Health and Wellbeing Board Tuesday 21st June 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets and Tower Hamlets CCG	**Classification:** Unrestricted
Transforming Care Partnership Plan	

Lead Officer	Denise Radley and Jane Milligan
Contact Officers	Carrie Kilpatrick Deputy Director Mental Health and Joint Commissioning
Executive Key Decision?	No

Summary

In October 2015, LGA, ADASS and NHS England published **Building the right support**, a national plan to reduce inpatient provision and enhance community services for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Building the right support sets out the ambition to mobilise commissioning collaborations of CCGs, NHS England specialised commissioners and local authorities across England to create Transforming Care Partnerships (or TCPs), tasked to deliver a specified national service model of good practice by March 2019.

This report sets out progress made to date in the formation of the Inner North East London Partnership Board and the development of the plan to date as well as the next steps.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the requirements of the Transforming Care Partnership Plan, progress made to date and the scheduled date for the final plan to be authorised by the Health and Well-being Board of August 2016

DETAILS OF REPORT

3. Introduction and Overview

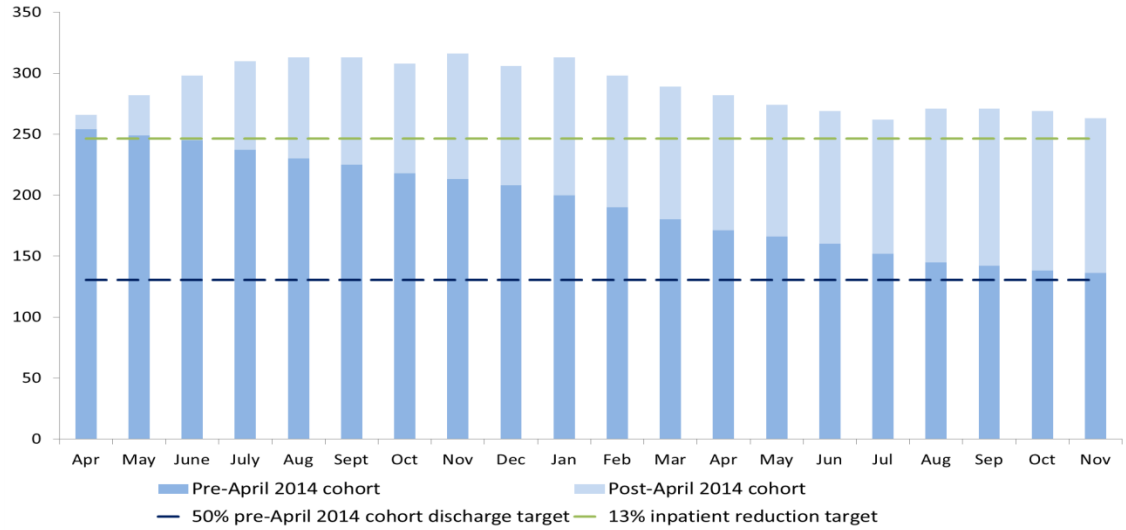
3.1 In October 2015, LGA, ADASS and NHS England published **Building the right support**, a national plan to reduce inpatient provision and enhance community services for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Building the right support sets out the ambition to mobilise commissioning collaborations of CCGs, NHS England specialised commissioners and local authorities across England to create Transforming Care Partnerships (or TCPs), tasked to deliver a specified national service model of good practice by March 2019.

3.2 Specifically the programme aims to achieve:

- A better community infrastructure resulting in a substantial reduction in the number of children, young people and adults with a learning disability and/or autism who display behaviour that challenges, placed in inpatient settings;
- Prevention of people living in inpatient services and a reduction in length of stay for those admitted to an inpatient facility;
- Better quality of care and support for children, young people and adults with a learning disability and/or autism who display behaviours that challenge;
- Better quality of life for children, young people and adults with a learning disability and/or autism who display behaviours that challenge.

