

## **APPENDIX A**

### **Report for the following governance boards:**

**T&W CCG Board  
Shropshire CCG Board  
T&W Council Cabinet  
Shropshire Council Cabinet  
T&W Health & Wellbeing Board  
Shropshire Health & Wellbeing Board**

**Transforming Care Partnership (TCP)  
Shropshire and Telford & Wrekin**

### **1. Introduction**

- 1.1 This report has been written to inform the relevant Boards about the progress in establishing a Transforming Care Partnership (TCP) to implement “Building the right support – A national plan to develop community services and close inpatient facilities” for people with a learning disability and/or autism.
- 1.2 The report seeks endorsement from these Boards to the approach being taken to the TCP and asks that delegation is given to the TCP to submit a TCP Plan on behalf of Shropshire and T&W CCGs and Shropshire and T&W Councils to NHS England.
- 1.3 The TCP would also like the Boards to consider the frequency they require feedback on the progress being made by the TCP.

### **2. Background**

- 2.1 Following the Winterbourne View scandal there were requirements to:
  - by spring 2013, the Department of Health will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisations provide
  - by June 2013, all current placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and no later than June 2014
  - by April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice
- 2.2 As a consequence, through this “transforming care” agenda it was expected that there would be a dramatic reduction in hospital placements for this group of people. In reality what happened at a national level was that existing in-patients were reviewed and many moved to community based settings closer to home, but a new cohort of people soon filled the in-patient beds. This is a

generalised summary and here in Shropshire and T&W we were already relatively low users of in-patient beds out of area.

- 2.3 However because of continuing concerns about overall lack of process and following further work undertaken in 6 “fast track” sites, in October 2015, NHS England ( NHSE) together with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) published:

*“Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services”*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

and

*“Building the right support – A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition”*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

- 2.4 “Building the right support” sets out a service model with the expectation that each TCP will adopt the model, to bring some national consistency, whilst recognising the mix of services put in place must reflect local differences. The model is based on 9 principles developed with people with a learning disability and their families:

1. Good and meaningful everyday life
2. Person centred, planned, proactive and co-ordinated care and support
3. Choice and control
4. Support from and for their families/carers
5. Choice of housing
6. Good care and support from mainstream NHS services
7. Specialist health and social care support in the community
8. Support to stay out of trouble
9. Access to high quality assessment and treatment in hospital

For more detail see link above and Appendix 1 below. It needs to be about service transformation and pathway re-design (investing in preventative services/early intervention in the community) – not just ‘resettlement’ of current inpatients into the community.

- 2.5 On the 17 November CCG Accountable Officers and Local Authority DASS received a joint letter from NHSE, ADASS, and the LGA setting out expectations for delivery against these two documents.
- <http://www.local.gov.uk/documents/10180/7586660/Implementing+Building+the+right+support+letter+20151117/31de33e8-6bfd-4563-8497-21834bf100e5>

2.6 The letter sets out a number of key points including:

- National planning assumptions on the need for inpatient beds based on 10-15 inpatients for CCG commissioned beds per 1m population and 20-25 inpatients for NHSE commissioned beds per 1m population.
- The creation of local Transforming Care Partnerships (TCP) to build up community services and close unnecessary inpatient provisions by March 2019, with prescribed footprints.
- Locally to establish a TCP covering Shropshire and T&W by December 2015 and develop a joint transformation plan by the 8 February 2016 with sign off of a finalised plan co-ordinated through NHSE with stakeholders by 11 April 2016.
- Expectation that as part of the plan, CCGs and Councils at a sub-TCP level (Shropshire and T&W) look to align or pool their learning disability budgets. This may include monies released from services commissioned regionally through specialised commissioning, where it may be more appropriate to commission new services on the whole TCP footprint.
- Reference of £30m being available nationally from NHSE to support local areas transitional costs and £15m capital funding available over 3 years. Where agreed as part of a relocation package, dowries will be available to local authorities for people leaving hospital after spells in inpatient care of 5 years or more. Dowries will be recurrent, will be linked to individual patients, and will cease on the death of the individual.

2.7 Officers representing the Councils and CCGs attended a regional “dialogue” event in Leicester hosted by NHSE on 7 December. Whilst useful it was disappointing that the planning templates and additional supporting materials referenced in the letter were not available (They were subsequently published on the 18 December). The experiences of 6 “fast track” TCP sites who had been taking forward this agenda since July 2015 was relayed. These sites were selected because they had particularly high numbers of inpatient commissioned beds.

