


Agenda Item: 12.0

<h2 style="margin: 0;">Governing Body</h2> <h3 style="margin: 0;"><i>held in public</i></h3>	<h2 style="margin: 0;">Report</h2> <p style="margin: 0;">Date of Meeting:</p>
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Report Title	Transforming Care for People with Learning Disabilities and/or Autism		
Report Author	Presented By	Responsible Director	
David Foord Programme Director Nursing & Quality Bedfordshire, Luton & Milton Keynes Commissioning Collaborative	Anne Murray Chief Nurse Bedfordshire, Luton & Milton Keynes Commissioning Collaborative	Anne Murray Chief Nurse Signature: 	
Purpose for presenting report	This report provides the Board with an update on the BLMK Transforming Care Programme outputs from 2018/19 and plans for 2019/20.		
Action Required:	To give assurance		
Approval Route:	This report has been received by the Executive Team		
Further Assurance:	None required		
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			✓
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			✓
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			✓
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			✓
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?	✓		
Have any quality implications been signed off by the Director of Nursing & Quality?	✓		
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			✓
Key Risks	Key risks associated with this paper are:		

	<ul style="list-style-type: none"> • The financial impact of people moving from hospital into community placements; • The quality impact of people not receiving sufficient support and early intervention in the community resulting in increased risk of hospital admission; and • The quality impact of people not being discharged from hospital placements as planned.
<p>Executive Summary</p>	<p>Following the abuse of people with a Learning Disability and/or Autism exposed at Winterbourne View Hospital, a national programme of improvement was launched by NHS England.</p> <p>A partnership across BLMK of commissioners and providers was established in 2015 with an aim to discharge people back closer to home within the three years of the programme. There has been significant success across BLMK in developing the partnership and working across health and social care boundaries with many people being discharged from hospital into community-supported placements. New processes have been introduced to ensure ongoing review and support, but there is still work to do to improve the support offer in the community for adults and CYP alike to improve their outcomes and reduce risk of admission to hospital in the future.</p> <p>The future work and priorities for 2019/20 are detailed within this report and are overseen by the BLMK Commissioning Collaborative Chief Nurse, supported by local leads in each partner organisation within the BLMK TCP.</p>

1.0 Background

Following an in-depth review, prompted by the Panorama programme broadcast in May 2011 detailing the scandal and level of abuse that people residing at Winterbourne View were subjected to, the Department of Health published 'Transforming care: A national response to Winterbourne View Hospital – Final Report' and 'Winterbourne View Review – Concordat: Programme of action' in December 2012.

These documents focussed on the improvements required to be developed and implemented by the commissioners (Clinical Commissioning Groups and Local Authorities). The concordat and improvement plans focussed on the following themes:

- The right care in the right place;
- Strengthening accountability and corporate responsibility for the quality of care;
- Tightening the regulation and inspection of providers;
- Improving quality and safety; and
- Monitoring and reporting on progress.

The Government's Mandate to NHS England in 2013 (at that time known as The NHS Commissioning Board) set out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities, we expect to see a substantial reduction in reliance on inpatient care for these groups of people".

Arising from initial 'fast track' implementation sites and the publication of Building The Right Support (BRS) in 2015 by NHS England, the Bedfordshire, Luton and Milton Keynes Transforming Care Partnership (BLMK TCP) was formed and is made up of the Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and providers within BLMK as part of the BLMK Integrated Care System (ICS), along with NHS England Specialised Commissioning. The partnership is 'hosted' by Luton CCG who provide employment for programme support, receive and manage any financial resources on behalf of the partnership and provide some administrative support to the programme.

The publication of the NHS Long Term Plan in 2018 sets out aspirations for improvement in outcome and experience for people with a Learning Disability and/or Autism over the next 10 years.

2.0 2015 – 2019 Implementation of National Programme in BLMK

Following the formation of the BLMK TCP in 2015 the partnership worked together across health and social care to formulate a plan to meet the requirements of the national Transforming Care Programme. This plan was received and approved by the four Health and Wellbeing Boards across BLMK, including Bedford Borough and Central Bedfordshire.

The original plan was updated and received assurance from NHS England in 2016, 2017 and again in 2018. The initial plan was well received by NHS England and shared with other areas as an example of good practise.

The National Transforming Care Programme was originally focussed on adults only, but it quickly became apparent that Children and Young People (CYP) needed to be incorporated into the programme as well. BLMK has specific plans in place for CYP, which dovetail with the adults' plans and incorporate early planning for transition from CYP to adult services for people with Learning Disability and/or Autism. CYP has been the subject of 'Deep Dive' and assurance process by NHS England through the period of the national programme.

2.1 Programme aim and funding

Initially the BLMK partnership and national approach was focussed on ensuring that people who were in hospital placements were progressed to a point where they could be safely discharged and where possible and appropriate brought 'closer to home'. The programme has also had a focus on the closure of hospital beds across the country. Within the BLMK system there were no planned NHS bed closures as part of the TCP programme as the only NHS inpatient provision is in The Coppice (provided by ELFT in Bedfordshire for use by BCCG and LCCG patients) and a single nominal bed within the Campbell Centre (provided by CNWL in Milton Keynes) and is part of our required future inpatient capacity. Inpatient beds used by BLMK commissioners outside of NHS provision are spot purchased in the independent sector. All CYP Tier 4 CAMHS admissions by NHS England Specialised Commissioning for BLMK CYP are done through spot purchase in the independent sector as there is no CYP NHS provision within BLMK.

Due to the relatively low number of people requiring discharge from inpatient beds and no plans for bed closures, no NHS England Transformation Funding was provided to BLMK during the period of the national programme up to March 2019. Transformation funding provision was favoured in other parts of the country where the number of people to be discharged was significantly greater and/or the number of NHS bed closures was significant. As a result of this, the work undertaken within the partnership has been undertaken through partner organisations funding of the programme management through annual contributions of £20,000 each from the three BLMK CCGs.

The overall financial risk of the programme has been overseen locally by the three BLMK CCGs' Chief Finance Officers supported by the Deputy CFO from Luton CCG, more recently by the Joint CFO across the BLMK Commissioning Collaborative. A 'Deep Dive' finance review of the programme was undertaken with NHS England in January 2019, resulting in NHSE being assured of our approach to financial risk of the programme.

Late in 2018/19 some funding was provided by NHSE to the BLMK TCP specifically to assist in expediting discharges for people ready to move from hospital to community placements and £60,000 has been provided for 2019/20 to undertake a project to develop a new model of support for people with forensic history/needs.

2.2 programme development

Some successes of the programme include the implementation of new approaches to progressing discharge and managing risk of admission:

- The introduction of Care and Treatment Reviews (CTRs) for adults and Care, Education and Treatment Reviews (CETRs) for CYP: These are processes whereby either on a routine basis (6-monthly), prior to hospital admission or immediately

following a hospital admission, relevant professionals, expert by experience and the patient are brought together and through a structured process, chaired by commissioners, the right plans are put in place for the individual.

- 12-point Discharge Plans: At the start of the programme, many inpatients were labelled as ‘in active treatment’, which prevented the progressing of discharge plans. Through both the CTR process and use of a 12-point discharge planning process, this has allowed a structured approach to be applied to the progressing of people to be safely discharged into community support.
- Dynamic Risk Registers: Each of the four ‘places’ in BLMK has put in place a register of people who are potentially at risk of admission to hospital placement due to the a number of risk factors that are used in the process. This has been progressed to differing degrees across the partnership and the registers incorporate adults and CYP. This approach allows providers and commissioners to look at individual-level at people who may need additional/different levels of support to reduce the risk of hospital admission. Further work will be done in 2019/20 to refine and improve these processes.

Table 1. BLMK TCP Original Inpatient Targets and 2018/19 Out-turn

	Year 0 15/16 (baseline)	Year 1 16/17 Target	Year 2 17/18 Target	Year 3 18/19 Target	Year 3 18/19 Out-turn
NHSE Specialised Commissioning (Adults)	12	14	13	12	15
CCG Commissioned (Adults)	20	15	13	11	17
NHSE Specialised Commissioning (Children)*	N/A	N/A	N/A	9	10
Total Inpatients	32	29	26	23	32

(*CYP targets were only set for the latter stages of the national programme)

There were no financial or direct performance consequences of the out-turn achievement of the partnership at year-end for 2018/19 and the end of the formal national programme.

3.0 CCG Improvement and Assessment Framework (IAF)

Within the CCG Improvement and Assessment Framework (IAF) there are indicators relating to Learning Disability, including the inpatient numbers associated with the Transforming Care Programme. In addition to the inpatient targets, the BLMK TCP takes an interest in the performance against these other measures, which are the completeness of the GP register of people with Learning Disabilities and the proportion of people with Learning Disabilities who have had an Annual Healthcheck. The latest performance against these measures for the BLMK CCGs is in table 2 below.

Table 2. IAF Indicators (2017/18 annual out-turn latest data)

	BCCG	LCCG	MKCCG	National Mean Average
Proportion of people with a learning disability on the GP register receiving an annual health check	44.4%	39.9%	32.5%	51.4%
Completeness of the GP learning disability register	0.42%	0.46%	0.38%	0.49%

Work programmes are under way across each of the three BLMK CCG areas to improve the quality of GP Learning Disability Registers and the uptake of healthchecks by people with Learning Disabilities.

4.0 2019/20 Priorities, Plans and Trajectories

The original national Transforming Care Programme was intended to come to an end on 31 March 2018; however, there is still a significant amount of improvement still required nationally and locally within BLMK. As a result of this, NHS England has announced that the programme will continue into 2019/20 and beyond; improvement for people with Learning Disabilities and/or Autism feature strongly in the new NHS Long-Term Plan. CCGs have been required through their planning returns to commit to revised trajectories for inpatient numbers for 2019/20.

The TCP on behalf of the three BLMK CCGs has agreed with NHS England targets and trajectories for the number of hospital inpatients by the end of 2019/20, which are shown in the tables below. The starting point for these trajectories was based on the target end-point inpatient numbers for BLMK by end of March 2019, but is now more challenging as the 2018/19 end-point targets were not all achieved (as set out in Table 1 above):

Table 3. CCG- commissioned Adult Inpatient Trajectory

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
BCCG	8	8	8	8	8	8	8	8	8	8	8	7
LCCG	4	4	3	3	3	3	3	3	3	3	3	3
MKCCG	5	5	5	5	5	4	4	4	3	3	3	3
BLMK	17	17	16	16	16	15	15	15	14	14	14	13

Table 4. NHS England Specialised Commissioning Adult Inpatient Trajectory

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
BCCG	8	8	8	8	8	8	8	8	7	7	7	7
LCCG	3	3	3	3	3	3	3	3	3	3	3	3
MKCCG	4	4	4	4	4	4	4	4	4	4	4	3
BLMK	15	15	15	15	15	15	15	15	14	14	14	13

Table 5. NHS England Specialised Commissioning CYP Inpatient Trajectory*

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
BLMK	11	11	10	10	9	9	8	8	7	7	7	6

(*The agreed CYP target and trajectory is not split by CCG and extends to March 2021 with an end-point target of ≤3 CYP inpatients)

The Annex to this report provides the 2019/20 TCP priorities as agreed by the BLMK TCP Board and reflected in the BLMK CCGs' 2019/20 Operating Plan.

The delivery plans to achieve these ambitions are in the process of development through the BLMK TCP Delivery Group and respective Task and Finish Groups, reporting into the BLMK TCP Board. Key areas of work for the coming year for the partnership include the development of an improved model of support for people with forensic history/need; working with providers to develop the 'community market'; developing and implementing a model of

support for children and young people to bridge the gap between universal Tier 3 CAMHS and Tier 4 hospital admission; and improving the approach to supporting people in the community to reduce the risk of hospital admission.

In collaboration with ICS colleagues the BLMK TCP is also working on plans for Capital Bids for 2019/20/21. At the time of writing this report, the proposals are at scoping stage and are looking at potential developments for:

- Supporting people with complex needs in the community;
- Children & Young People Tier 3+ CAMHS;
- Community provision for people with Autism only;
- Community support for people with forensic history/needs; and
- Respite support for people with Learning Disability and/or Autism.