3.3 There is a specific requirement for areas with large numbers of people in assessment and treatment units (ATUs) to reduce the use of inpatient beds; using national planning assumptions that each area should have inpatient capacity to cater for no more than 10-15 inpatients in CCG-commissioned beds and 20-25 inpatients in NHS England-commissioned beds (such as those in low- medium- or high-secure units) per million population. In a number of areas the plan will therefore focus on a significant remodeling, reduction or closure of this type of inpatient provision.

3.4 The programme builds on the Winterbourne View action plan and NHS England's commitment to reduce over reliance on inpatient care. In February 2015 NHSE commenced a programme to close inappropriate and outmoded inpatient care, establishing stronger support in the community; however progress nationally has been slow as admission rates during 2015/16 have not reduced significantly. In the period between April and November of 2015, when this programme was launched, 131 patients had been admitted to inpatient care, compared to 155 patients admitted in the same period last year. It was forecast that in 2015/16 there would be a total of 200 admissions, compared to 218 admissions in 2014/15.



Approximately a third of the people currently in hospital have been in inpatient settings for five years or longer.

3.5 To support local areas with transitional costs, NHS England has made available up to £30 million of transformation funding over three years, with national funding conditional on match-funding from local commissioners. In addition to this, £15 million capital funding will be made available over three years. The primary focus of this funding will be to facilitate the closure and re-provision of community based services for local areas where inpatient facilities are above the regional planning assumptions; INEL is not one of these areas.

In addition NHSE have made plan development funding available to each TCP and locally this has been used to employ a Programme Manager on an interim basis until the end of June 2016.

4. Overview of the National Service Model Requirements

4.1 The model which has been developed with people with learning disability and/or autism, as well as families/carers, and a group of independent expert's; sets out how services should support people with a learning disability and/or autism who display behaviour that challenges. Its foundation is that we all have a basic right to live in our own home and to develop and maintain an active role in society. The challenge is to mobilise innovative housing, care and support solutions in the community to enable this to happen for all, including those with the most complex support needs.

4.2 NHS England has outlined "what good looks like" for people with a learning disability and/or autism who display behaviour that challenges**.** The model is structured around 9 principles seen from the point of view of a person with a learning disability and/or autism:

I have a good and meaningful everyday life - access to activities, early year's services, education, employment, social and sports/leisure; and support to develop and maintain good relationships.
My care and support is person-centred, planned, proactive and coordinated – early intervention and preventative support based on risk stratification, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
I have choice and control over how my 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.
My family and paid support and care staff get the help they need to support me to live in the community - training 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 in display behaviour that challenges.
I have a choice about where I live and who I live with – bespoke options, including small-scale supported living, and settled accommodation.
I get good care and support from mainstream health services. NICE guidelines and quality standards should be in place with annual health checks for all those over the age of 14; Health Action Plans, Hospital Passports, liaison workers in universal services, 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).
I can access specialist health and social care support in the community- Integrated specialist multi-disciplinary health and social care teams are available on an intensive 24/7 basis.
If I need it, I 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.
If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to. Staying no longer than needed, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.

4.3 In addressing the core principles the challenge is to ensure that services across the health and social care system, as well as other more mainstream services consider the needs of this very diverse group and have an appropriate and more importantly inclusive service offer.

5. The Inner North East London Transformation Care partnership

5.1 To meet the requirements, a Transformation Care Partnership (TCP) has been established for the Inner North East London region to lead and ensure the targets of this national agenda are realised. The Partnership will lead on the preparation of a local plan that sets out our vision, aims and anticipated outcomes; the outline plan to be submitted to NHSE with applications for funding (where required) by the end of June 2016.

