <http://www.wiltshireccg.nhs.uk/5yearplan/ourvision>

3.2. The Vision statements set out the following core outcomes;

- Encourage and support Wiltshire residents to take on more responsibility for their own health and wellbeing
- Provide fair access to a high quality and affordable system of care for the greatest number of people
- Provide less care in hospitals and more care at home or in the community

3.3. This should result in a services that:

- Reduces overall ill health and vulnerability;
- Reduces inequalities in health and related health care;
- Provides the most appropriate treatment and support at the right time;
- Provides clear and appropriate treatment pathways for use by referrers, ensuring service users move smoothly through the pathway by facilitating appropriate onward referrals.
- Enables complex conditions to be appropriately managed within the most appropriate setting.

3.4. **Better Care Fund JCB vision** – The Better Care Fund sets the following outcomes;

- Support to individuals and communities to take more personal responsibility for and maintain /maximise their well-being and quality of life
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Services designed with and for people who use them
- Service delivery that is integrated and streamlined
- Services based in the community, bringing care closer to home
- Preventative measures and encouragement for people to take more responsibility for their own health
- Services available when people need them
- A capable and motivated health and care workforce
- Care delivered in the most appropriate setting, wherever possible at or close to home,
- Where acute care is one-off or infrequent, there should be formal and rapid discharge; where care is on-going (e.g. chronic conditions), the default setting of care should be primary/community care.

3.5. **Public Health Outcome Framework 2014/15** – The Public Health Outcome framework sets the following outcomes;

- Improvements the wider determinants of health
- People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
- The population's health is protected from major incidents and other threats, whilst reducing health inequalities
- Reduced numbers of people living with preventable ill health and people dying with prematurely, whilst reducing the gap between communities.

#### 4. Legal / Regulatory implications

- 4.1. The Winterbourne View, Transforming Care Concordat in summary places a commitment on us to achieve the following;
- a) **Right services are available** for people with Learning Disabilities or Autism who also have mental health conditions or behaviours that challenge.
  - b) People with challenging behaviour in inpatient assessment and treatment services are **appropriately placed** and safe.
  - c) Review funding arrangements for these people and **develop local action plans** to deliver the best support to meet individual's needs.
  - d) **Review existing contracts** to ensure they include an appropriate specification, clear individual outcomes and sufficient resource to meet the needs of the individual and appropriate information requirements to enable the commissioner to monitor the quality of care being provided.
  - e) Ensure that **everyone has a named care coordinator**[manager].
  - f) **Improve the general healthcare and physical health** of people with learning disabilities.
  - g) **Involve children, young people and adults with challenging behaviour** and their families, carers and advocates in planning and commissioning services and seek and act on feedback about individual experience.
  - h) **Ensure that planning starts early** with commissioners of children's services to achieve good local support and services for children and better transition planning for children with disabilities moving from children's to adult services.
  - i) Ensure that from April 2013, health and care commissioners, set out a **joint strategic plan to commission the range of local health, housing and care support services** to meet the needs of children, young people and adults with challenging behaviour in their area.
  - j) The strong presumption will be in favor of supporting this with **pooled budgets**.
  - k) The (DoH) will expect **joint and collaborative commissioning** by local authorities and CCG's to support his objectives.
  - l) The (DoH) will expect **account of information** and data sharing by CQC when making decisions to commission care from proposed service providers.
  - m) the (DoH) will expect CCG's and directors of adult social services to provide assurances to the joint improvement programme that they are **making progress** in these areas and are commissioning safe and appropriate care.
  - n) **Directors of children's services** will be responsible for overseeing the overall **quality and delivery** of health and well-being services to children and young people for local authority commissioners; and **directors of adult services** will have similar responsibility for overall **quality and delivery** of health and well being services for adults.

#### 5. Risk (threats or opportunities link to risk on register etc)

- 5.1. **Daisy** - Slow development of service for the two WBV people who remain outside of Wiltshire in low secure settings. This will be mitigated by robust commissioning oversight to ensure that the project is brought in within time frames contained

within contracts.

