Joint transformation planning template

Introduction

- **Purpose**

This document provides the template and key guidance notes for the completion of local plans aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). These plans should cover 2016/17, 2017/18 and 2018/19.

- **Aims of the plan**

Plans should demonstrate how areas plan to fully implement the national service model by March 2019 and close inpatient beds, starting with the national planning assumptions set out in *Building the Right Support.* These planning assumptions are that no area should need more inpatient capacity than is necessary at any one time to cater to[1]:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

These planning assumptions are exactly what the term implies – assumptions for local commissioners to use as they enter into a detailed process of planning. Local planning needs to be creative and ambitious 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 some local areas, use of beds will be lower than these planning assumptions, but areas are still encouraged to see if they can go still further in supporting people out of hospital settings above and beyond the these initial planning assumptions.

- **National principles**

Transforming care partnerships should tailor their plans to the local system's health and care needs and as such individual plans may vary given provider landscape, demographics and the system-wide health and social care context.

[1]The rates per population will be based on GP registered population aged 18 and over as at 2014/15

However local plans should be consistent with the following principles and actively seek to evidence and reinforce these:

a. **Plans should be consistent** with **Building the right support** and the **national service model** developed by NHS England, the LGA and ADASS, published on Friday 30th October 2015.

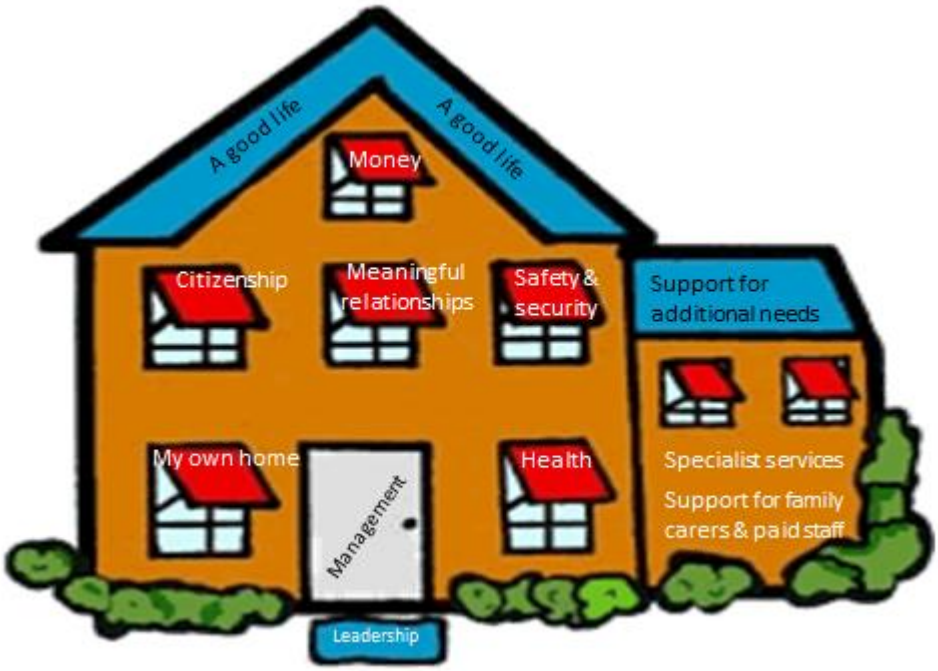
b. **This is about a shift in power.** People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision.

   To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this, is through the expansion of personal budgets, personal health budgets and integrated budgets

c. **Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education, housing) including people with direct experience of using inpatient services.

Summary of the planning template

Derbyshire and Derby City
Transforming Care Partnership Plan
2016-2019



"Getting a Good Life"

For people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Introduction to Our Plan

In line with the national service model the Transforming Care Plan (TCP) for Derbyshire and Derby City aims to support the three consistent national outcome improvements; **improved quality of care, improved quality of life and reduced reliance on in-patient care** for people with a learning disability and/ or autism who display behaviour that challenges, including those with a mental health condition.

The plan highlights what Derbyshire and Derby City already have been successful in achieving which reflect existing transformation plans and relevant all age strategies that are consistent with Building the Right Support and align to the national service model and other key strategic plans for Children and Young People and Adults. It describes how the partnership is building on the good things and is honest about the things that need to improve and sets out how we will improve in these areas.

The plan outlines what we know about our local people, what care and support delivery is like at the moment and specifies the TCP principles and ambitions for the future and how these will be delivered.

The TCP local plan is underpinned by national principles that include;

•**A shift in power.** People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based care and support to support people to lead those lives, thereby enabling the partnership to close all but the essential inpatient provision.

•**Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, education, private and voluntary sector) will be involved in the development of the plan, and there will be one coherent TCP plan across both providers and commissioners. Stakeholders beyond health and social care will be engaged in the process (e.g. public protection unit, probation, and housing) including people with direct experience of using inpatient services.

The Scope of Our Plan

Local transformation requires whole system life course cultural and philosophical changes across the health and care system and will mean redesigning the way we commission and what is provided to better meet a range of common sets of support requirements and needs. This plan responds to the scope of the individuals defined in the National Service model and there will be a better offer from wider health and social care sectors **serving children, young people or adults** with a learning disability and/or autism who:

- Have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges
- Display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome where there may be an increased likelihood of developing behaviour that challenges
- Display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour)

- Often have lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system
- Adults with a learning disability and/or autism 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.

These groupings and description of the population covered by this plan is not an exhaustive list, people are individuals who do not neatly slot into single definitions, and these people are a heterogeneous group with needs changing over time.

This scope of this plan includes people **of all ages** and those with autism (including Asperger's syndrome) who do not also have a learning disability (as well as those who have both a learning disability and autism), and includes those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

The TCP plan will follow the guidance within the National Service Model and will focus on services and packages of care and support for this defined group of people, funded by the NHS and local government, as well as NHS/local government interfaces with other services (e.g. education), but not those services funded by other public sector agencies themselves (e.g. schools).

The National Service Model does however clearly refer to the fact that *"this does not mean that other public services and organisations do not also need to review and improve the way they support and provide services for children, young people and adults with a learning disability and/or autism. It is essential that links across all local system partners are established both to ensure a joined-up and effective approach to supporting people, with clearly identified care and support pathways, and to maximise opportunities for sharing knowledge, skills and support across agencies and systems."*

Within this plan when we refer to 'everyone' or 'people' in this document, we are referring to this defined group of people (children, young people and adults) unless otherwise stated and when we refer to 'people with a learning disability and/or autism, we are referring to 'people with learning disability and/ or autism who display behaviour that challenges, including those with a mental health condition.
Throughout this document we use the term 'autism' as an umbrella term for all Autistic Spectrum Conditions, including Asperger Syndrome.

See Annex A in the National Service Model Plan for definitions: behaviour that challenges, learning disability and autism. https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf

Planning template

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

Guidance notes; consider the following: current providers, statutory, independent and voluntary sector contracts. Collaborative commissioning arrangements, key commissioning blocks (block contracts, geographical boundaries, provider relationships)

The Derbyshire and Derby City Transforming Care Partnership (TCP) is made up of a health and care membership that covers;

- Four CCGs, Hardwick (who lead on adult learning disability commissioning strategy for the partnership), North Derbyshire, Erewash and South Derbyshire. For Children and Young People (CYP), commissioning works in 2 units of planning; North Derbyshire Unit of Planning NDUOP (North Derbyshire and Hardwick CCGs), South Derbyshire Unit of Planning SDUOP (Southern Derbyshire and Erewash CCGs).
- Two Local Authorities providing children and adult care services and education services - Derbyshire County Council (who co-ordinate the Joint Autism Strategy for the partnership) and Derby City Council, both with Public Health functions.
- Two Health and Wellbeing Boards.
- NHS foundation provider trusts;
    - Derbyshire Community Health Services Foundation Trust (DCHSFT) – Adult Learning Disability specialist health services, older adult mental health services and a range of community services for adults and children
    - Derbyshire Healthcare Foundation Trust (DHcFT) – Adult Learning Disability specialist health services, and Adult Mental Health Services countywide. Child and adolescent mental health services (CAMHS), CAMHS learning disability services and a range of children's community health services for the Southern Derbyshire unit of planning.
    - Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) – in addition to acute care; CAMHs learning disability service , CAMHs and a range of community health services for the north Derbyshire unit of planning
    - Derby Teaching Hospitals Foundation Trust (DHTFT) – in addition to acute care; Clinical Psychology for children in the south unit of planning including the Complex Behaviour Service.
- Derbyshire Police and Crime Commissioner
- Derbyshire Probation service
- Safeguarding Children and Adult Boards
- A range of independent and voluntary and third sector providers including three Independent adult learning disability hospital providers
- Advocacy organisations
- Healthwatch Derbyshire and Derby City

The Derbyshire TCP footprint covers a total population size of 1032300.

Note- the Derbyshire TCP footprint does not include the smaller population of Glossopdale

which falls inside the Derbyshire geographical boundary however this population receive healthcare commissioned from Tameside and Glossop CCG and social care from Derbyshire County Council. There are arrangements and ongoing discussions with Tameside and Glossop to ensure contribution from Derbyshire within the Greater Manchester TCP and to ensure boundaries do not adversely impact on individuals.

Our Commissioning relationships

Given the strong partnership working, progress to date, and the population scale required, it was agreed that the Derbyshire and Derby City footprint would be the basis on which we plan and transform care and support services.

There are some historical and organisational legacy arrangements that have created commissioning and provider complexities across the geographical partnership footprint. In both Children's and Adult commissioning there are complex arrangements across County Council, City Council and four Derbyshire CCGs. The TCP has an ambition to evaluate its commissioning and provider structures in place and make these clearer and coherent, crucially for the people who have to find their way around these systems and for commissioners and providers who work within them.

County and City health and social care commissioners have a long standing collaborative relationship evidenced by a range of children and adult partnership groups and governance structures in place. Adult Joint Commissioning Boards now include health and social care commissioning representation for children and young people.

The transforming care partnership is supported by the formation in 2015 of a Derby City and Derbyshire All Ages Autism Joint Commissioning Board (AJCB), and invitations have been extended to leads from Education and the two main NHS trusts. The priorities of the Board are derived from the Autism Act and subsequent guidance, and from analysis of the current pathway gaps and from consultation with people with autism, their families and local autism groups. An Autism Partnership Board advises on priority setting and monitors the work plan.