5.2 This TC Partnership is made up of:

City & Hackney CCG	London Borough of Hackney
Newham CCG	London Borough of Newham
Tower Hamlets CCG	London Borough of Tower Hamlets
Waltham Forest CCG	London Borough of Waltham Forest
NHS Specialist Commissioning	City of London

Other key provider base and partners in the Programme will include:

- Barts Health NHS Trust
- East London NHS Foundation Trust
- Homerton University Hospital Foundation NHS
- North East London NHS Foundation Trust
- East London NHS Foundation Trust
- John Howard Centre (Medium Secure services including a Personality Disorder service commissioned by East London Foundation Trust)
- Cygnet (hospital for women with complex mental health needs, provisions including learning disability, personality disorder, psychiatric intensive care and low secure units)
- Venus Healthcare (forensic unit)

5.3 To ensure collaboration across the TCP area and across the relevant specialisms we have established a TCP Board comprising representation from each geographical area and a number of high level specialisms and a TCP Steering Group to deliver the plan. The Transforming Care Partnership Board has been set up to:

I. Oversee the development of the Transforming Care Plan
II. Gain and retain high level cooperation cross the Partnership
III. Provide steer, motivation, and challenge to the Implementation Team
IV. Drive the delivery and raise issues with NHSE where necessary
V. Monitor performance of the Transforming Care Implementation

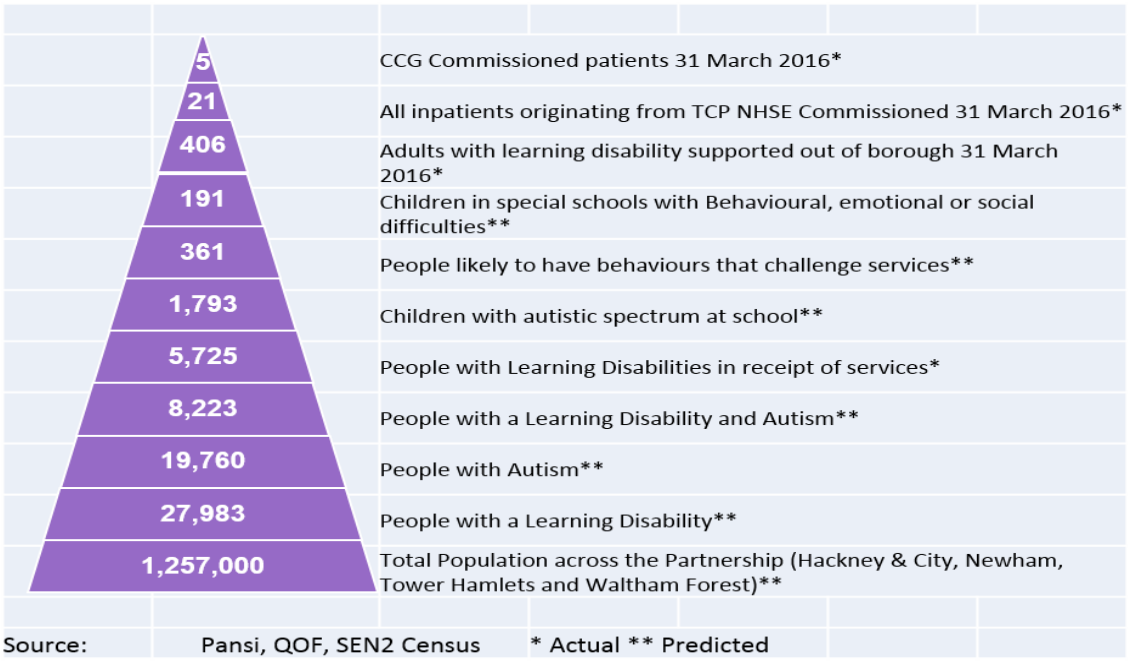
5.4 Tower Hamlets representatives on the board include Debbie Jones the Corporate Director of Children's Services, Carrie Kilpatrick the Commissioning

Manager for Mental Health Services (a joint Council CCG post) along with clinical representation from Dr Ian Hall the Consultant Psychiatrist with Tower Hamlets Community Learning Disabilities Service.

6. The Local Population in Need

6.1 Across the partnership our population of adults and children who fit within this defined cohort and are placed in inpatient settings is relatively low; we have very few people leaving Hospital who have lived in inpatient provision for over 5 years. At an INEL level, we currently have 6 people in CCG commissioned beds, plus 23 in NHSE commissioned beds, so we are one of those areas currently below the planning assumption targets.