- 5.2. **Care Programme Approach (CPA)** - There are capacity issues that need to be addressed within the Learning Disabilities social care team to enable all the people that required this approach to benefit from this enhanced process. A recruitment strategy is in place to address this resource shortfall and all complex cases will be case managed by CTPLD.
- 5.3. **Autism** - The needs of people with Autism have not been thoroughly addressed through the project. There is currently no care pathway or little post diagnostic support, in place for ongoing support for people with Autism. Care pathway work is underway to consider what resources need to be in place to meet this unmet need.
- 5.4. **Care and Treatment Reviews** – there is a new requirement to ensure that, where people are at risk of admission to a specialist hospital, a care and treatment review is undertaken to see if there are any options that will prevent an admission. This may have resource implications for both the CCG and Wiltshire Council and there may be a risk regarding undertaking the CTRs in a timely fashion. This requirement is being included in care pathways being developed.

## 6. Resources implications (financial / staffing)

6.1. There are no additional resource implications at this time for the current work. However, the Transforming Care National Transformation Plan will be published at the end of October 2015. This may have initial resource implications for commissioning, and ongoing financial implications, as we for example, address complex needs pathways and identify possible gaps in support for:

- Autism
- Children
- Transitions

## 7. Equality and Diversity

7.1. Partner organisations are committed to ensuring that people with learning disabilities are able to live healthy, safe and independent lives and that services are available to support and treat their specific needs.

## 8. Communications (Presentational)

8.1. The Transforming Care project reports through the Mental Health and Disabilities Joint Commissioning Board. It also has a wider interface with the following key partners;

- Patients/Customers/family/Carers - Via the Learning Disabilities Partnership Board
- Providers – Via the Learning Disabilities' Provider Form

## 9. References to previous reports

9.1. See previous Winterbourne View Transforming Care update papers.

## 10. Freedom of Information

10.1.

