

Report to:	Health and Wellbeing Board
Relevant Officer:	Helen Lammond Smith, Head of Commissioning, NHS Blackpool CCG and Traci Lloyd-Moore, Commissioning Manager, Blackpool Council
Relevant Cabinet Member	Councillor Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting	21 October 2015

Transforming Care – Learning Disabilities Fastrack Plan

1.0 Purpose of the report:

- 1.1 To provide an update on work to accelerate service change for people with learning disabilities as part of a national transformation (fastrack) programme.
- 1.2 To present the transformation (fastrack) plan for Lancashire.

2.0 Recommendation(s):

- 2.1 To approve the plan, agreeing the principles within it to develop the required transformation programme and create an integrated community approach for the Learning Disability population.
- 2.2 To support the financial bid and the Clinical Commissioning Groups (CCG) share of match funding (for the Discharge Co-ordinator and PMO elements) required to progress the work.

3.0 Reasons for recommendation(s):

- 3.1 Blackpool Health and Well-Being Board has a key leadership role to play in ensuring that the ambitions of the transforming care agenda are achieved.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is:

‘Improve health and well-being especially for the most disadvantaged’

5.0 Background Information

5.1 Lancashire and Greater Manchester have been chosen as one of five Fast Track sites by NHS England. A £10 million fund has been identified by NHS England and the Fast Track sites were supported to develop a bid for the funds by producing a transformation plan. The plans were required to identify how funding will be spent prior to March 2016 and how the funding would be matched by CCG local spend during the financial years 2015/16 and 2016/17.

5.2 The plan submission date was Monday 7 September 2015. This date was achieved and the plan submitted with an accompanying letter indicating that Lancashire CCGs had not had the opportunity to request sign off by their Governing Bodies due to the timescales imposed. Whilst Lancashire and Greater Manchester have been chosen as one Fast Track site each area has developed their own plan and submitted them separately.

5.3 Summary of Lancashire Plan

The national directive following the Winterbourne View Concordat, supported by the Bubb report, is to transform long term in-patient care for patients with a learning disability to a more community based service model.

5.4 It is recognised that some in-patient facilities will be required for the population in Lancashire; however a new integrated model has been outlined within the plan. This would be delivered by integrated community teams, offering a core service to all patients from hubs with a regional service providing opportunity to purchase any required additional support to develop individualised packages of care.

5.5 Development of community support services will be required to transform care for those with learning disabilities who present challenging behaviour, from a reactionary approach to a proactive and preventative approach. Positive Behaviour Support services, Assessment, Treatment and Discharge facilities, Crisis support teams and Respite care are included in the plan, to deliver the required transformation. This work will be led by a transformation programme management

office team over a 12 month period in the first instance.

- 5.6 In addition to transforming the service model for new patients, or those currently cared for in the community, there is also the requirement to transfer as many of the current in-patient cohort as possible into community care packages. This process is often complex for a variety of reasons such as restrictions in place by the Ministry of Justice, identifying suitable accommodation or sufficient appropriately skilled staff to deliver the required care.
- 5.7 Across Lancashire there are 47 patients in CCG cohorts and 46 patients in the specialised commissioned cohorts. **Of these patients there are two in the CCG cohorts and five in the specialised commissioned cohorts for Blackpool.** In order to discharge the patients it has been identified that discharge co-ordinators are required who will be responsible for ensuring that progress is made at pace, and to commence a discharge plan on admission process for in-patients going forward. The plan identified these roles to be in place as a 12 month solution in the first instance.
- 5.8 Achieving these transformational changes has the potential to destabilise the main local provider of learning disability in-patient services in Lancashire and in order to manage the transition the Lancashire CCG Chief Finance Officers are working with the management team at Calderstones Partnership NHS Foundation Trust to establish financial stability.
- 5.9 The plans are going through a quality assurance process with NHS England. The bids for resources will be assessed on the level of ambition to close in-patient beds which has been set over a five year period for Lancashire and will need to be managed along with Specialised Commissioning plans.
- 5.10 Development of the plan has been led by a regional steering group with attendance from CCGs, Local Authorities, Specialised Commissioning, NHS England, Health Education England and Providers. The vision and new model of care has been operationally developed by the LD Commissioners Network for Lancashire and informed by stakeholder's events and workshops.
- 5.11 In Blackpool a transforming care project group is in place and working to localise the fastrack plan to take account of variations in workforce arrangements and commissioned services. The project group acts as the interface with the LD Commissioners Network and is represented by the Head of Commissioning, NHS Blackpool CCG, the Integrated Community Learning Disability Team Manager and Commissioning Manager for Learning Disabilities, Blackpool Council.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 5(a) - Fastrack plan for Lancashire

6.0 Legal considerations:

- 6.1 To meet the requirements of the Concordat and Transforming Care agenda, the Council and CCG must work within the legal requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005.