In recognition of this, our planning target for 2019 is to reduce these numbers by 25%, which, while still a significant target, is lower than those TCP areas with high levels of in-patient bed usage.



INEL Regional picture of need

6.2 There is a variety of information available which informs our understanding of the local picture in Tower Hamlets. We have data about children with recognised Special Educational Needs or with a diagnosis of autism. We also know how many adults are known to the Community Leaning Disability Service. However, none of the data sources available to us currently categorise individuals by the Transforming Care criteria. In addition, we are also required to meet the needs of the individual categories within the cohort. Some of whom will not be known to services until crisis is reached. The cohort falls into the following categories of people:

- Who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- Who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.
- Who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system.
- Often with lower level support needs, not traditionally be known to health and social care services, from disadvantaged backgrounds who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Profile of Adults for Tower Hamlets

6.3 Despite the difficulties in securing more sophisticated needs data on this very specific group we are able to say confidently that Tower Hamlets has a good record of adults using Assessment and Treatment Units (ATUs) as we have not made a placement into an ATU for the last 5 years. Currently people with learning disabilities and/or autism who have a mental health crisis access mainstream community psychiatric services or Mile End Mental Health Hospital where an inpatient admission is necessary. This is in line with national best practice in this area.

During 2015-16 there were 7 distinct psychiatric admissions for this group, with the average length of stay being 76 days. An audit of these cases indicates these individuals are nearly always in local community placements with low level care packages supported by carers in the family home or nearby.

6.4 Tower Hamlets currently has 3 adults placed by specialist commissioning in low to medium secure units for those who have come into contact with the criminal justice system. Currently these are placed in a medium secure unit in Norfolk, the John Howard centre and Belmarsh Prison. In addition Tower Hamlets also has one young person placed in CAMHS hospital placement.

Adults with LD in Tower Hamlets	**Numbers**
People with LD	4,848
People known to CLDS	850
Total number of People known to CLDS who have been categorised as within this cohort and at potential risk of a future hospital admission	143
Number of people categorised as a medium to high risk of admission	31
Number of out of borough LD placements	114

Number of out of borough LD placements considered to be within this cohort	45
Total number of People known to CLDS who have been categorised as within this cohort, and at potential risk of a future hospital admission, who have previously been admitted to Mile End Centre for Mental Health	43
Number of people with LD who have been admitted to Mile End Centre for Mental Health in 2015/16	7
Number of people with LD currently in secure units	3
Number of people in Assessment Treatment Units	0

6.5 There are thought to be around 1,910 adults with ASD in Tower Hamlets in 2011, approximately 765 of whom do not also have a learning disability.[1]

Profile of Children for Tower Hamlets

6.6 A data snapshot undertaken in Children's Services in 2014/15 tells us that there were 52 young people from Year 9 upwards who were identified by CWD as having Challenging Behaviours: 39 in mainstream education; 78 in special education and 21 in further education. It is worth noting that 22 of young people were in educational placements geographically outside of Tower Hamlets and of this number nearly half are outside of London.

6.7 Currently there are 794 children and young people with a diagnosis of autism.

6.8 Tower Hamlets Youth Offending Team includes a CAMHS worker to support this cohort and ease any internal transfers of the Young Person to the CAMHS Neuro-Developmental Team. It is estimated that there are less than 10 young people with autism/learning disability in touch with Youth Offending Team.

6.9 As part of the delivery phase of the TCP plan Children's and Adults Services will undertake a number of focused pieces of work to build a coherent picture of this group of individuals with detailed case audits to better understand the personal journey behind the numbers:

- Creation of a Risk Register within Children's/Transition to highlight those most at risk of a future hospital admission
- Close working with ELFT colleagues to identify relevant data within CAMHS
- In-depth financial analysis and modelling
- Understanding the numbers of out of borough placements who are hospitalised

[1] Tower Hamlets Joint Strategic Needs Assessment Autistic Spectrum Disorder: Factsheet 2010-2011

- Identification of information relating to the cohort who are not known to social care services
- Further analysis of the out of Borough residential care placements for adults, to establish scope for a more local option

For children's services this largely means utilising existing SEND / Transitions pathways and service offers to scope the resilience of existing services to establish the case for change. The focus will be to link in with existing pieces of work, for example the SEN review, to see if enhancements are required to ensure that behavioural based interventions can be strengthened in order to reduce the impact of these behaviours in adult life.