Workstream	Outcomes	Activities	Owner	Delivery Date	Status	Completed
General		Write Interim Project Report	Mark Tucker (Coms)	Jun-15	Green	Yes
CPA Working Group	<p><i>Concordat – e, WBV sub group ToRs – 1, 2, Time for Change - 1 (see appendix for more detail)</i></p>	Set up monitoring process of CPA feeding into LD Programme Board	Mark Tucker (Com)	Aug-15	Green	Yes
CPA Working Group		Develop crisis plan on to a more robust process which holds contingency plan, funded, agreed and ready to go when required. Ensuring the at the right agencies have access to information when needed.	Mark Tucker and Barbara Smith (Com) Rhonda Ward (Ops)	Oct-15	Green	No
CPA Working Group		Review cost implication of implementing CPA, ensuring there is capacity within CTPLD to undertake CPA for identified people.	Rhonda Ward (Ops)	Oct-15	Red	No
CPA Working Group		Implement procedure and guidance. High priority to; Referral process and CareFirst & Transferring	Rhonda Ward (Ops)	Jun-15	Green	Yes
Mental Health & Behaviours that Challenge		<p><i>Concordat – a, b, d, f, i WBV Subgroup ToRs – 9, Time for Change – 1, 2, 3, 4, 5, 6, 7 (see appendix for more detail)</i></p>	Develop a CCG led ISS community based service	Barbara Smith	Sep-15	Green
Mental Health & Behaviours that Challenge	Develop Step down/up service (Daisy)		Ian Barnet	Dec-15	Amber	No
Mental Health & Behaviours that Challenge	Develop a Shortbreaks and safe place.		Mark Tucker(Com)	Sep-15	Green	Yes
Mental Health & Behaviours that Challenge	Develop a Crisis support and housing options related to medium term step up step down (related to NHS TC bid)		Hazel Matthews	Dec-15	Green	No
Mental Health & Behaviours that Challenge	Build up data on inpatient placements for people with LD. Look at the reasons re MH or CB. Why could needs be met in community, what were the critical factors in the breakdown. Where were they placed. How long was the stay in hosp, when discharged where did they go (home or placement?), what might of prevented admission, cost of admission		Sharon Kupai (Ops)	Sep-15	Green	Yes
Mental Health & Behaviours that Challenge	Capacity of CTPLD social care and NHS services and community provision to 'rapidly expand and improve community provision for people with learning disabilities and/or Autism who display – or are risk of displaying behaviours that challenge' (WBV – 'time for change' report).		Barbara Smith, Mark Tucker, Susan Tanner (Com)	Nov-15	Green	No
Mental Health & Behaviours that Challenge	Develop a comprehensive commissioning Intentions document for People with learning Disabilities and Autism who have complex and challenging needs.		Barbara Smith, Emma Townsend and Mark Tucker (Com)	Nov-15	Green	No
Mental Health & Behaviours that Challenge	Development of the MH & CB Pathway, Forensic (involve NHS England, specialist Comm, Police)		Sharon Kupai/Sandra Stephen (Ops)	Nov-15	Green	No
Mental Health & Behaviours that Challenge	Development of Forensic (involve NHS England, specialist Comm, Police) Pathway		Sharon Kupai/Sandra Stephen (Ops)	Sep-15	Red	No
Mental Health & Behaviours that Challenge	Development of Autism Pathway		Sharon Kupai/Sandra Stephen (Ops)	Sep-15	Red	No
Mental Health & Behaviours that Challenge	Autism – How are we going to address the needs of people who are Autistic and have complex and challenging needs but do not have an LD.	Emma Townsend (Com)	Dec-16	Red	No	
Children's	<p><i>Concordat – g,h,i WBV Subgroup ToRs – 9, 8, 7, Time for Change – 1, 2, 3, 4, 5, 6, 7 (see appendix for more detail)</i></p>	WBV Concordat update process and register in place and starting to be updated by health.	Matt Look(Com) Philip Egan (Ops)	Dec-15	Green	No
Children's		Effective transitions process. Process in place to ensure transition to health is in place at 18 years old.	Matt Look(Com) Philip Egan (Ops)	Dec-15	Green	No
Children's		Reliable data for people transitioning into adulthood; Support needs and Housing Need	Matt Look(Com) Philip Egan (Ops)	Dec-15	Green	No
Children's		CPA Care First addressed for 0-25 services	Philip Egan (Ops)	Mar-15	Green	Yes
Children's		Robust, local specialist support for young people with the most complex and challenging needs to enable them to live in their local community (Pathway)	Susan Tanner, Matt Look and Mark Tucker (Com)	Sep-15	Green	No
Children's		Action needs to be taken in response to the Feedback from Carers Consultations and needs to be implemented	Susan Tanner, Barbara Smith, Mark Tucker(Com)	Nov-15	Amber	No