7.0 Human Resources considerations:

- 7.1 The Integrated Community Learning Disability Team, (comprising of health and social care professionals from the Council's Adults Social Care Team, Psychology services, Blackpool Teaching Hospitals Community Health and Blackpool CCG) is responsible for co-ordinating and reviewing care plans of people with learning disabilities in social care and health placements. The Contracting and Commissioning Team within the Local Authority are responsible for coordinating contract monitoring arrangements including quality monitoring of Council and NHS contracted services respectively. Work will be undertaken as part of implementation of the fastrack plan to review workforce arrangements and commissioning intentions to ensure they meet the requirements of the plan.

8.0 Equalities considerations:

- 8.1 A Lancashire wide JSNA report highlighted that people with learning disabilities are one of the most excluded groups in the community and experience much poorer health outcomes across a range of conditions including respiratory diseases, sensory impairment, gastrointestinal cancer, depression, dementia and challenging behaviour. Additionally the housing needs of people with learning disabilities are considerable and will increase; whilst prevalence and need is increasing available budgets have been decreasing and are likely to continue to decrease. This has major implications for how services are delivered and will require a different approach to commissioning and developing co-produced services.
- 8.2 The fastrack plan seeks to address these issues and will be a key mechanism to improve outcomes and ensure a better quality of life which is one of the underpinning aims of the transforming care agenda.

9.0 Financial considerations:

- 9.1 The new packages of care that are required for the discharged patients are a cost pressure to CCGs and have been included in the fast track bid for funding until March 2016 and identified as match funding in 2016/17.
- 9.2 The plan has outlined that proposals for service development in Lancashire will need business cases going forward, prior to funding being agreed. The finance section of the plan has described the funding requested and outlined the match funding requirements. Every effort has been made to minimise any additional financial impact to CCGs, as agreed with the Chief Finance Officer, prior to submission of the plan. Full details are within the finance section along with activity reduction proposals.

Fast Track Funding for Lancashire	Fast Track Funding 15/16 £000's	Match Funding 15/16 £000's	Match Funding 16/17 £000's
New Care Packages	680	0	875
Discharge Co-ordinators	150	0	150
Social Worker Support	60	0	120
National Capital Costs	200	0	0
PMO	111	0	111
Training & Engagement	180	0	0
PBS pilot in 2 areas	150	0	300
Total	1531	0	1556

10.0 Risk management considerations:

- 10.1 The requirements of the Winterbourne Concordat and ambitions laid out in transforming care fastrack programme are a 'must do', national expectation requires CCGs and local authorities to work together with NHS England to repatriate patients from hospital settings to local communities. The Health and Wellbeing Board therefore has a key leadership role in ensuring that the appropriate co-commissioning arrangements are put in place locally in order for these ambitions to be realised.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Service users, families and stakeholders have been engaged in the development of the plan via a stakeholders visioning event held on the 18th August 2015. The event consisted of a morning workshop session that was attended by patients with Learning Disabilities (LD), carers, families (including a number of parents) as well as Third Sector representatives. CCG managers from the area also attended to support and facilitate discussions. In particular the Stakeholder Day looked at:

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

12.2 The outcomes and intelligence from this day, along with other consultations and engagement findings such as that from the LD Self-Assessment Framework carried out in 2014, are incorporated throughout this Plan and will continue to be used as a check and balance as the Plan is implemented.

12.3 Clinicians from across Lancashire attended the stakeholder's event on the afternoon of the 18th August to provide a broad spectrum of clinical input from what is currently in place and what is required for future service development and improvement. Clinical engagement has also been sought from the Greater Manchester, Lancashire and South Cumbria, Strategic Clinical Networks and Senate LD Advisory Group and from Calderstones and LCFT provider leads via the steering group.

13.0 Background papers:

- 13.1
- Transforming Care Next Steps July 2015
 - Bubb Report Time to Change/Time is Running Out