7. The Main Areas of Regional Focus

7.1 Local planning needs to be creative and ambitious, and based on a strong understanding of the needs and aspirations of people with a learning disability and/or autism, their families and carers, and on expert advice from clinicians, providers and others. In the INEL region and Tower Hamlets more specifically we are starting from a position of strength. We have a solid service model to build on, good local expertise within our services and a well-regarded local treatment offer. The intake teams and mental health and challenging behaviour long term team provide a pathway for this cohort which includes psychological, speech and language input at a minimum in addition to access to other service from the integrated team as appropriate to individual needs. The team also supports wider health access to mainstream health services, for example, through working with health colleagues to ensure reasonable adjustments.

We have relatively low numbers of people overall in inpatient provision; We are committed to providing personalised support and have been active in using mainstream mental health services, and building bespoke support for many people who challenge. The CCG is also currently implementing a pilot project to expand the use of Personal Health Budgets which will expand to comprehensively cover this whole cohort.

7.2 Because we are currently below the national planning assumptions for the use of ATU's, our regional plan will focus on identifying areas where there is a natural and evidenced based case for working sub-regionally to deliver change as well as developing and enhancing our local offer. We envisage that the regional plan will be complimented by a more local delivery plan in each Borough. This will enable us to build on the good practice within each locality to ensure that our use of more institutionalised hospital settings continues to stay low in the future.

7.3 Despite the solid foundation, we know that there is room for improvement and as a region we are identifying common areas where we wish to collaborate to improve, and others where we can use learning from one part of the TCP to inform and improve other parts so that we all fully meet the new Model by 2019. In particular we will design our approach around our new model of care which is built around three core components:

- Prevention and community support that minimises risk of inappropriate admission;
- Focused and high quality assessment, treatment and care while in hospital; and
- Effective and timely discharge supported by a plan that minimises the likelihood of readmission.

7.4 These three core components will each be underpinned by a life course approach in order to ensure that our pathways and service offers are appropriate and relevant to the different life stages and recognise that behaviour that challenges may have different antecedents / causations at those different stages.

7.4 Each of the borough / CCG areas will undertake their own gap analysis to determine the extent of change required at a local level to ensure that the local offer complies with the principles and requirements. We will do this work to a common timeline so that as a partnership we can then review the individual gap analyses together to identify commonalities that can be addressed by jointly commissioning across all or part of the patch (or in partnership with other TCPs if that makes sense). There are currently a number of key opportunities for collaborative working that we wish to further explore in developing a final plan:

- **Out-of-borough residential and specialist educational placements for adults, children and young people**: Although our inpatient numbers are low, as a partnership we have many people living outside our borough boundaries because we have not been able to support them locally, so our plan will explore options to develop a more regional solution with the overall aim of placing both adults and children, where possible, closer to home.

- **Workforce Development:** Enabling providers to support those individuals and their families with the most complex needs builds resilience into community placements and enables people to benefit from skilled staff throughout the range of services they use, both specialist and mainstream. We will ensure a consistent level of expertise in key areas – communication, positive behaviour support and person centred planning and active support. Existing workforce partnerships and the footprint means this is an approach that could benefit from being delivered over a broader footprint.

- **Personal Health Budgets:** Tower Hamlets will take the lead in ensuring there is an aligned approach to the development of the TCP and Integrated personal commissioning objectives. As a national demonstrator site for Integrated Personal Commissioning our IPC cohort includes both adults and children with learning disabilities. We are actively developing integrated planning and budgeting models

building on existing Community Learning disability Teams' care planning processes for adults and the education healthcare planning process with children. The TCP cohort has been identified as an early point of focus for the IPC work (including identification of PHBs for these individuals). Tower Hamlets will be leading the way for our TCP and we will be seeking to learn from them to inform local plans in other boroughs.