5.0 Key Risks:

The key risks to the achievement of the agreed trajectories are:

- The financial impact of people moving from hospital into community placements – this is mitigated to a certain extent by the ‘dowry’ process for people who have been in long-term hospital placements funded by NHS England who then return to the responsibility of CCGs to commission placements. Other elements of this financial risk are accommodated in the financial plans for 2019/20 and beyond;
- The quality impact of people not receiving sufficient support and early intervention in the community resulting in increased risk of hospital admission – the CTR/CETR process is reliant on commissioners to co-ordinate and chair. The overall approach to CTR/CETRs in BLMK is being reviewed across the partnership in 2019/20 with a view to improving overall capacity and resilience. This is alongside community-based models of support being developed and implemented across adults and CYP as priorities in 2019/20; and
- The quality impact of people not being discharged from hospital placements as planned – the partnership received some funding from NHS England late in 2018/19, to expedite discharges into the community where it is in the best interests of the individual. Some of this funding has been carried over into 2019/20 to support the continued focus of commissioners, providers and the partnership to discharge people with appropriate support.

6.0 Recommendation

The Governing Body is requested to receive this report for information and assurance. Further update reports will be provided by exception throughout the year and then subsequently to report on 2019/20 implementation.

Transforming Care

The BLMK Transforming Care Partnership Plan brings together commissioners and providers of services for people with Learning Disabilities and/or Autism across Bedford, Luton and Milton Keynes to improve outcomes and life experience in line with the NHS Long term Plan. As a result of it's transformation plan, through personalisation and co-production BLMK will:



Meet inpatient targets:

- ≤ 13 CCG-commissioned adult inpatients by end 2019/20; and
- ≤ 13 NHS England-commissioned adult inpatients by end 2019/20.
- ≤ 6 CYP inpatients by end 2019/20.
- All inpatients on 12-point discharge plan.
- Improved resilience and support for people at risk of admission.
- 100% compliance with policies for Care & Treatment Review, Care, Education & Treatment Reviews and Local Area Emergency Protocol.

Use Capital Bids to support our work:

- Development and submission of BLMK bids for capital development to support partnership aims and priorities.

Refresh the partnership and our governance :

- Review of TCP members, aims and plans.
- Agreement and implementation of new governance model for partnership.

Deliver a workforce plan:

- Implementation of partnership-wide workforce plans in collaboration with LWAB and HEE.

Deliver Children & Young People Plans:

- Delivery of aims and priority areas in plans for children and young people with a learning disability and/or autism.
- Focussed work on closing the gap between Tier 4 inpatient services and universal CAMHS support in the community.

Improve outcomes and experience for people:

- Expand implementation of STOMP/STAMP Programme*.
- Implement new National Learning Disability Improvement Standards.
- Deliver recommendations on restricting use of seclusion, long-term segregation and restraint.

(*Stopping Over-Medication of People with a learning disability and/or autism / Supporting Treatment and Appropriate Medication in Paediatrics)

2019/2020 Partnership Priorities	
Market Shaping	<ul style="list-style-type: none"> • Close working with each BLMK place-based Provider Alliance to develop provider market. • Joining up market-shaping strategies/plans across four LA areas to establish a single BLMK approach to working with independent/voluntary sectors.
Physical and Mental Health Improvement	<ul style="list-style-type: none"> • Ensure equitable access to universal services. • >75% Health Check achievement. • Continuation of learning from LeDeR programme. • Reducing inequalities for people with LD and/or Autism.
All-age Intensive Support Services	<ul style="list-style-type: none"> • Cross-sector Positive Behaviour Support (PBS) provider training. • Scoping & development of CYP intensive support service. • Review NHS inpatient provision at The Coppice and Campbell Centre.
Community Forensic Support	<ul style="list-style-type: none"> • Alongside ICS Mental Health workstream, establish and commission a BLMK-wide Community-based Forensic Support model, incl housing.
All-age Dynamic Risk Register (DRR)	<ul style="list-style-type: none"> • Evaluation of existing DRRs in place across BLMK. • Improvement of process and outcomes from DRR approach. • Reduced risk of admission for people on DRRs.
Autistic Spectrum Disorder & Pathological Demand Avoidance Pathways	<ul style="list-style-type: none"> • BLMK-wide Autism Strategy, place-based implementation: Improved access to diagnostic pathways; and Neurodevelopmental Pathway review: establish needs-based approach to services.
Personalisation, involving Provider Alliance(s)	<ul style="list-style-type: none"> • Broader implementation & increased use of Personal Health Budgets. • Application of learning from Integrated Personal Commissioning.
Prevention and Early Intervention	<ul style="list-style-type: none"> • Supporting families to improve community resilience. • Link to SEND workstream to improve awareness and support for CYP with LD and/or autism. • Develop needs-based approach to services through pathway review.