Officers attending the Autism JCB also attend Preparing for Adulthood Board and SEND project boards within their own agencies, participate in Care and Treatment Reviews (CTRs) where it has been noted that approximately 35% of all CTR's are for people with a diagnosis of autism (no Learning disability) and a further 35% have a diagnosis of autism with a learning disability. The same officers are also members of the TCP Board and as such, can ensure that the partnership is aware and able to comment and influence the autism work plan

Since 2013 the four Derbyshire CCGs, two Local Authorities/Public Health teams and voluntary sector partners have developed an innovative approach to improving emotional health and well-being and behaviour for children and young people. This has been managed through the Integrated Behaviour Pathway Partnership now replaced by the Future in Mind Core Commissioners Group. In 2015 a Children's Joint Commissioning Board established to co-ordinate activity and to provide strategic oversight.

In Derbyshire there is a section 75 pooled budget agreement in place across health, social care and education for children and young people with very complex needs. This governs the funding of placements for children and young people whose needs are so complex that they cannot be met by existing commissioned services in Derbyshire.

In Derby City there is a section 75 integrated provider agreement in place for the disabled children's short break (respite) service for people with high support needs, (The Lighthouse).

The four Derbyshire CCGs are individually accountable for the commissioning of health care for children and young people, adult learning disability and /or Autism services at local level. The strategic commissioning responsibility is then discharged through lead CCG commissioner arrangements; in particular Hardwick CCG lead on the mental health and adult learning disability health strategic commissioning. Derbyshire County Council take a coordination role on behalf of partners for the joint autism strategy and there are two integrated CCG/Local Authority commissioning roles for children and young people.

Overall personalised support / services are commissioned on an open tender with individual packages of care commissioned through a mini selection process through the systems in place across both City and County Councils. Block contract arrangements are in place with NHS Foundation Trust providers; DHcFT, DCHSFT, DTHFT and CRHFT and locked rehab services are commissioned on a spot basis and under a regional procurement framework of providers. NHS England specialist commissioners are the responsible commissioner for secure services and local CCG commissioners have effective relationships with our regional specialist commissioners.

Due to the size and location of Derbyshire there are cross boundary issues which create some cross border issues. These are mostly related to people moving to live in care homes within Derbyshire placed by commissioners from out of the area and vice -versa. There are people who are registered with GP practices but live outside of the Derbyshire border and vice versa.

Derbyshire County Council, Derby City Council and Derbyshire NHS Clinical Commissioning Groups gross spending on specialist health and social care services for adults and children with a learning disability and /or Autism is circa £110 million. This requires further iteration across partners and will form a basis for the Finance and Activity work stream to enable a more accurate reflection as the TCP develops.

Describe governance arrangements for this transformation programme

Guidance notes; who are the key partners, what is their involvement.

The implementation and achievement of the Derbyshire / Derby City TCP plan will be overseen by a TCP Board. The board will be aligned to existing governance structures in place and will build on existing joint partnerships and joint working arrangements.

The Derbyshire partnership spans two Local Authority areas of Derbyshire County Council and Derby City Council and the four Derbyshire based CCGs which are; Hardwick, North Derbyshire, Erewash and Southern Derbyshire.

The Senior Responsible Owner (SRO) for the TCP will be the Chief Operating Officer of Hardwick CCG (Andy Gregory) and the board will operate with a co-chair role jointly undertaken by the SRO and the Strategic Director of Adult Social Care in Derbyshire (Joy Hollister)

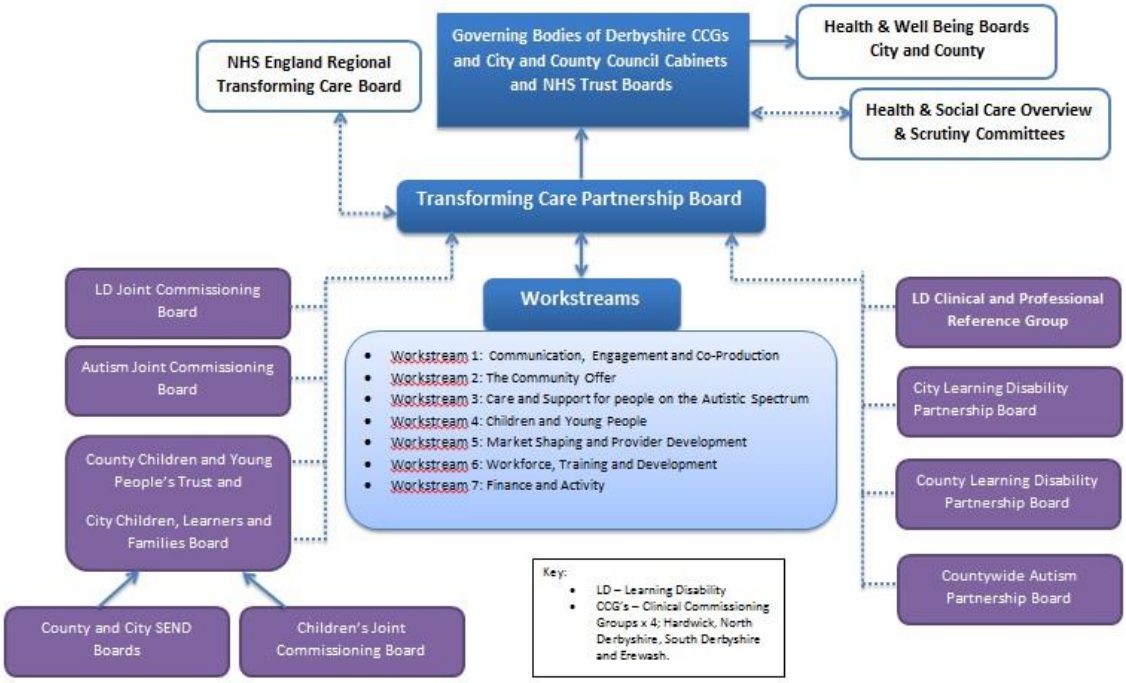
The TCP Board will be responsible for the local TCP plan and its progress and will be accountable to the Health and Wellbeing Boards and will report to each of its local partner organisations (e.g. CCG Governing Bodies, Adult Social Care Boards, Elected members,

Learning Disability Partnership Boards (LDPBs), Autism Partnership Board, NHS foundation trust boards and NHS England on the local plan.

Membership of the Transforming Care Board will be made up of senior managers and or their representatives with delegated authority. The board will have members from a variety of key stakeholders and partners including but not at this stage an exhaustive list; people with lived experience, family carer, chair of the LDPBs, advocacy, care and support providers, including Housing, Healthwatch, Police and Crime Commissioner's Office, Derbyshire constabulary and NHS England specialised commissioning.

The TCP Board is now in place with terms of reference and an agreed current membership, membership is likely to evolve as the focus moves from co-design of the plan to assurance and delivery and future membership might therefore look different.

The Assurance and Delivery Structure is a follows;



The TCP Board will meet monthly at a minimum and have reviewed its terms of reference and membership in March 2016. The TCP board also begin to report to the Sustainability and Transformation Board.

Terms of reference for the TCP Board are embedded here;

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This TCP Plan forms an integral part of our wider service transformation agenda. The aims and priorities are shared, and through regular reporting we will ensure that the right linkages are made between the programmes as we start to implement this Plan. This will be a key responsibility of the TCP Board and the Joint Commissioning Boards in their governance

roles.

The formal sign off of this plan will be undertaken by the TCP Board, the Health and Well Being Boards for Derbyshire and Derby City, Governing Bodies of Derbyshire CCG's and LA Adult Care Boards / Cabinets and key stakeholder Trust Boards and the Learning Disability , Autism and Children and Young People Partnership Boards. It is anticipated that formal sign off through these assurance structures will fit into existing scheduled meeting timetables in between March and July 2016.

Derbyshire TCP Plan Partner sign-off	**Meeting Date**
Southern Derbyshire CCG Governing Body	22nd April
Hardwick CCG – Governing Body	26th April
North Derbyshire CCG Governing Body	28th April
Erewash CCG Governing Body	5th May
Derbyshire Healthcare NHS Foundation Trust	27th April
Derbyshire Community Health Services Foundation Trust	28th April
Derbyshire County Council Children's Services (Senior Management Team and Lead Elected Members)	31st March
Derbyshire Children and Young People's Trust Board	9th June
Derbyshire County Health and Well Being Board	12th May
Derby City Health and Well Being Board	26th May
Derbyshire County Council Cabinet	24th May
LDPB City	11th May
LDPB County	21st April

The table below indicates the dates for sign-off;

Describe stakeholder engagement arrangements

Guidance notes; who has been involved to date and how? Who will be involved in future and how?
It is important to explain how people with lived experience of services, including their families/carers, are being engaged.

The communities and population of Derbyshire and Derby City form a diverse footprint, within it are a variety of NHS stakeholders, two Local Authorities and a wide ranging mix of independent and voluntary sector providers. Commissioners across health, social care, education and Public Health will continue to work closely to develop this Transforming Care Plan building on what our key stakeholders, the children and adults with lived experience and their parents and carers of the area, have told us.

There has already been significant stakeholder engagement that has contributed to the

development of the plan. The Learning Disability Joint Commissioning Board has been monitoring progress and the development of post Winterbourne/Transforming Care plans since 2012. There has also been a Joint Improvement Programme Board within Derby City that has been made up of Director level and senior representation from commissioners of health and social care, the local mental health and learning disability NHS foundation trust provider and representation from advocacy.

For more than two years the health and care organisations in North Derbyshire have been working collaboratively as part of a programme called 21C #JoinedUpCare. It is a transformation collaboration of NHS commissioners and local providers, Local Authority commissioners and providers, the voluntary and community sector as well as citizens themselves. Its aim has been to find smarter and new ways of working together that improve services for its 390,000 citizens - to help people stay safe, independent and healthy. This has included a focussed programme of work to transform local health and social care for adults with a learning disability.

The Future in Mind strategy and SEND reforms have provided significant opportunities for wider stakeholder engagement in developing the respective transformation plans.

City and County have had multi-agency quality and service improvement groups in place supporting the discharge and community support arrangements for individuals identified by the original post Winterbourne/Transforming Care programme. These groups involve a range of clinicians and social work professional staff and senior managers and regular feedback on what's working and what's not working is provided back to respective organisations and to the JCBs.

There is a Derbyshire wide Learning Disability Clinical and Professional Network (Clinical and Medical health and social work professional practitioners) reporting into the JCBs, and who have been considering learning from the Transforming Care programme and advising commissioners on future development including a local audit of the prescribing of anti-psychotic medication and the proposals for the revised autism pathway and a countywide forensic pathway.

In response to the learning from the local Transforming Care programme and initial Care and Treatment Reviews commissioners from health and social care across City and County facilitated 2 joint workshops- 'Supporting individuals with challenging behaviour' and 'Care co-ordination/Case management'. Stakeholder representatives from NHS provider Trusts, CCGs, both Local Authorities including commissioners, clinicians, social workers, team managers and advocacy leads identified a range of service improvements which have been incorporated into strategic planning. A further event was facilitated by the NDTI and centred on preparing for adulthood.