8. Co-production, Engagement and finalising the Plan.

8.1 Within a restricted timescale we have been able to gain the input of people and their families through Interviews with families who have recently experienced an inpatient admission, to understand better what might have prevented crisis and admission to hospital and what would enable successful and sustainable support in the community. In developing our final plan we are planning an event for people within the cohort and their families to coincide with National Learning Disability Week in June.

8.2 We also intend to have Service User representation on our Board and are actively seeking someone to fill this position and identifying support needed for it so that it is not a tokenistic gesture, as well as identifying members for the Steering Group.

8.3 There are a number of established Partnership Boards and community groups across the WELC footprint and we are visiting these and other forums to explain the current arrangements and plans gain feedback and invest this feedback into our future planning.

8.4 Specifically in relation to this cohort, the Learning Disability Partnership Board (LDPB) provides a forum for local stakeholders to come together to share best practice and support and agree strategy and plans around learning disabilities in the borough. Adults with Learning Disabilities are represented on the board and attend the second half of the meeting with the above mentioned stakeholders.

8.5 Work is already underway to develop our more local delivery plan with consultation events being held with all key stakeholders including people with a learning disability and/or autism who display behaviour that challenges and their carers during the month of June. This will culminate in a stakeholder workshop to be held on the 1st of July.

Coproduction Events	Date	
TCP Provider Workshop	3rd June	✓
TCP Carer Workshop	24th June	
Tower Hamlets LD sports day	19th May	✓
Carers Forum	10th May	✓

Transforming Care in Tower Hamlets	1st June	
Learning Disability Partnership Board	21st March	✓
Challenging Behaviour Sub-group	25th April	✓
LD Health Sub-group	16th March	✓

8.6 The regional Transforming Care Plan will need to be taken through our governance structures in both the Council and CCG to inform development and co-design implementation. It is hoped to take the TCP programme to the Health and Wellbeing Board on 9th August 2016.

9. COMMENTS OF THE CHIEF FINANCE OFFICER

9.1 There are no financial implications arising directly from this report, which is for noting, however the work proposed is likely to impact on the financial provision of the council and its partners and in that context it needs to be fully aligned with the Outcomes Based Budgeting approach being adopted by the council. This report covers areas of significant expenditure and, given the financial challenges facing the Council and its partners, the opportunities for delivering services in the most effective way is a significant consideration.

10. LEGAL COMMENTS

10.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

10.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

10.3 Section 2B of the National Health Service Act 2006 (as amended by section12 of the Health and Social Care Act 2012) introduced a new duty for all local authorities in England to take appropriate steps to improve the health of the people who live in their areas. The Council is therefore responsible for improving the health of its local population and for public health services including services aimed at reducing reduce inpatient provision and enhance community services.

10.4 This is consistent with the Council's duties under Sections 1-7 of the Care Act 2014, including a duty to promote integration of care and support with health

services and a duty under section 6 to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support. Further, there is a general duty under to prevent needs for care and support from developing.

10.5 The Children Act 1989 provides the legislative framework relating to the Council's duty to promote the welfare of all children and young people in its area. Section 11 of the Children Act 2004 places duties on the Council to ensure its functions are discharged having regard to the need to safeguard and promote the welfare of children. Section 10 of 2004 Act and Section 27 of the 1989 Act refers to the requirement for local authorities to cooperate with other agencies to promote the well-being of children.

10.6 In respect of residential placements for children looked after by the Local Authority, there is a general duty under section 22G of the Children Act 1989 to secure, so far as reasonably practicable, sufficient accommodation within its area which is suitable to meet the needs of looked after children within the Local Authority's area. The aims of the Transforming Care Partnership Plan set out in the body of this report are consistent with these duties.

10.7 When considering the recommendation above, and during the review itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

Linked Reports, Appendices and Background Documents
Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

- NONE

Officer contact details for documents:

- N/A