2.8 Based on the inpatient national planning assumptions set out above it should be expected that:

- Shropshire CCG would be commissioning 4-5 beds and T&W CCG 2-3

And that

- NHSE Specialist Commissioners would be commissioning 6-8 beds for Shropshire people and 4-5 beds for T&W people by 2019.

Currently the figures are:

Shropshire CCG commissions 7 beds at Oak House, (these are respite beds, but are also on occasions used as assessment beds).

Shropshire CCG have three patients currently in in-patient beds out of area and does not ‘commission’ any specific in-patients beds for Learning Disabilities but can spot purchase as required.

There are currently 5 Shropshire adults and one young person ( under 18) with a learning disability in secure placements funded by NHSE specialised commissioning.

Telford and Wrekin - 3 at Church Parade (mainly respite but should be challenging behaviour).

NHSE commissioned beds at present are 8 beds for Shropshire and 9 beds for Telford and Wrekin.

2.9 Following discussions between Accountable Officers and DASS locally, and recognising the tight timescales, Paul Taylor, DASS, T&W Council agreed to take a lead in pulling together our local TCP, which met for the first time on the 16 December with representatives from both CCGs and Councils together with Alyson Taylor, Regional Project Officer, Transforming Learning Disabilities Task Force (Midlands & East), NHSE in attendance. See Appendix 2 for representation.

2.9 This first TCP meeting was positive and agreed as per the key milestones set out in the letter the following:

<b>Milestone</b>	<b>When required</b>	<b>Date achieved</b>
Confirm final partnership organisations and population coverage	December 2015	Agreed Shropshire/T&W footprint and TCP members – 16 December 2015.
Confirm SRO and Deputy	December 2015	Agreed T&W Council provide SRO (PT) and Shropshire CCG Deputy (LI) – 16 December 2015.
Confirm lead CCG for funding purposes	December 2015	Agreed Shropshire CCG – 16 December 2015.
Confirm governance arrangements and board meeting schedule	December 2015	Agreed TCP should meet monthly with next meeting w/c 18 January 2016. This report is seeking to confirm governance arrangements for TCP.
First TCP board meeting	January 2016	TCP met for first time on 16 December 2015.
Draft Plan	8 February 2016	Officers are now working on this, reviewing plans that were already being developed in each locality separately (Shropshire and T&W), ensuring they are consistent with principles of new national model, and developing a whole TCP footprint approach where commissioning at scale is appropriate.
Revise Plan	March 2016	

Final 3 year Plan	11 April 2016	
-------------------	---------------	--

- 2.10 More generally, whilst there are concerns about the workload this will generate, locally we do appear to be working towards the principles underpinning the national service model and “Building the right support”. There is though consensus that we will need to put in place some specific project support to the TCP and the TCP is exploring with the regional lead the availability of funding for this purpose.
- 2.11 Our approach builds on what already is in place in both Shropshire and T&W in respect of collaborative commissioning arrangements. This will limit the need to develop new pathways to engage with all stakeholders but co-production with people with a learning disability and their families is important. Whilst there is a focus on the reduction of inpatient beds, it is equally important to focus on the development of community based services to underpin this and to enhance the quality of these services.
- 2.12 In respect to the alignment and/or pooling of budgets this will build on the work that has already been done in respect of the Better Care Fund (largely focused on older people) in each of our localities. The TCP plan will also feed into the wider integration plan that Councils and CCGs are expected to develop by April 2017.
- 2.13 Each organisation and locality will need to consider the Governance arrangements for the TCP, giving consideration to each organisation’s expectations in respect of reporting to their respective CCG Boards/ LA Cabinets as well as Health & Wellbeing Boards. Given the timescales set down for submission of the Plan it would be helpful if CCGs and councils could give delegated authority to Accountable Officers and DASS to sign off the plan prior to submission in conjunction with their respective TCP representatives.

### 3. Recommendations

Respective Governance bodies:

- 3.1 Note the expectations set out in “Building the right support” and letter of 17 November.
- 3.2 Approve arrangements being put in place for a TCP for Shropshire/Telford & Wrekin.
- 3.3 Delegate authority to Accountable Officers and DASS to sign off the plan prior to submission in conjunction with their respective TCP representatives.
- 3.4 Consider future reporting arrangements for the TCP to update respective Governance bodies.

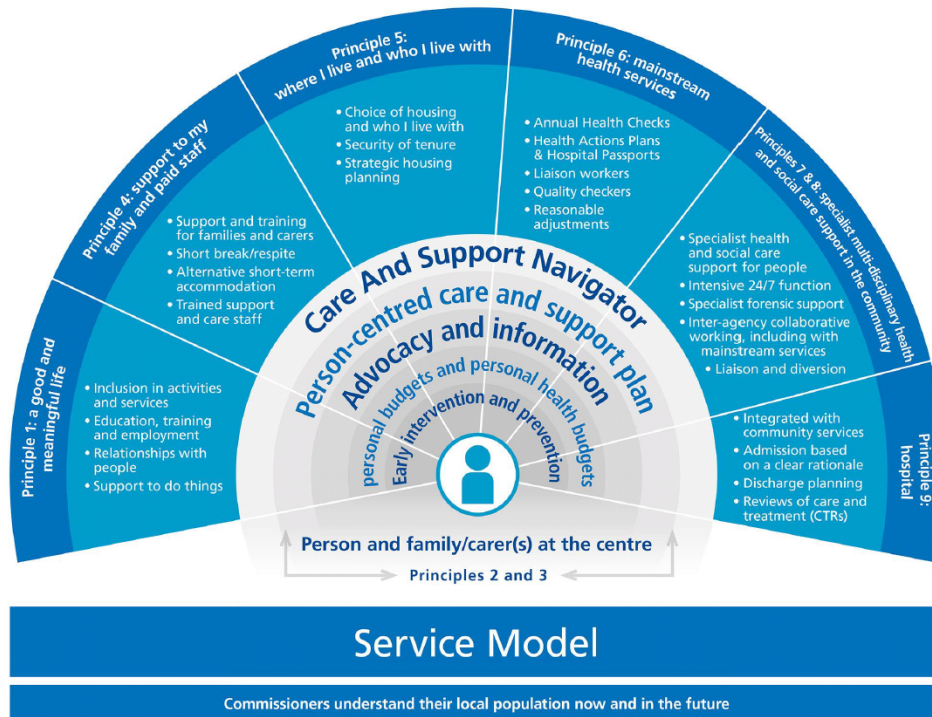
**Report prepared by:** Paul Taylor, DASS T&W Council & SRO for TCP

[paul.taylor@telford.gov.uk](mailto:paul.taylor@telford.gov.uk)

## **Appendix 1**

## The National Service Model

1. People should be supported to have a **good and meaningful everyday life** - through access to activities and services such as early years services, education, employment, social and sports/leisure; and support to develop and maintain good relationships.
2. Care and support should be **person-centred, planned, proactive and coordinated** – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
3. People should have **choice and control** over how their health and care needs are met – with information about care and support in formats people can understand, the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.
4. People with a learning disability and/or autism should be supported to live in the community with **support from and for their families/carers as well as paid support and care staff** – with training made available for families/carers, support and respite for families/carers, alternative short term accommodation for people to use briefly in a time of crisis, and paid care and support staff trained and experienced in supporting people who display behaviour that challenges.
5. People should have a choice about where and with whom they live – with a choice of **housing** including small-scale supported living, and the offer of settled accommodation.
6. People should get good care and support from **mainstream NHS services**, using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the Green Light Toolkit).
7. People with a learning disability and/or autism should be able to access **specialist health and social care support in the community** – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.
8. When necessary, people should be able to get **support to stay out of trouble** – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or 'offending' behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.
9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a **hospital** setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.



## Appendix 2 – TCP membership

Paul Taylor (PT), Director, Care Health & Wellbeing T&W Council
Helen Bayley (HB), Risk Mitigation Lead Nurse for Vulnerable People, Nursing, Quality, Patient Safety and Experience, Shropshire Clinical Commissioning Group (CCG)
Manny Jhavar-Gill( MJ-G), Commissioning Specialist / Contracts Officer, T&W Council
Alyson Taylor (AT), Regional Project Officer Transforming Learning Disabilities Task Force (Midlands & East)
Ruth Houghton (RH), Head of Social Care : Efficiency and Improvement , Shropshire Council
Frances Sutherland (FS), Head of Commissioning for Mental Health, Learning Disabilities and Children, T&W CCG
Linda Izquierdo (LI) Director of Nursing, Quality and Patient Experience Shropshire CCG
Anna Hammond (AH), Deputy Executive Planning and Commissioning, T&W CCG
Kerry Smith (KS), PA to Paul Taylor (Notes)