Report to: East Sussex Health and Wellbeing Board

Date: **26 January 2016** 

By: Head of Quality; Eastbourne Hailsham and Seaford CCG and Hastings

and Rother CCG, and; Operational Lead for Transforming Care; Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG

and High Weald Lewes Havens CCG

Title of report: Transforming care progress

Purpose of report: The transforming care commissioning standards require CCGs to

provide regular reports to the HWB on their progress against the

Transforming Care agenda.

#### RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- Note the update provided regarding the original (Winterbourne) Transforming Care cohort, and the ongoing work against the Transforming Care agenda throughout quarters 1 -3 (April to December) 2015;
- confirm the type and frequency of reporting required going forward.

## 1. Background

- 1.1 Our local transforming care programme is overseen by the Transforming Care Programme Board which meets on a six weekly basis. The programme board is attended by lead commissioners on behalf of the three East Sussex CCGs and East Sussex County Council. Monitoring of local progress is against the national programme of transformation as set out in key reports and national guidance:
  - Winterbourne View time for change transforming the commissioning of services for people with learning disabilities and/or autism, a report by the Transforming Care and Commissioning Steering Group, chaired by Sir Stephen Bubb – 2014,
  - Transforming Care for People with Learning Disabilities Next Steps January 2015 <a href="https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf</a>, and more recently;
  - Building the Right Support 2015: <a href="https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf</a>. This is the 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. Alongside this sits the national service model for commissioners of health and social care services, <a href="https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-serv-model-oct15.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-serv-model-oct15.pdf</a>, which was also published in October 2015.
- 1.2. Since 2013 the CCGs have undertaken to identify and review all individuals in inpatient settings with a learning disability and/or autism who display behaviour that challenges.
- 1.3. The appointment of a consultant Learning Disability Nurse between December 2014 and September 2015 moved this work forward at pace. Over the last year work has focused on ensuring people are in the most appropriate setting to meet their current needs, receiving the right support and where appropriate were supported to move from inpatient services to alternative community settings.

#### 2. Progress against Transforming Care agenda to date

- 2.1 Over 2015 the following procedures have been trialled and local procedure documents drafted to support the local implementation of the national guidance. These documents are due to be approved at the next Transforming Care Programme Board: (21.1.16)
  - Blue Light Process
  - Admission to inpatient setting process for agreement to fund
  - Patient Objection Process

In addition, in line with national guidance, the following are also being developed:

- Local CTR procedures, to support the wider roll out of national guidance and embed this in to everyday practice;
- Local procedures for managing the Register of individuals at risk of admission

# 3. Number of individuals from original cohort remaining in inpatient CCG funded settings

- 3.1 Since May 2013, of the original 17 individuals identified as part of The Transforming Care programme (Previously known as the Winterbourne programme)
  - 9 were discharged from inpatient settings and moved on to more appropriate community based provision;
  - 2 were removed from the list as were already in residential settings
  - 2 were readmitted to secure NHSE funded provision
  - 4 currently remain in inpatient CCG funded assessment and treatment units

Between April and December 2015 (quarters 1-3) there have been a further 5 individuals admitted to inpatient settings, 4 from East Sussex commissioned placements and another 1 from a placement in East Sussex funded by Surrey.

A breakdown of these figures by CCG are shown in the tables below:

## 3.1.1 Original (Winterbourne Programme) cohort and remaining active cases:

CCG	Number in Original Cohort	Number Discharged	Active Cases remaining rom original cohort
Eastbourne Hailsham and Seaford CCG	2	1 re-admitted to secure NHSE funded provision Sept 2014	1
Hastings and Rother CCG	11	<ul> <li>6 discharged to community placements</li> <li>1 re-admitted to NHSE funded secure provision</li> <li>2 placements were residential not inpatient settings and subsequently removed from the original cohort list</li> </ul>	2
High Weald Lewes Havens CCG	4	3	1
Total	17	13	4

#### 3.1.2 New admissions to CCG funded inpatient settings over quarters 1 - 3 in 2015:

CCG	Quarter admitted	New admissions	Number Discharged
Eastbourne Hailsham and Seaford CCG	Q3	1 from a Surrey funded residential placement in Eastbourne	Ready for discharge and placement being sourced by Surrey
Hastings and Rother CCG	Q1 Q3	1 3	0
High Weald Lewes Havens CCG	N/A	0	0
Total		5	0

# 4. Care and Treatment reviews (CTR) and Blue light processes (pre-admission reviews)

4.1 The development of CTR and Blue light processes nationally has tested and implemented locally. Local procedures are in now process of development and approval in order to provide clarity for individual their families and providers thus ensuring a consistent approach embedded into everyday practice.