Housing Options	<i>Concordat – a, h, i</i> <i>WBV Subgroup ToRs – 6, 9</i> <i>Time for Change – 1, 4, 6,</i> <i>(see appendix for more detail)</i>	Develop a housing strategy for people with complex and challenging needs.	Hazel Matthews (Com)	Nov-15	Green	No
Housing Options		Consider supporting the development of a social investment fund to develop housing options. This is a Time for Change objective linked to the 'life in the community social investment fund'.	Hazel Matthews (Com)	Dec-15	Green	No
Housing Options		Consider the role of residential options on the table for people with the most complex needs.	Emma Townsend (Com)	Mar-15	Green	No
Training	<i>Concordat – a, l</i> <i>WBV Subgroup ToRs – 7</i> <i>Time for Change – 7</i> <i>(see appendix for more detail)</i>	Explore the development of an academy system in Wiltshire to assist in the skilling up of the workforce for people with complex and challenging needs (Time for Change objective).	John May	Jul-15	Green	Yes
Training		Consider the need to develop a specialist forum for providers that support people with the most complex needs.	Mark Tucker, (Com) Sharon Kupai, Jane Anderson	Mar-16	Green	No
Training		Develop a training programme for the new intensive support team.	John May	Oct-15	Green	No
Training		Develop a training programme for respite, relief bank and CTPLD to support the new ISS service.	John May	Oct-15	Green	No
Training		Address the training needs social workers to assist them to better support people with the most complex needs	John May	Sep-15	Green	No
Safeguarding (Safe Placements, Quality Assurance, Triangulation)	<i>Concordat – a, b, c, d, f, g, l</i> <i>WBV Subgroup ToRs – 4, 5, 6, 8, 9,</i>  <i>Time for Change – 7</i> <i>(see appendix for more detail)</i>	Implement safe Placement Paper. Develop new commissioning and contracts process by April 2016.	Emma Townsend, (Health Com TBC)	Apr-16	Green	No
Safeguarding (Safe Placements, Quality Assurance, Triangulation)		Ensure that the Individual Quality Assurance Tool is rolled out for all people with complex and challenging needs who require a new support or housing package.	Phil Egan, Sharon Kupai (Ops)	Apr-15	Green	No
Safeguarding (Safe Placements, Quality Assurance, Triangulation)		Quality Assurance - Implement Paper agreed section of paper. Agreed by the LDPB.	Com and Ops TBC	Nov-15	Green	No
Safeguarding (Safe Placements, Quality Assurance, Triangulation)		Report back on the develop of the experts by experience role within Health watch and look for this role to be expanded to the QA process for people with complex and challenging needs.	Emma Townsend (Com)	Nov-15	Green	No
Safeguarding (Safe Placements, Quality Assurance, Triangulation)		Further develop QA tools across other areas of work and avoid duplication.	Rhonda Ward (Ops)	Mar-16	Green	No
Gap Analysis	<i>Concordat – g, n,</i> <i>WBV Subgroup ToRs – 6</i>  <i>Time for Change –</i> <i>(see appendix for more detail)</i>	Pull together consultation information from People, Carers, Provider, Professionals	Mark Tucker	Jun-15	Green	Yes
Gap Analysis		Explore the development of further user involvement and co-design for people with the most complex and challenging needs.	New	Jun-15	Green	Yes

## Appendix

### WBV Concordat Action

December 2012 and is asking local areas to implement the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1<sup>st</sup> June 2014. The

or behaviours that challenge.

safe.

individual's needs.

d) **Review existing contracts** to ensure they include an appropriate specification, clear individual outcomes and sufficient resource to meet the needs of the individual and appropriate information requirements to enable the

e) Ensure that **everyone has a named care coordinator**[manager].

f) **Improve the general healthcare and physical health** of people with learning disabilities.

planning and commissioning services and seek and act on feedback about individual experience.

services for children and better transition planning for children with disabilities moving from children's to adult services.

**of local health, housing and care support services** to meet the needs of children, young people and adults with

j) The strong presumption will be in favor of supporting this with **pooled budgets**.

k) We will facilitate **joint and collaborative commissioning** by local authorities and CCG's to support his objectives.

proposed service providers.

programme that they are **making progress** in these areas and are commissioning safe and appropriate care.

n) **Directors of children's services** will be responsible for overseeing the overall **quality and delivery** of health and well-being services to children and young people for local authority commissioners; and **directors of adult services** will have

### Terms of Reference, Winterbourne View Action Plan Sub Group

1. Review current working practices, policy and procedures, relevant to the organisations concerned.

Draft and agree a joint working protocol covering:

2. A new case management protocol to deliver joined up working across all health and social care agencies and

3. Agreed roles and responsibilities for case managers.

4. A joint quality assurance tool which will support the process of assessing quality and agreeing providers and

5. A joint framework to establish trigger points for the escalation of care quality and safeguarding issues - to include

6. Identified gaps in provision and a pathway for escalating this information to commissioners.

7. A Training Needs Analysis which identifies required staff competencies, gaps, capacity and skills within the

8. An appropriate and safe placement process which is outcome based.

9. Recommendations to enable effective links between the WCCG, WC and all other key agencies to ensure we safeguard people with complex needs – this framework should include engagement in relation to individuals, their

### Winterbourne View – Time for Change Report – Key summarised recommendations

1. Improve CTPLD infrastructure, capacity to support people with complex and challenging needs

2. Health team support people with complex needs at 14 year +

3. CTPLD support Primary, community and acute MH services

4. Proactive not reactive

5. CTPLD Support A&T process in community and hospital

6. Move 24hr responsive service

7. Develop Training/teach/information role for CTPLD for PLD, carers, staff etc