The collaborative stakeholder working between CCGs and partners is exemplified by the South Derbyshire Unit of Planning's successful application to become a pilot site for Accelerated CAMHS co-commissioning to explore a good practice model for schools (December 2014). This work continues and will be prioritised in the Future in Mind Action Plan.

There are strong links into the East Midlands networks including the Derby City Director of Adult Social Care Services chairing the Regional Group of commissioners from CCGs and Local Authorities. Transforming Care is one of the priorities for the regional work plan for the coming year.

There are already provider forums where the councils engage with local care, support and housing providers including the new network of micro- providers, who are accredited small to medium size providers in the 'Derby Choice' network. This also gives providers of all types and sizes the opportunity to benchmark good practice and to influence the TCP plan and local improvements.

The Health and Wellbeing Board, CCG governing bodies, Adult Care Boards, the City and County Learning Disability Partnership Boards, Joint Autism Partnership Board and Children and Young people's JCB, have received regular updates on this programme.

Next steps

A full engagement and communication strategy will be developed with a supporting action plan. Further Stakeholder mapping will need to be completed as a priority to ensure coverage, wider engagement and involvement.

The TCP Board has a range of stakeholders represented including children and young people's commissioners, Criminal Justice System and Healthwatch and this is likely to be further extended for example with Voluntary and Third sector providers as the stakeholder mapping is completed.

It is intended to fully utilise existing networks to engage with local people and to use established communication channels. This will require partners to confirm current arrangements that are in place and identify any requirements for enhancement to incorporate and communicate the TCP plans.

Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers

Two tools to help areas assess levels of co-production can be accessed here and here.

Co-production of the plan is important for all stakeholders. The partners have long established Learning Disability Partnership Boards (LDPBs), with differing styles of working across the City and County. There is also an Autism Partnership Board. These have proven to be an invaluable asset and a forum to co-produce local plans and ensure the inclusion of people with a learning disability and/ or Autism and carers, providers and local communities.

Derbyshire has a special schools forum, created specifically to support the participation of children and young people who attend special schools. One special school representative is a member of the Youth Council and is supported to attend and contribute at meetings.

The implementation of the SEND reforms in both the City and the County have been supported by children and young people, parents and carers who have been involved in every stage of the process, from consultation through to strategic and board level with parent representation. This work in on going and is supported by the youth councils.

Following a review of special educational needs across Derby City by Impower, there is a head teacher task and finish group developing a model for autism friendly schools. A parent is actively involved in the children and young people's workstreams (WS2) to develop a streamlined neuro disability pathway across agencies – which is a priority of the South Derbyshire Unit of Planning CCG transformation programme.

People with a learning disability and /or autism and family carers are represented on the Learning Disability and Autism Partnership Boards. These boards have already identified the preferred option of co-production using facilitated workshops to explore the issues and ensure participants have adequate time and support to be fully involved in the programme. We will develop a Confirm and Challenge approach specifically for this programme, starting with the existing special schools forum.
An Autism Commissioning Project Officer has been appointed who will build on the existing Partnership Board to improve co-production in 2016/17.

A successful funding bid from NHSE is being used to develop the 'Inclusion North' model for people, families and carers across the Midlands and East region this is being led by Derby City and the TCP Engagement Champion – (Brian Frisby). The Derbyshire and Derby City TCP will seek to utilise contributions and input from the 'Inclusion Midlands and East' network of people with lived experience and their families and carers to influence the developing local plan. It is anticipated that the TCP will build on and support two-way communications with this network and local user groups.

Healthwatch Derbyshire were involved in producing a report on the autism pathway in 2015, this represents a significant piece of engagement work with parent carers. The purpose of this report was to give parents and carers the opportunity to talk in more detail about their experiences of the Autism Pathway in Derbyshire. This service evaluation gathered qualitative accounts of parent carer's experiences of the Autism Pathway over a 12 month period. Derbyshire is now developing a participation strategy for children and young people as there is recognition to improve participation of young people with a learning disability and /or Autism, and parents and carers.

There are further opportunities to build on local engagement and an approach to quality checkers through a small pool of local volunteer health action plan quality checkers and the TCP will continue to work Derbyshire and Derby City Healthwatch as they develop a local team of health checkers who are experts by experience for their enter and view monitoring approaches.. These opportunities will be incorporated into the engagement and communication and co-production workstream.

<u>Next Steps</u>

Whilst we will use existing networks we will need to engage harder to reach individuals and will look to replicate previous successful engagement methods including 1:1 face to face interviews, questionnaires, Skype for individuals who find face to face meetings difficult, telephone conversations and web based information exchange. This will include people with lived experience who have moved from in-patient to community support arrangements as part of the Derbyshire programme.

The partners plan to establish a multi-agency, cross professional, county wide special interest /good practice forum focusing on people who display behaviour that challenges and to involve people with this lived experience.

The TCP aim to develop a 3d concept of the ambitions for the TCP plan, and the current thoughts on this are to create a media interpretation of the ambitions filmed with local people using a variety of approaches for example; creative arts and role play and actual lived experiences to depict what the ambitions and "I" statements might look and feel like.

The TCP Board will develop its communication, engagement and co-production mechanisms to improve upon existing opportunities and further work with people with lived experience, for example; reviewing the way the County Children's Autism Co-ordination Group operates to improve regular attendance from parents, using creative therapies and media to produce lived examples of the TCPs aspirations and utilising feedback from Care and Treatment Reviews (CTRs) that will be incorporated into guiding and influencing the plans as they develop further.

Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership

Any additional information

2.Understanding the status quo

Baseline assessment of needs and services

Provide detail of the population / demographics

Guidance notes; This is a plan for a very heterogeneous group of people. What are the different cohorts? Consider the 5 needs groupings described in the national service model. Ensure that all your information on the different cohorts reflects children and young people who have these needs, including those who are in residential schools out of area.

Recording the prevalence of learning disabilities in a population is complex as there is no single data source or single definition providing a comprehensive overview of all children and adults with a learning disability and /or Autism. It is therefore not possible at this stage to accurately identify the group of people who would be represented within the 5 cohorts listed in the TCP guidance. The numbers provided are taken from different sources and are recordings of particular groups or are projections and are useful to give important information about local people. However, moving forward by looking at the number of people known to health and social services it is possible that the partnership will be able to estimate the likely true number of people.

The prevalence of people with a learning disability and /or Autism reflected in health and social care data is likely to be a significant underestimate of the true number of people in the population with some degree of learning disability and /or Autism. People with less severe learning disabilities are more likely to live independently and therefore less likely to be known to services.

Estimates of people with a learning disability for Derbyshire and Derby City are just over 2% of the population, which is approximately four times the proportion of the population who are known to services. Based on national data and an overall general population the estimated numbers of people with a learning disability in Derbyshire is 15,250 and in Derby City 4,950 (people with mild to severe learning disability).

Estimates have also been made regarding how the prevalence of learning disabilities may be expected to change in the future. These estimates are based on factors such as increased survival rates of children with severe and profound disabilities and increased life expectancy of older adults with learning disabilities as well as changing patterns in populations.

Adults with a Learning Disability

In Derby City social care currently have 592 adults with a learning disability open to their services and in figures taken from the GP registers there are 919 adults with a learning disability registered with GPs in the Derby area. Derbyshire adult care have 2083 adults with a learning disability open to services and across Derbyshire GP practices there are 2620 adults with a learning disability registered.

Tables 1 and 2 below show the projected changes in the number of adults with learning disabilities in Derbyshire and Derby City by different categories of need. It is within these projections that we can estimate the likely numbers of people in our population who display behaviours that are challenging and people with a learning disability who also have autism.

While the distribution of individuals by severity of learning disability is similar in the two areas, the predicted overall percentage change to 2030 is significantly higher in Derby City (12.8%) than in Derbyshire County (2%). This is likely to be due to differences in population factors such as there being a higher number of younger people in Derby City than Derbyshire County suggesting birth rates may be higher going forward. There is also higher percentage of people from South Asian backgrounds and higher levels of deprivation in Derby City, both of which have been associated with higher levels of learning disabilities.

Table 1- projected changes in the number of adults with a learning disability, Derby City

Derby	2012	2015	2020	2025	2030	Percentage change
All learning difficulties	3895	4018	4180	4318	4466	12.79
Moderate or severe	872	903	949	996	1045	16.56
Severe	236	244	255	268	282	16.31
Down's Syndrome	99	102	107	110	113	12.39
Challenging behaviour	71	74	77	79	82	13.41
Autistic spectrum disorder	1604	1660	1731	1794	1854	13.48

Source: Projecting Adult Needs and Service Information (PANSI)

Table 2 - projected changes in the number of adults with a learning disability, Derbyshire County

Derbyshire	2012	2015	2020	2025	2030	Percentage change
All learning difficulties	11281	11302	11409	11490	11514	2.02
Moderate or severe	2539	2548	2588	2640	2682	5.33
Severe	666	665	672	688	705	5.53
Down's Syndrome	292	292	295	296	296	1.35
Challenging behaviour	210	210	212	213	213	1.41
Autistic spectrum disorder	4659	4668	4716	4745	4754	2.00

Source: Projecting Adult Needs and Service Information (PANSI)

With regard to further understanding our population of people we know from national research that behaviour that challenges is displayed by 10 to 15 per cent of adults who have a learning disability (see Emerson & Einfeld, 2011)

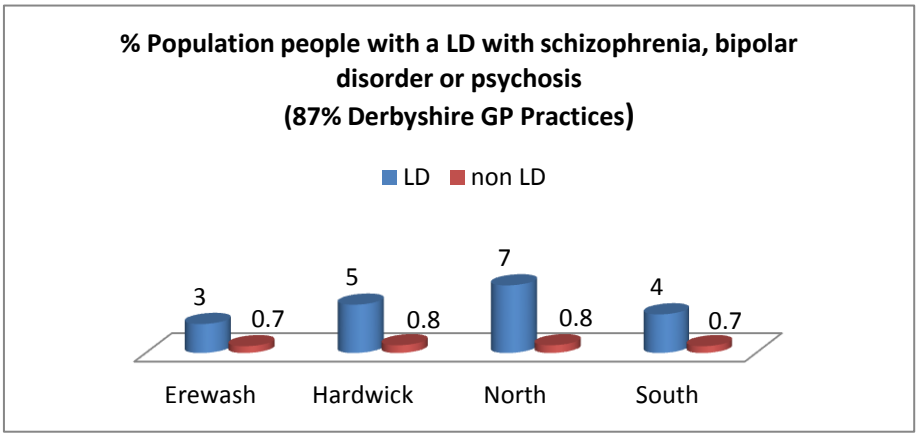
From the projections above, the Derbyshire and Derby City TCP footprint is estimated to

have 274 adults with a learning disability who display significant challenging behaviour - Derbyshire County there are estimated to be 210 adults and in Derby City there are estimated 74 adults.

Our local GP learning disability practice registers do not use any agreed read codes to capture people who display behaviour that challenges; this will be further considered as a potential area for development that would require agreed definitions and suitable read coding to be used. For example; pilot within one CCG to develop coding to be used across all practices, this would really help to understand our local people.

Local GP registers do however capture people with a learning disability who have additional dual diagnosis of schizophrenia, bipolar disorder or psychosis. People with a learning disability are more likely to experience mental health problems (Emerson, E. et al, 2008) and the Foundation for people with a learning disability estimates that an upper estimate of 40%, with higher rates for those people with a severe learning disability. Emerson calculated in 2004 that the prevalence in children and young people with a learning disability for different age groups as follows: 5 to 9 years : 0.97%: 10 to 14 years; 2.26%; 15 to 19 years: 2.67%.

From information of data up to March 2015 commissioners are informed that there are 291 people aged 14+ with this additional dual diagnosis coding. The graph below shows the % of those with a Learning disability and % of non-learning disabled population with dual diagnosis.



However we cannot totally rely on the data as this has issues of coding quality, and not all GPs undertook the Miquest query to provide the data, so these figures are considered to be an underestimate.

The reports via the locally developed Miquest Query set have been provided by 87% of Derbyshire and Derby City practices. This is a significant improvement on previous years reporting.

The numbers of practices completing the reporting is broken down as follows;

- Erewash CCG GP Practices -11 practices from 12 completed
- Hardwick CCG GP Practices- 11 practices from 16 completed
- North Derbyshire CCG GP Practices- 30 practices from 36 completed
- South Derbyshire CCG GP Practices - 51 practices from 56 completed.

Children and Young People with Learning Disabilities and/or Autism

Work is ongoing relating to implementation of the Children and Family Act 2014. This reform programme overlaps with the Transforming Care agenda as well as the existing work in relation to transition – "preparing for adulthood". The TCP acknowledges the different histories in terms of definitions and focus between children and adult services and the fact that the way in which data is collected and recorded across agencies currently does not enable this group of young people to be identified accurately. This is a national issue as much as a local one. For example, the national statutory descriptors for Special Educational Needs and Disabilities (SEND) use the terminology *learning difficulty* and *severe learning difficulty* (as opposed to learning disability). The new SEND descriptors, introduced from September 2014, have also replaced the descriptor for *Behaviour, Emotional and Social Needs* with *Social, Emotional and Mental Health*. This means that there is no longer a specific descriptor within the SEND system focused on behaviour that challenges.

The TCP in Derbyshire and Derby City aims to improve our understanding of the number of children and young people with a learning disability and/or autism who display behaviour that challenges. One of our ambitions is to improve the collection of information across the partnership using consistent criteria/descriptors, to provide a more accurate reflection of the numbers of children and young people in this cohort and their needs

The following tables provide information about number and proportion of children and young people in Derby and Derbyshire with SEND, based on the January 2015 School Census:

Table 3	Total Pupils	Total Pupils with SEND		Pupils with EHC Plan or Statement		Pupils wih SEN Support	
		No.	%	No.	%	No.	%
Derbyshire Total (County)	111,667	17,272	15.5	3,290	2.9	13,982	12.5
Derby City Total	42,533	7,235	17.0	1,249	2.9	5,986	14.1
England Total	8,438,145	1,301,445	15.4	236,165	2.8	1,065,280	12.6

Source: DFE SFR25-2015 Table 14 – All Schools
(Includes maintained and direct grant nursery schools, maintained primary and secondary schools, city technology colleges, primary and secondary academies including free schools, special schools, special academies including free schools, pupil referral units, alternative provision academies including free schools and independent schools).

Table 4 below shows the total number of children and young people with SEND (SEN support, statement or EHC plan) by age group:

Age band (age as at 31 August 2014)	Derby City *		Derbyshire County	
	No.	%	No.	%
Aged 4 and under	n/a	n/a	1123	6.9
Aged 5-9	n/a	n/a	6803	41.8

Aged 10-14	n/a	n/a	6649	40.8
Aged 15-19	n/a	n/a	1708	10.5
Total	n/a	n/a	16,283	

**Derby City information not currently available in these age bands*
Source: January School Census 2015 – State Funded Settings
(Includes maintained nursery schools, maintained primary and secondary schools, primary and secondary academies, special schools and pupil referral units).

Table 5 below shows the total number of pupils with SEND (SEN support, statement or EHC plan) by primary need:

Primary Need	Derby City**		Derbyshire County*	
	No.	%	No.	%
Autistic Spectrum Disorder	220	6.7	1176	9.1
Hearing Impairment	84	2.6	310	2.4
Moderate Learning Difficulty	978	30.2	3503	27.0
Multi-Sensory Impairment	5	0.15	22	0.2
No Specialist Assessment of Need	-	-	515	4.0
Other Difficulty/Disability	75	2.3	529	4.1
Physical Disability	114	3.5	483	3.7
Profound & Multiple Learning Difficulty	11	0.3	158	1.2
Social, Emotional & Mental Health	513	15.8	2963	22.8
Speech, Language & Communication Needs	938	29	1774	13.7
Severe Learning Difficulty	37	1.1	299	2.3
Specific Learning Difficulty	204	6.2	1082	8.3
Visual Impairment	60	1.8	160	1.2
Total with a Primary Need recorded	3239		12,974	

3309 pupils in Derbyshire, still coded as School Action, do not have a primary need recorded.
***** 2747 pupils in Derby City, still coded as School Action, do not have a primary need recorded.***
This figure may be less when age band data is known.
Source: January School Census 2015 – State Funded Settings
(Includes maintained nursery schools, maintained primary and secondary schools, primary and secondary academies, special schools and pupil referral units).

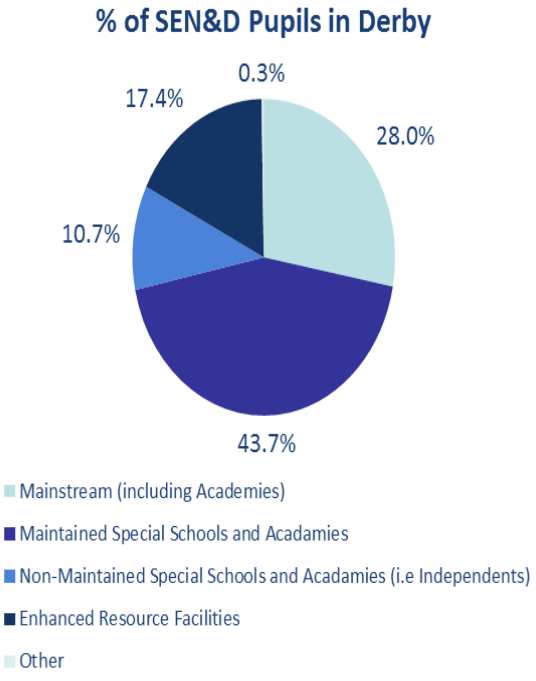
In both Derby and Derbyshire, the proportion of children and young people with statements or EHC plans is broadly in line with the national average. A further similarity is that, in both areas, the three most common primary needs for statements or EHC plans are autism, moderate learning difficulty and social emotional and mental health. Collectively, in both areas, these three primary needs account for around 60% of the population with statements or EHC plans.

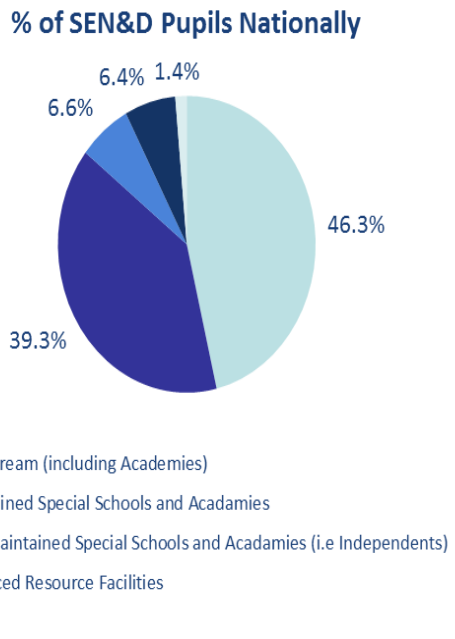
Over the past few years, both Derby and Derbyshire have experienced an increase in the number of children on the autistic spectrum known to schools, however, this has been particularly marked in the City where autism has become the most common primary need for children and young people with statements/EHC plans.

<u>SEND Placements</u>

The pie charts below compare the Derby City allocation of SEND placements with the national allocation based on the '*Special educational needs in England: January 2014*' published by the Department for Education (updated on 14 October 2014).

This shows that the local profile in Derby is considerably different to the national average, especially the proportion of placements in Mainstream Schools (significantly lower than the national average), and Enhanced Resource Facilities (significantly higher than the national average).





A further comparison between Derby City and Derbyshire County in Table 6 below highlights the difference in 'destinations' of statemented pupils between the two Local Authority areas. In the City, there is an opportunity to maximise the use of mainstream places to bring in line with the national average. This validates the business case for change and the need to realign more resources within mainstream provision.

Table 6	Mainstream maintained	Mainstream academies	SEN units in mainstream	Resourced provision in mainstream	Special maintained	Special academies	Hospital and PRU	Independent	Not in school or waiting
Derby	4.7	14.7	0	16.5	51.2	0	0	12.2	0.7
Derbyshire	46.9	11.2	0	7.6	26.6	0	1.6	3.4	2.7

Children and Young People in residential school placements

As of February 2016, 5 young people from Derbyshire with a learning disability and/or autism were attending in residential schools; one of these schools is situated within the County boundary and four are at a distance from Derbyshire.

In Derby City there are no residential schools. As of February 2016, there were 5 children with severe autism attending 52-week residential school placements out of area, and within a 25 mile radius of Derby City.

Young People in transition/ preparing for adulthood (aged 16 years plus)

In Derbyshire, 82 young people with learning difficulties and 47 young people with autism aged 16+ are currently being supported with their transition into adulthood and adult services.[2]

In Derby City, 81 young people with a range of needs including learning difficulties and/or autism aged 16+ are currently being supported with their transition into adulthood and adult services.

People with Autism

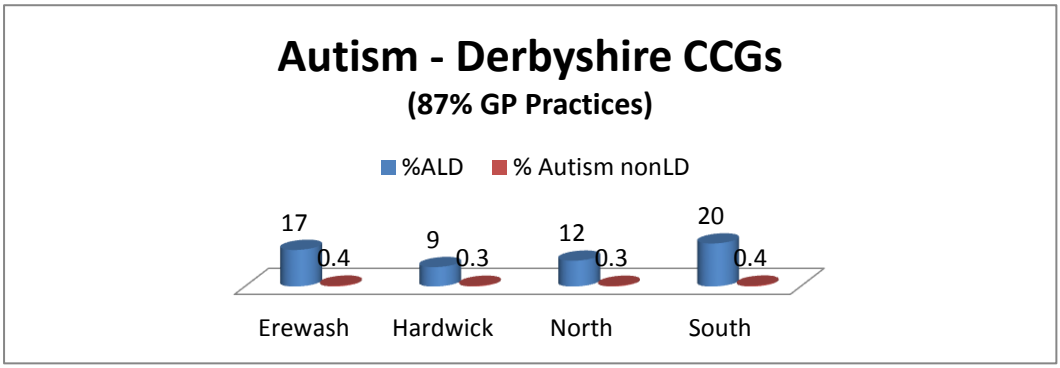
It is estimated that 1.1% of the population have Autism. This means approximately 700,000 people in the UK. Research has identified between 44% and 52% of people with autism may have a learning disability and between 48% and 56% do not have a learning disability. Research findings vary considerably as they are affected by the method of case finding and sample size.
Recent data collected from our Derbyshire and Derby City GP query set reports that across Derbyshire and Derby City GP practices there are 3358 people with Autism (who have no learning disability).

[2] This figure represents the number of young people open to social care with a live 'transition episode'. There may be an element of double-counting within these figures some of the young people will have both learning difficulties and autism and will therefore be counted twice.

Table 7, below shows the age split across gender;

People with a read code for diagnosis or suspected of being on the Autistic Spectrum			
Age range	Male	Female	Total
0-17 years	1777	439	2216
18 -64 years	874	258	1132
65-74 years	8	2	10
Total	2659	699	3358

The graph below shows the % of people registered with a GP who have a learning disability and a diagnosis of Autism against the % of people registered with Autism but no learning disability.



However from national research we know that that there is under diagnosis of autism in females and older people so the average quoted estimate of people with autism of 1 in 100 people may be adjusted as a result of further national research. For example; if we took the national average we would expect to see approximately 2500 people with autism in Derby City.

Locally our recording of in- patient admissions and CTRs highlights that a third are for adults with Autism and no learning disability and a further third for adults with a dual diagnosis of learning disability and autism.

Analysis of inpatient usage by people from Transforming Care Partnership

Guidance notes; Set out patient flows work, any other complications / geographical / organisational considerations? (e.g. importer / exporter relationships)?

People in in-patient beds

The national drive and expectation is to achieve at least a 10% reduction in the number of adult's in-patient beds between April 2015 and March 2016 and 10% of people in less restrictive settings. Trajectories set by NHSE were not based on any calculation of average number of admissions or discharges over a period of time but based on a snapshot of in-patient numbers at a given time of 1st April 2015, to use as a baseline to set a target reduction to monitor and record.

The following tables 8-11, provide a record of the in-patient trajectories set by NHSE and current position (at end March 16) for each Derbyshire CCG in 2015/16;

Table 8 - North Derbyshire CCG											
End of July position	Expected reduction by March 2016	End of year position (March 2016)	Trajectory for the remainder of the year								
				End of Aug	End of Sept	End of Oct	End of Nov	End of Dec	End of Jan	End of Feb	End of March
6	-2	4		6	6	5	5	5	5	4	4
in-patient position				11	8	11	13	10	9	6	8

Table 9 - Erewash CCG											
End of July position	Expected reduction by March 2016	End of year position (March 2016)	Trajectory for the remainder of the year								
				End of Aug	End of Sept	End of Oct	End of Nov	End of Dec	End of Jan	End of Feb	End of March
0	0	0		0	0	0	0	0	0	0	0
in-patient position				2	0	1	0	0	0	1	0

Table 10 - Hardwick CCG											
End of July position	Expected reduction by March 2016	End of year position (March 2016)	Trajectory for the remainder of the year								
				End of Aug	End of Sept	End of Oct	End of Nov	End of Dec	End of Jan	End of Feb	End of March
4	-2	2		4	4	3	3	3	3	2	2
in-patient position				3	3	4	5	4	4	4	3

Table 11- South Derbyshire CCG											
End of July position	Expected reduction by March 2016	End of year position (March 2016)	Trajectory for the remainder of the year								
				End of Aug	End of Sept	End of Oct	End of Nov	End of Dec	End of Jan	End of Feb	End of March
15	-5	10		14	14	13	13	12	11	11	10
in-patient position				15	12	14	13	13	11	10	12

Erewash CCG met their end of year trajectory, and the following discharges are planned for;
NDCCG – 1 at the end of April 2016
SDCCG – 1 at the end of April 2016
The recording of trajectories now provides us with an 8 month analysis of the number of in-patients by CCG for which we can build on to identify our average numbers of in-patients at any one time and identify future more realistic target trajectories, for example for NDCCG this would be an average of 9 in-patients, Hardwick 4, and SDCCG 12. This analysis also shows improved identification in the flagging and reporting of people with a mild learning disability and Autism no learning disability who are in-patients within our local Mental Health acute beds.

Table 12 provides a summary of the number of actual admissions and discharges of CCG commissioned beds during 15/16 and the number of CTRs and Bluelights conducted.

Table 12	Qtr1	Qtr. 2	Qtr3	Qtr4	Total
Admissions	28	19	18	12	77
Discharges	21	20	18	11	70
CTRs	7	18	23	23	71
Bluelights	0	2	2	5	9

The new National Plan set national planning assumptions that no area should need more inpatient capacity than is necessary at any one time to cater to

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
  Currently (as at end March 2016) there are 23 beds used - 9 locked rehabilitation and 5 NHS Learning Disability local Assessment and Treatment beds and 9 people in acute psychiatric mental health service beds. This includes people with Autism and no learning disability.

- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population
  Currently (as at end March 2016) there are 25 adults and 5 young people in CAMHS Tier 4 beds

Addressing a reduction in the use of in-patient admissions is part of the TCP model. Implementation of the admission avoidance and gatekeeping protocol is in place and the introduction of the Care and Treatment Review (CTR) policy is seeing an increase use of community pre-admissions CTRs and Bluelights are being requested. However Bluelights are not always requested and when commissioners are alerted to admissions that have not had a Bluelight or a community CTR the provider is then requested to conduct an investigation and report to commissioners as to why individuals had not been afforded the option of the benefits of the CTR process. Commissioners are using this information to enable lessons to be learnt and to develop a plan to address any emerging themes and improve upon local practice. Further contractual levers are being implemented from April 2016 in an attempt to drive improvements and embed the adherence to the CTR Pathway and admission avoidance approaches and all age at- risk of admission register.

The Care Act places a duty on our two local authorities to take steps which are aimed at preventing, delaying or reducing adult's needs for care and support. In the context of the TCP plan, prevention and early intervention is key. The focus is on reducing unnecessary and inappropriate admissions of people with learning disabilities and /or autism to learning disability or mental health admission beds and where admissions cannot be avoided, there is a clear discharge plan and stay well plan which will reduce the risk of future admissions.

Across Derbyshire as at the end of March 2016 there are currently 23 people with a learning disability and /or autism reported to NHSE as part of the CCG weekly monitoring and HSCIC

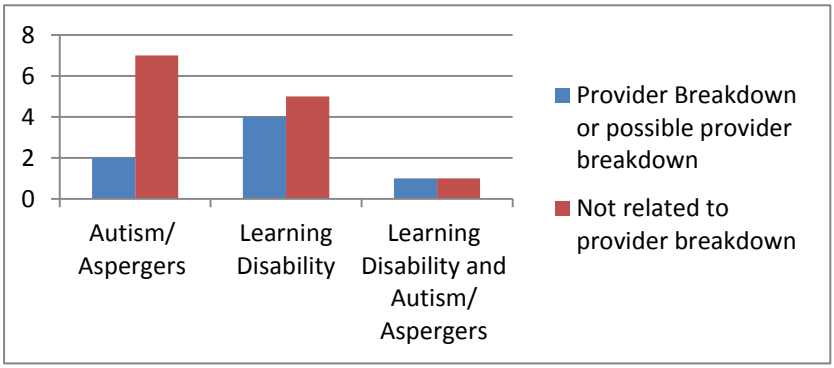
national assuring TC data recording.
The following table provides a summary of new admissions to assessment and treatment beds 2014/15 and 2015/16 (to end of Feb) – further analysis of the data will continue to support the TCP baseline information and future target trajectories.

Table 13	SDCCG	Erewash	Hardwick	North Derbyshire
For DCHSFT (Ashgreen) Learning Disability assessment and treatment beds admission for:	2014/15 = 5 admissions 2 of which still in bed (as at the end of March 2015) 04R31 and 04R60	2014/15 = 1 admission (discharged 17.04.2015)	2014/15 = 2 admissions both discharged	2014/15 = 13 admissions all discharged
	2015/16 (to end Feb) = 3 admissions all discharged	2015/16 = 0 admissions	2015/16 = 0 admissions	2015/16 = 12 admissions (9 individuals), 2 remaining (04J 044 and 04J 059)
For DHCFT of patients with a Learning Disability and /or Autism admitted to Mental health assessment and treatment beds	2014/15 = 25 admissions 7 of which still in bed (as at the end of March 2015) 04R12/33/34/47/48/51/57	2014/15 = 2 admissions, both discharged	2014/15 = 0 admissions	2014/15 = 14 admissions (12 different individuals 10 discharged/ 2 remaining (04J 023/ 04J 025 – now 04J 050)
	2015/16 = 12 admissions (10 individuals) 3 of which still in bed (04R83/86/88)	2015/16 = 4 admissions (two individuals). One current/ 1 discharged	2015/16 = 2 admissions 1 of which still in bed (03Y 015)	2015/16 = 15 admissions (11 individuals), 3 remaining (04J 023, 04J 065, 04J 066)
Private providers:	2014/15 = 2 admissions 1 of which still in bed (04R 018)	2014/15 = 0 admissions	2014/15 = 0 admissions	2014/15 = 0 admissions
	2015/16 = 1 admissions (actually a transfer) still in bed (04R 018)	2015/16 = 0 admissions	2015/16 = 0 admissions	2015/16 = 1 admissions (actually a transfer) still in bed (04J 050)
Total admissions 2014/2015	32	3	2	27 (relates to 25 individuals)
Total admissions 2015/2016	16 (relates to 14 individuals and includes one transfer)	4 (relates to 2 individuals/ re-admissions)	2	28 (relates to 21 individuals and includes one transfer)

Until April 2014 commissioners were not collecting the level of detail now collected locally of all admissions to mental health or learning disability assessment and treatment beds, for people with a learning disability and /or autism. The success of the measures taken in recent years to introduce actions for and embed the Green-Light toolkit has resulted in people with a learning disability accessing mainstream mental health beds when they have an acute or enduring mental health need. The outcome of the Greenlight toolkit action plan has seen a greater awareness of people with a learning disability and flagging of patients with a learning disability and /or autism has developed within DHcFT. This data collection will support the NHS provider trusts and commissioners to develop more accurate year on year analysis of admissions and discharges for people with a learning disability and those with autism who have no learning disability, to set local trajectories to reduce admissions based on improved knowledge and on actual average admissions for each CCG.

The following provides an example of information commissioners are now able to utilise from improved data collection; and relates to an analysis of 20 individuals admitted between April and Oct 2015. 16 of the 20 admissions were to mental health settings and 4 to the learning disability assessment and treatment unit The graphs shows the separation of the patients into their diagnosis of a learning disability or Autism no learning disability.

It also gives information about provider or possible provider breakdown as a precursor to admission, with 35% of the admissions being related to provider breakdown.



Length of stays in local assessment and treatment beds.

From data analysed between April 15 and January 16, the average length of stay for discharged patients who had been admitted to the learning disability assessment and treatment at Ash Green Hospital was 49 days. There are also patients that formed part of the Transforming Care original cohort who have been admitted to Ash Green as part of a step down to local services, their current lengths of stay are considerably higher, but in agreement with the NHS provider and commissioners as a planned discharge with a transition period to a place they can call home.

From data analysed from the admissions of patients admitted to and discharged from DHcFT for acute mental ill health , the average length of stay (LoS) overall was 104 days, however the average length of stay varied across three patient diagnosis, and is recorded in the table below;

Table 14 - Average LoS (Assuring Transformation)	Length of Stay
LD Only	135
LD & Autism	74
Autism Only	62
Average LoS overall	104

The Derbyshire original Transforming Care Cohort

Since 2013, 15 (of 23) adults with a learning disability/and or autism have been supported to move from locked rehabilitation hospital beds in independent hospitals to individualised support in the community.

CAMHs Tier 4 beds

As previously mentioned there are no Tier 4 in-patient admission beds within the Derbyshire and Derby City TCP footprint. There are 5 children and young people meeting the transforming care cohort definitions and using Tier 4 CAMHs and secure beds out of area, 3 originating from the South unit of planning and 2 from the North unit of planning. CTR's are in place for these children and local commissioners are invited. Case managers are assigned from the specialist commissioning team who link in with local services to support discharge planning.

Describe the current system

Guidance notes; How is the system currently performing against current national outcome measures?; How are the needs of the five cohorts set out above currently being catered for? What services are already in place?; What is the current care model, and what are the challenges within it?; Who is providing those services? What is the provider base?;How are those providers currently commissioned/contracted, by which commissioner(s)?

The TCP recognises that there is a multifaceted and in some areas a fragmented pattern of service delivery across Derbyshire that to a large extent reflects historic commissioning arrangements and boundaries. It is anticipated that the TCP will further consider the current commissioner and provider configuration of services within the wider Sustainability and Transformation Plan (STP).

The following section provides information on the main providers of health and social care across the partnership and a description of what care and support services are on offer

Derbyshire Healthcare Foundation Trust (DHcFT)

DHcFT provide a specialist adult learning disability service which is commissioned to geographically cover Derby City and the south of the County. The contract is block and the lead CCG is Hardwick.

In the South and City there has been a no inpatient assessment and treatment bed based adult learning disability model of care for many years that was established at the time of the closure of Aston Hall Hospital in 2004. The intensive learning disability Assessment and Treatment Support Service [ATSS] was developed and includes access to a 24 hour crisis approach; this paved the way for a significant investment and different approach to a robust community model. Alongside this significant transformational programme, the Community Learning Disability Teams who have been established since the early 1980's continue to develop in the geographical areas of South Derbyshire, Dales South, Amber Valley, Erewash and Derby City.

The DHcFT adult learning disability services have evolved and continue to operate a multi-disciplinary ATSS commissioned to provide a 7 day, 24 hour service; five locality based

multi-disciplinary learning disability community teams, Consultant Psychiatry led out-patients, a Strategic Health Facilitation team including an acute liaison nurse seconded to work at Derby Royal Hospital NHS trust, and a dedicated learning disability case manager for individual hospital placements these services operate Mon to Friday 9am-5pm. The services are commissioned as part of a block contract, within a wider mental health service provider NHS foundation trust; the contract for this service is led by Hardwick CCG. The service is supported by 2 Learning Disability Consultant Psychiatrists, one of whom has also had ACD responsibilities and is the Adult Safeguarding Named Doctor, a learning disability Nurse Consultant, Lead Nurse and a Consultant Psychologist with a Forensic remit. For the year 2015/16 the trust secured funding through the Forensic specialist commissioning stream to develop a Neurodevelopmental Prison in-reach team to HMP Foston and Sudbury.

The DHcFT also provide access to mainstream Mental Health care for people with a learning disability /and or autism including access to assessment and treatment beds and open rehabilitation beds commissioned as part of the overall adult Mental Health services block contract. The trust provides countywide coverage of these mental health service beds and for the purpose of the TCP there are acute mental health admission beds located in the North and South of the County. Improved access and reasonable adjustments to care pathways, and care planning have developed over recent years following delivery and implementation of the outcomes from the greenlight toolkit.

The trust also provides an adult autism assessment and diagnostic service.

The trust provide Learning Disability CAMHs across the South of the County (Not including City) – and the trust sub –contract with Derby Teaching Hospital Foundation Trust's (DTHFT) Complex Behaviour Service to provide part of this service. Through a separate commissioning agreement the complex behaviour service provides support for children and young people with complex behaviour in Derby City.
The trust also provides learning disability children's nurses and this team is now working as part of a virtual team with Learning Disability CAMHS and Complex Behaviour Service in southern Derbyshire. Learning Disability CAMHS work with children and young people 0-18 who have moderate to severe learning disability and mental health/ behaviour that challenges. These services operate over a Mon – Friday 9-5 basis. In addition this trust provides occupational therapy, physiotherapy services and a Community Paediatric service for children and young people in the south of the county
There is a section 75 integrated disabled children and young people's service called The Lighthouse, the health element of this team is provided by DHcFT. This contract is managed by Derby City council and is joint funded through a section 75 pooled budget. The Health provision through this service covers Derby City and South Derbyshire.
There is also a range of specialist nurses working with children across Derby and Derbyshire in school and community settings. Commissioning and provider arrangements vary for example; in Derbyshire there are no CCG commissioned special school nurse roles and schools commission the roles themselves.

<u>Derbyshire Community Health Services Foundation Trust (DCHSFT)</u>

DCHSFT provide an adult Learning Disability service which is commissioned to provide services predominantly in the North of the County, with access to 6 assessment and treatment admission beds for adults with a learning disability originating from all Derbyshire CCGs if required. The contract is block and the lead CCG is North Derbyshire

Current adult specialist health care services are concentrated around a purpose built

hospital at Ash Green (Chesterfield), five core short break accommodation units and three geographical based multi-disciplinary community learning disability teams. The hospital includes outpatient facilities for psychiatry consultant-led and sensory and therapy services and inpatient facilities including Hillside, a 6 bedded assessment and treatment unit and Valley View, a 5 bedded unit used for short-break (respite) services. The other four core short break accommodation units, each provide 5 short-break (respite) beds, and are situated in community settings in towns in Eckington, Shirebrook, Darley Dale and Buxton. The bed based hospital and core short break units operate over a 24 hour period. The three community Learning Disability teams are based within North Eastern Derbyshire, Chesterfield and High Peak and Dales localities and operate 9-5 Monday to Friday. There is a very small nurse led outreach service that works with the in-patient and community teams accessed 9-5 Monday to Friday, to aim to prevent unnecessary admission to hospital and provide support to people in their own home.
Currently DCHSFT provide 25 short break in-patient care beds across the 5 sites (including one on the hospital site). These NHS resources are inpatient facilities that are not commissioned to provide assessment and treatment, but have been commissioned to provide short breaks. Historically these were developed to support families and carers following the closure of a large local learning disability long stay hospital. The Hospital site was a new build and opened in 1996 and was also established as a result part of a large scale institution closure programme.
DCHSFT also provide speech and language therapy for children and young people in the south of the county.
The DCHSFT service is commissioned through a wider service block contract that North Derbyshire CCG takes a contract lead for on behalf of all Derbyshire CCGs.

Chesterfield Royal Hospital Foundation Trust (CRHFT)

This trust is commissioned as part of a block contract by North Derbyshire CCG to provide Learning Disability CAMHS across the North of the County. This service operates Mon - Friday 9-5. Learning Disability CAMHS work with children and young people 0-18 who have moderate to severe learning disability and mental health/ behaviour that challenges. The trust also provides Community Paediatricians, Clinical Psychology, Community speech and language therapy, Occupational Therapy and Physiotherapy for children in the north of the county.
There is a full time learning disability liaison nurse funded by adult commissioning and provided by CRHFT.

Derby Teaching Hospital Foundation Trust (DTHFT)

DTHFT are commissioning as part of a block contract by Southern Derbyshire CCG to provide a Clinical Psychology service for children and young people in Southern Derbyshire and Derby City. This includes the Complex Behaviour Service that operates in Derby City and which, in the County, forms part of the CAMHS learning disability service via a sub contract arrangement with DHCFT. This service is available Mon – Fri 9-5 and supports children and young people with complex behaviour. The trust also provides the “Horizons” service which supports the emotional wellbeing of children in care, under contract to Derbyshire County Council. An integrated service is being established in the city from April 2016 to fill a service gap.

Derby City Council and Derbyshire County Council.

Adults

All social work inputs to adults are currently provided on a generic team basis. Teams in the County provide support across 8 dedicated geographical areas. However in Derby City there are four locality teams, a specialised Ordinary Living, Shared Lives and Preparing for Adulthood teams, Local Area Co-ordination is also established in two thirds of the city wards. Support for people with complex needs is commissioned on an individual basis following assessment and allocation of personal budgets via a competitive, dynamic purchasing scheme.

Framework agreements for people with complex needs from independent and voluntary sector specialist provision to enable individualised, community based and bespoke support packages on a spot contract basis are in place across all ages. In Derbyshire framework agreements also include the requirement for support providers to work pro-actively with housing partners to secure accommodation able to meet the specified needs of individuals. The procurement of accommodation is kept separate from support and identified on an individual basis in Derby City. Existing housing pathways are utilised wherever possible.

Specialist Residential Care is purchased on a spot contract basis. Joint funding arrangements are in place via Continuing Healthcare and s117 aftercare packages for eligible individuals. Both Local Authorities aim to only place individuals in residential care where other community based options cannot be identified.

Derby City makes almost no residential care placements. The Adult Social Care Outcomes Framework (ASCOF) data evidences that it is one of the strongest performing Councils in the country with almost no new admissions. The Council Cabinet agreed an ambition in 2014 for no adults of working age to be living in residential care by 2024. The number of adults with a learning disability in residential care has reduced from 158 in 2010/11 to 110 currently.

There is one block contract for adult short breaks (respite) in place in Derbyshire County and one in the City which provides short breaks for adults with complex needs. Personal budgets being the first offer for the majority of people.

Derby and Derbyshire have signed up to the Nottinghamshire Fast Track Accommodation Framework currently in its initial procurement stages.

Both Local Authorities offer a Shared Lives programme with a commitment to develop this option, Derby City are implementing a pilot to develop the current model to meet the needs of people identified in *Building the Right Support.*

Derbyshire County Council directly provides learning disability adult services including short break, day opportunities, community connectors and a Disability Employment Team aiming to support to access employment teams services.

Derby City has a small specialist in house day service provision for people with complex needs: Aspect for people with autism and Inspire for people with profound multiple learning disabilities (PMLD).

A network of community micro providers has developed in the City since the closure of traditional day centres that people with personal budgets can choose to attend in line with their support plans. In 2012 Derby City Council supported the start-up of ‘Derby Choice’ a

network of micro providers. Since then it has become independent of the council and from 2015 Derby Choice has established itself as a network of small to medium size services accredited with Credibility Mark and disability awareness training in order to extend the market offer to meet the needs of local people.

Children and Young People

Within children and young people's services across the City and County there is a range of support through;

- Special Schools
- Local Inclusion Officers
- Behaviour Support Service
- Support Service for Special Educational Needs
- Autism Outreach team
- Support Centres
- Personal Advisers for young people with learning difficulties/disabilities
- Education Health and Care (EHC) Assessment Facilitators
- Early intervention
- Education psychology

Derby City Council- Children and Young People

Derby City delivers support to children with disabilities through its SEND 'Local Offer'. This is consistent with the requirements of the Children and Family Act 2014 and includes a wide range of provision covering areas such as Voluntary and Community Sector, School, and Health. One of our key services is our Integrated Disability Children's Service (The Lighthouse) this is a jointly funded unit and has received national acclaim for its work with families.

The Integrated Disabled Children's Service based at The Lighthouse consists of a range of professionals across health and social care that supports children and young people with a range of needs across the city. This is includes the children's disability social work team and The Lighthouse also provides overnight breaks for children with complex needs.

Derbyshire County Council – Children and Young People

Disabled Children's Service (Social Care) comprises of a team of social workers, community care workers and Paediatric Occupational Therapists who work with children and young people with moderate to severe learning disabilities and/or severe autism, including children and young people who display behaviour that is challenging. This team provide assessment, support packages around families including support in the home; parenting support; daytime and overnight short breaks; direct payments and personal budgets.

Short breaks can be provided by a number of voluntary sector organisations through a Framework of Providers, or arranged through direct payments/personal budgets.
For overnight breaks, there are 3 County Council children's short break (respite) homes, all rated good or outstanding by Ofsted:

- The Willows at Chinley;
- Spire Lodge in Chesterfield;
- The Getaway near Ilkeston.

Children with complex health needs can also access the Light House in Derby City for

overnight breaks.

There are a range of services for children in care – fostering and fostering support; contract carers, Virtual School, specialist residential children's home on the site of Peak School for children and young people with complex needs and behaviours and Horizons emotional wellbeing service.

How are local services performing

The National Indicators for Adults with a learning disability in Derbyshire are highlighted below;

From the 2014/15 ASCOF report the figures for all of Derbyshire County Council are:

- People with LD in settled accommodation. - ASCOF 1G
  88.8% (England 73.3%, East Midlands 73.2%)

- People with LD in paid employment - ASCOF 1E
  1.6% (England 6.0%, East Midlands 3.2%)

From the 2014/15 ASCOF report the figures for Derby City Council are:

- People with LD in settled accommodation. - ASCOF 1G
  79.3% - (England 73.3%, Comparator- 77.5%)

- People with LD in paid employment - ASCOF 1E
  7.1% (England 6.0%, Comparator 4.7 %)

The number of people with learning disabilities in paid employment known to English councils has fallen from 7.1% in 2012 to just 6% in 2015, according to the British Association for Supported Employment.

The Derbyshire Autism Joint Commissioning Board and the Autism Partnership Board has highlighted employment as key area to improve health, wellbeing and life chances for people with autism.

Both Councils have initiatives to support access to employment for disabled people. Derbyshire County Council provides a Disability Employment Team and Community Connector Service which support individuals to access and maintain employment both in the wider community and within council departments.

The partnership recognises the importance of employment in accessing a good life and this will be considered as part of the Community Offer work stream

Independent Hospital Learning Disability adult service providers within Derbyshire

In Derbyshire there are currently 2 national providers Cambian and Lighthouse who have established themselves within the area and offer locked rehabilitation services for learning disability in-patient assessment and treatment over 3 hospital sites, these are situated in the North of the County and now provide a collective total of 40 in-patient beds. One of the providers has been in discussions with commissioners about future business intentions and has now indicated to commissioners that they intend to de-register from a locked rehabilitation hospital to become a care home with nursing during 2016. This would equate

to a further 25% reduction of private sector in-patient hospital beds within 2016/17 within the Derbyshire footprint. This reduction builds on a previous closure of 10 female private sector hospital in-patient beds provided in the south of the county in November 2015.

Also in the North Derbyshire locality is one private low secure hospital run by Partnerships In Care this operates 14 male learning disability in-patients beds-commissioned through spot contracts with NHSE specialist commissioners.

This means that people originating from other areas will be in receipt of in-patient locked rehabilitation and low secure care and support from the 4 independent hospital provider sites in Derbyshire. The patient flows will be from a national base and can be spot purchased from any CCG nationally or the low secure beds are commissioned by NHSE. There is a national out of area protocol for use by commissioners however this is rarely used in practice and needs to be built upon to allow local commissioners to be fully aware of the population and patient flow.

This private independent in-patient bed provision for locked rehabilitation and low secure services adds to the 6 adult learning disability inpatient beds commissioned as a block arrangement locally by CCGs, to provide a total of 60 learning disability in-patient assessment and treatment, locked rehabilitation and low secure beds across the TCP footprint.

A small number of individual adults with learning disabilities/ and or autism originating from Derbyshire/Derby City are also currently receiving rehabilitation and treatment in private independent hospitals, which are spot purchased beds provided within the border of Derbyshire or across the border in Nottinghamshire.

All individual have a dedicated learning disability case manager commissioned by the CCGs and provided through DHcFT.

Hardwick CCG takes on an associate commissioner role for Cambian and liaises with commissioning colleagues across the East Midlands region where there is a long established commissioner/contracting arrangement and commissioner forum for contract monitoring and quality improvements of east midlands independent hospitals.
There are no Tier 4 CAMHs or LD CAMHs inpatient beds within the Derbyshire/Derby City.

<u>NHSE Specialist Commissioning of CAMHs and Secure Hospital Services.</u>

As noted above there is one independent provider of Low Secure Learning Disability in-patient services within Derbyshire, there are no Tier 4 in-patent CAMHs beds locally. People from Derbyshire who require secure or Tier 4 CAMHs in-patient care receive assessments under the appropriate specialist commissioning gatekeeping framework. People are likely to receive this specialist care outside the area, and this is the case for Children. There are currently 5 children originating from Derbyshire who are in-patient in Tier 4 CAMHS beds. There are 25 adults in secure in-patient beds

Currently inpatient (Tier 4) beds for Derby and Derbyshire are commissioned by NHS England. The Midlands and East Region CAMHS Local Transformation Plan (future in Mind) Report (October 2015) summarises the position for residents locally:

- There is no inpatient provision in ‘area’ so need is met by placing out of the county – either in or out of the region. As a consequence Derbyshire has a strong track

record of managing care locally and a lower use of inpatient beds.

- Most of Derbyshire is affiliated with the NHSE Midlands and East hub with links to the East Midlands Strategic Clinical Network. North Derbyshire, due to some patient flow to Sheffield, link to Yorkshire and Bassetlaw hub.
- Most inpatient specialisms can be met within the region if capacity is available. There are no specific eating disorder or Psychiatric Intensive care units, so need is either met by acute units or specialist units at a distance.
- There is sufficient low to medium secure beds in the East Midlands though access can be a challenge due to national demand.

Work is underway nationally within specialised commissioning to address the long term national vision for forensic services, There is an indication in the National Model that there will be a commitment to transfer the necessary funding from bed based specialist services to more appropriately commissioned local step down support in local communities and funding will follow the person. This work is yet to be completed and the TCP will work closely with specialist commissioning.
We are also aware of the Learning Disability CAMHs project and this plan needs to link and incorporate the work taking place nationally.

Continuing Health Care commissioned landscape

The function of assessment and case management through the national continuing health care (CHC) framework and s117 aftercare arrangements is currently outsourced to GEM and Arden commissioning support unit – there are dedicated learning disability nurses within this team.
There are 183 adults in receipt of either fully funded or joint funded packages of support. There are a significant number of adults with a learning disability receiving their care in more traditional residential care home settings and also care at home packages commissioned through fully funded continuing health care and joint funded arrangements with social care in and out of the area. The CCGs are seeking to increase the take up of personal health budgets (PHBs) and more personalised care and support via the offer through the CHC process.

Hardwick CCG have a PHB project worker in post to work closely with other CCGs in Derbyshire to agree the PHB offer and incremental increase in offer and take up of PHBs.

Adult Care Homes and Care Homes with Nursing across Derbyshire and Derby City

Like most areas Derbyshire and Derby City have a number of residential care homes that provide care and support for people with a learning disability and /or Autism.

See care home directory - http://www.carechoices.co.uk/region/Derbyshire

These offer a range of styles of accommodation and size, and in a variety of geographical locations.

There are 10 care homes with nursing, providing as total of 164 beds – of which 5 homes are on the CCG any qualified provider list.