## 4.1.2 CTR and Blue light meetings completed in period are as follows:

CCG	CTR	Blue Light
Eastbourne Hailsham and Seaford CCG	1	2 (for same individual)
Hastings and Rother CCG	<ul> <li>2 complete and</li> <li>4 currently arranged for January / February 2016</li> </ul>	1
High Weald Lewes Havens CCG	1	0

## 5. Risk register:

- 5.1 Work continues to further develop the register of people at risk of admission continues to ensure robust governance and reporting processes across the 4 organisations and reporting to NHS England. Leads from CCG, Adult Social Care (ASC), Transitions team, and Community Learning Disability Teams (CLDT) will meet in January to review the current register.
- 5.2. Indicators of being 'at risk of admission' and eligible for inclusion on the register will depend on a number of factors including local community services available, robustness of existing support packages and local risk thresholds.
- 5.3 Factors that may place someone with autism and or a learning disability and challenging behaviour at risk of admission are likely to include:
  - Significant life events and/ or change such as bereavement or abuse.
  - Unstable / untreated mental illness
  - Previous history of admission(s).
  - Presenting significant behavioural challenges.
  - Being supported in an unstable environment or by a changing staff team.
  - Not being previously known to learning disability services.

- Having no fixed address.
- · Being in contact with the Criminal Justice System.
- Presenting 'in crisis' at Accident & Emergency Departments.
- Having no family carers/advocates.
- Having drug and alcohol addiction problems.
- Having no effectively planned transition from Child to Adult learning disability services.
- Being placed in specialist '52-week' residential schools.
- Having recently been discharged from long stay hospital beds.

#### 6. Progress on implementation of national model:

- 6.1 Locally our main challenge is not on closing inpatient services but on
  - Development of appropriately robust housing options
  - Development of resilient and robust providers and staff teams, able to effectively support people with the most challenging needs in community based settings.
  - Development of in reach / outreach support for people living in community settings to reduce the need for admission to inpatient services at times of crisis unless this is the only appropriate option to meet their needs.
- 6.2. Proposals for local service developments are discussed initially at the East Sussex Transforming Care Board and taken forward to the East Sussex Better Together Strategic Planning Group for HR and EHS CCG's and to the Governing Body or delegated subcommittee for HWLH CCG.

## 7. Sussex Transforming Care Partnership update:

The first meeting of the Sussex Transforming Care Program Board took place 10 December 2015. This board was set up in response to the National requirement to progress the Transforming Care Agenda which is set to deliver services to people with Learning Disabilities and Autism. Request for attendance was directed through Sussex CCG Accountable Officers (AOs) and Sussex Directors of Adult Social Care. The Brighton and Hove CCG Director of Clinical Quality and Patient Safety is the nominated Senior Responsible Officer (SRO) for the Sussex CCGs and a Deputy SRO will be nominated from one of the Local Authorities.

7.2. The Board will be responsible for ensuring collaboration across Sussex CCGs and Local Authority Partners in order to agree a joint plan to deliver The National Plan to develop community services and close impatient facilities for people with learning disabilities and/or autism who display behaviours that challenge, including these with mental health conditions ensuring "birth to grave" services.

#### 8. Recommendations

- 8.2. The Health and Wellbeing Board are recommended to:
  - Note the update provided on transforming care cohort, and;
  - Confirm the type and frequency of reporting required from CCGs going forward.

## Name of person reporting and contact details:

Angela Simons

Head of Quality; Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, and; Operational Lead for Transforming Care; Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG.