REPORT TO:	Health Policy and Performance Board
DATE:	21st June 2016
REPORTING OFFICER:	Strategic Director, People & Economy
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Transforming Care Programme
WARD(S):	Boroughwide

1.0 PURPOSE OF REPORT

1.1 To provide the Board with details of the purpose and associated processes of the Government's Transforming Care Programme and the local progress for Halton residents.

2.0 RECOMMENDATIONS: That the Board

i) Note the contents and comment on the report and its associated appendices.

3.0 SUPPORTING INFORMATION

3.1 Background to Transforming Care Programme

3.1.1 Following the publication of the Government's response to Winterbourne View Hospital (2012) a concordat plan of action was developed. By the time of the report by Stephen Bubb (Winterbourne View – *Time for Change, 2014*), it was evident that the intended reduction in the use of inpatient beds had not been achieved.

3.1.2 The Government has now set clear targets for the reduction of inpatient beds and this is to be a 50% reduction nationally over the next three years. A number of 'fast-track areas' have already commenced this Programme.

3.1.3 The Transforming Care Agenda encompasses both Children and Adults with Learning disability and/or Autism and in particular those who display behaviour that challenges. In contrast to the earlier Government policies, Transforming Care looks at the wider set of community services that need to be in place to support the reduction in beds and a more comprehensive response to Children and Adults who challenge. Delivering this, it is suggested, some areas will require significant remodelling of existing services. The key areas of the Transforming Care Programme are:

- **Empowering individuals** – giving people with learning disabilities and/or autism, and their families, more choice and say in their care

- **Right care in the right place** – ensuring that we deliver the best care now, including a new approach to care and treatment reviews, whilst re-designing services for the future, starting with five fast-track sites to accelerate service re-design and share learning

- **Regulation and inspection** – tightening regulation and the inspection of providers to drive up the quality of care

- **Workforce** – developing the skills and capability of the workforce to ensure we provide high quality care

- **Data and information** – making sure the right information is available at the right time for the people that need it, and continuing to track and report progress

3.1.4 It will be seen from the above that these themes are not dissimilar to those referenced in the Valuing People guidance. The National Service Model which underpins Transforming Care can be found at ***Appendix 1***.

3.2 **Where does Halton fit in?**

3.2.1 Halton is part of a mid-Mersey hub comprising Halton, St Helens, Warrington and Knowsley Councils and their equivalent Clinical Commissioning Groups (CCGs). Governance of the hubs lies with Cheshire and Merseyside Transforming Care Board who will oversee the implementation of the programme (Sue Wallace-Bonner, Director of Adult Social Services is a member of this Board). See ***Appendix 2*** for the Governance Structure.

3.2.2 A number of meetings involving the mid-Mersey hub are taking place to develop a joint plan. It is of particular importance to note that the commissioning hub across the mid-Mersey adopted a model of care which saw the closure of eight Assessment and Treatment (A&T) beds at Willis House in 2010. The A&T beds commissioned by NHS Halton CCG are on the Byron Ward at Hollins Park, Warrington. Halton has not utilised any A&T beds in for the last twelve months, although Halton currently has one patient admitted to Byron ward. There is a robust Multi-disciplinary team around this patient to support an appropriate and safe discharge.

3.2.3 Another feature of the Transforming Care Programme of particular importance is that those people who are funded through NHS Specialist Commissioning fall within this. There are four people thus funded who may return to Halton in the future but current indications are that this will not be for at least 12 months. These patients are monitored and reviewed via NHS Specialised Commissioning, including the completion of Care and Treatment Reviews (CTR). Halton's Learning Disability Clinical Lead is aware of these patients.

3.3 **What needs to be done?**

3.3.1 Planning and financial templates have been issued to all hubs and these have been

submitted for Halton. These are initial responses and more work is needed. The final sign off for all plans is scheduled for the June 2016 and these must be signed by Health and Wellbeing Boards. A copy of the latest version of the Mid-Mersey Plan can be found at ***Appendix 3.***

3.3.2 In order to make the process meaningful we need to engage more systematically with self-advocates and families and repopulate the templates with more detailed information, and in particular that related to budgets associated with Children's services. There has been a number of co-production events which Halton self-advocates have attended. There are Confirm and Challenge groups for Self-advocates and families to co-produce the transforming care plan. The Learning Disability Partnership Board should be the board which oversees the delivery of the local Transforming Care plan. The board will need to be widened out to include Children and Young People alongside Adults.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Those people with behaviours that challenge are particularly vulnerable to inappropriate restrictive practices. Ensuring robust community based services are in place will provide safeguards.

5.2 Remodelling some community based services may require additional investment. A workforce development stream has been established and Halton statutory and commissioned services are undertaking a Learning Needs Analysis to identify any gaps.

5.3 NHS England is also making available a total of £30m nationally, over a three year period to support the programme. The criteria identified by NHS England are those areas that have inpatient beds to close and those who need to expedite the reduction of patients receiving treatment in hospital which could be delivered in a non-hospital setting. As noted in 3.2.2 Halton have already completed this work, so are unlikely to qualify for the funding. For any funding requested match funding will need to be identified. There is inter-dependency with the mid-Mersey hub for some of the priority areas identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

The outcomes of this programme will be the continuation of in-provision for people in times of deteriorating health or crisis and conjunction with the development of high quality services closer to enable people to live independent lives closer to their friends, family and carers.

6.2 **Employment, Learning & Skills in Halton**
None as a result of this report.

6.3 **A Healthy Halton**
The outcomes of this programme will be the continuation of in-provision for people in times of deteriorating health or crisis and conjunction with the development of high quality services closer to enable people to live independent lives closer to their friends, family and carers.

6.4 **A Safer Halton**
None as a result of this report.

6.5 **Halton's Urban Renewal**
None as a result of this report.

7.0 RISK ANALYSIS

7.1 Failure to deliver the Transforming Care Programme may place at risk some of our particularly vulnerable service users.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.

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

Governance Structure