The TCP recognises that the current landscape of care home provision across Derbyshire has developed in part because of historical legacy, with some larger homes being developed commercially by providers as a result of hospital closures both in the North and the South of

the County. Some homes have large bed based service approaches (note largest 35 beds). the TCP and the wider Joint Commissioning plans for adults with a learning disability wish to further explore this area of transformation, market shaping and market development over the next three years. The TCP ambition is to see less use of residential care approaches and will work with local contract and monitoring teams to support a driving up of quality improvement programme.

Other good practice examples of the current provision and local contributions in place that support the needs of the five cohorts of individuals

The rights, independence, choice and inclusion of people with a learning disability and /or autism depend not just on specialist health and social care and support system. It depends on making sure that people with a learning disability and / or autism have access to the health and social care services available to everyone.

It also depends on the accessibility of all public and community services and organisations serving local communities.

Disability discrimination, equality and human rights legislation has added to the scope and pace of change. As a result fewer people rely on specialist services for their health, wellbeing and independence than ever before. In Derbyshire and Derby City the programme and campaign for change has been championed by the Derbyshire Learning Disability Partnership Boards (set up in 2001) and locality Learning Disability Partnerships and the Good Health Group followed.

Advocacy for children and young people and adults has been through a range of independent and voluntary sector groups a review of advocacy services will form part of this transforming care plan.

"Putting People First" (2007) was the national policy for personalising social care services. Today social care support for people needing long-term help is provided through a personal budget. The Care Act 2014 made all of the policy changes promoting personalisation and self-directed care and support statutory. It also made integrating care and support for people a statutory duty. Local partners have been working together to deliver improved joined up care and quality support. Think Autism and its subsequent guidance defined the minimum requirements for autism pathways and a cross agency, all ages Autism Commissioning Board has been formed to meet autism priorities.

The Winterbourne View scandal (2011) has resulted in a national programme (Transforming Care) and locally partners have been ensuring that services are actively planning care and support for people who have ended up admitted to and staying for a long time in specialist hospitals. Further actions and implementation of national guidance contained in Building The Right Support and the national service model allied to the implementation of Think Autism guidance have been put in place. Locally these are creating new opportunities to make sure services are properly joined up and priority is given to those people who face the most challenging difficulties and greatest long-term risks to their health, wellbeing and independence. There is a new opportunity to make sure we can get better outcomes for people within the constrained resources available.

Future in Mind (Children and Young People mental health and well being)

The Derbyshire and Derby the Future in Mind local Transformation Plan 2015-2020 was

successfully assured by NHSE in November 2015. It is anticipated there will be close working between partners implementing both Transforming Care and Future in Mind Plans to ensure the needs of this cohort are met. By 2020 our Future in Mind vision across partners is that;

'Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.

Two specific actions have been included from Year 2; 2016-2020. These will be further developed

- Identify and review the need and current provision of children and young people with learning disability.
- Develop and implement a specific pathway to ensure a standardised approach across agencies pre- and post- admission to Tier 4. As part of this work, we will consider the potential use of Care and Treatment Reviews (CTRs) to prevent unnecessary admissions for young people with Learning Disabilities and/or Autism, and to reduce the length of any inpatient stays.

<u>Derbyshire County Council – further contributions of good practice already in place</u>**:**

- <u>Accommodation and Support Strategy</u>
  - Development of Shared Lives to include meeting the needs of this cohort
  - New Framework agreement requiring support providers to work with housing providers to acquire accommodation as part of the tender process. This will enable bespoke individualised housing and support options to be developed at the right time. This approach has already been used successfully to support people leaving hospital.
  - Working with the Borough Councils to access Homes & Communities Agency Funding for Care & Support Accommodation across Derbyshire.
  - Housing Forum. Co-ordinating access to supported living opportunities already in place as well as developing new accommodation (includes gatekeeping protocol to ensure no inappropriate admissions to Residential/Nursing Care in addition to in-patient admissions)
  - Part of the Nottinghamshire led DPS (Dynamic Purchasing System) tendering exercise for supported living provision.
  - Autism and Learning Disability Partnership Boards in place
- <u>Community Support</u>
  - Joint health and social care at risk of admission 14 + register in development
  - Integrated operational group in place to support discharge planning and facilitate

stay well plans and tiered support plans post discharge

- Development of short term crisis response including access to accommodation /temporary safe environment.
- Allocated specialist social worker in place for our transforming care cohort (but capacity needs to be extended as a priority)
- Provider support initiatives working proactively with community providers to ensure shared responsibility and joint responses both at times of crisis and to pre-empt crisis.

<u>Derby City Council – further contributions of good practice already in place</u>

- Well established processes for self-assessment, support planning, personal budgets that is embedded into everyday practice.
- Clear customer journey pathway that promotes wellbeing, is focused on independence and is person centred.
- Corporate sign off for personal budgets as a first choice with a range of local third party support agencies
- Customer / carer expectations realigned in favour of personal budgets
- Local Area Co-ordination established now established in two thirds of wards in the city and one of the first nationally.
- 16 listed Dynamic Purchasing System (DPS) providers for care and services for people with special needs, for those with learning disability and autism that require a managed service
- Well established, flexible and in demand Shared Lives provision
- Addition of Nottinghamshire led Accommodation Framework to procure specialist accommodation if necessary
- No automatic link between the provision of accommodation and support therefore tenancies are not tied to the support provider
- No block contacts to disentangle
- Reduced admissions to residential care
- Minimal traditional day services to de-commission
- Well established micro provider provision that evaluated well in a 2015 quality assessment exercise
- Positive communications with and between micro providers who engage with the

council and larger providers via regular forums

- A Director led joint CYP: Adult Health and Housing Preparing for Adulthood Board
- A Head of Service Preparing for Adulthood Working Group
- Head of Service and Commissioning involvement in resource panels
- Introduction of a preparing for Adulthood protocol and action planning which is improving the transitional process between childrens and adults services
- Established and well attended Autism and Learning Disability Partnership Boards for engagement
- Public websites for both Partnerships Boards will be functioning by March 2016
- Director chaired city Transforming Care Joint Solutions group
- Improved preparing for Adulthood protocol and action planning
- Autism and Learning Disability Partnership Boards for engagement
- Proposal for joint city: county 16+ autism pathway which includes preventative measures
- Lessons learned and priorities list derived from multi agency transforming care workshops which identifies the commissioning priorities required to increase access to community provision.
- Pilot project to test personal health budgets led by Southern Derbyshire CCG

<u>Children and Young People - further contributions of good practice already in place</u>

- There is good availability of specialist education support services and specialist social care provision.
- Strong local voluntary sector providers based in Derby City and Derbyshire, with significant expertise – who can deliver services on behalf of statutory agencies, provide support through personal budgets and can attract other funding streams.
- The CAMHS Learning Disability Service – is available within Derbyshire County this has a strong focus on promoting positive behaviour as well as responding to mental health needs. The service takes a flexible approach and is multi-disciplinary with positive feedback from partners and families. The service is currently undertaking work to develop a risk tool, based on national research that will help professionals to identify the risk of a young person's/family's situation escalating into crisis and enable pre-emptive action to be taken.
- In Derby City the complex behaviour team supports the needs of children with high needs.

- Training provided b specialist services to parent carers is highly valued (Healthwatch Derbyshire report on the autism pathway, 2015)

- Derbyshire children's services have implemented a programme of PROACT-SCIPr-UK training for staff working with children who display behaviour that is likely to challenge, with a small number of staff being accredited to deliver this training to the wider workforce.

- Short break provision is available to young people outside hospital settings.

- A Section 75 pooled budget operates in Derbyshire County to agree funding for young people with the most complex needs

- The Lighthouse (Integrated Disabled Children's Service) in Derby City provides a high need residential Section 75 pooled budget

- There is a single Derbyshire and Derby City Future in Mind plan 2015-2020

Criminal Justice Service (CJS) and Probation Services

There are long standing good relationships with learning disability health care services and probation, and services have provided LD awareness training. More recently, DHCFT are developing a pathway with probation and other partners which the learning disability Nurse Consultant is drafting.

The DHCFT learning disability nurse consultant also worked with probation on the learning disability and neurodevelopmental screening that fed into the Mental Health Crisis Concordat work and that has now been repeated in the Prisons, HMP Foston and Sudbury.

Adult learning disability services are members of the Offender Health Improvement group and have representation at the County Integrated Offender Management meeting

Derbyshire Police and Crime Commissioner

- Street Triage has been in operation since February 2014. The original model saw a partnership with specifically recruited police officers into Triage roles working with a Registered Mental Health nurse on shifts covering 16-24.00hrs, 7 days a week. In October 2015 a change to the service model was initiated.

  The service currently comprises of one mental health nurse sitting within the Derbyshire Constabulary Force Communications (Communications) Room, situated at Police HQ, in Ripley, Derbyshire.

  The service provides:
  - Information and telephone advice to officers regarding mental health related incidents across Derbyshire
  - Relevant clinical information to officers dealing with incidents involving an individual if known to DHCFT
  - Referral to other services

- Face to face assessments for people within the D Division policing area
- Information to care teams about incidents where they are involved with the individual

- Derbyshire Safe Place scheme is supported by the charity Macintyre, Derbyshire Constabulary and the Learning Disability Partnership Board. The Police and Crime Commissioner for Derbyshire has supported this scheme by providing grant funding to Macintyre so they can deliver training sessions to 250+ people with a learning disability and also helping to recruit more local businesses who wish to be a safe place. The scheme allows people with learning disabilities to go somewhere safe if they feel scared, threatened, are lost or in trouble when out and about across the county. There are more than 100 safe place locations across Derbyshire; businesses taking part in the safe place scheme will provide a temporary place of safety.

Autism Strategy

The Autism Joint Commissioning Board (JCB) has been in operation since 2015, the board has signed off plans to enter into a procurement process that will strengthen the autism pathway by reducing diagnosis waiting lists, increasing access to specialist assessment and support, improving access to advice and information, raising autism awareness and the provision of longer term preventative support such as peer support, skills training, mentor networks, relationship counselling and access to problem solving advice lines that together, strengthen the preventative aspects of the pathway and enable people to live well with autism.

These initiatives are predominantly funded via the Better Care Fund and interim payments are also being made to existing organisations that can provide evidence of positive support for people with autism to ensure that they can continue that support until the outcomes of the procurement are implemented. The pathway will commence at age 16 to improve transition for people with autism preparing for adulthood. A commissioning project officer has been appointed to lead the procurement process and will also co-ordinate further mapping of the comparative pathways for younger people with autism in 2016.

Summary of Current State - Inpatient Beds

CURRENT STATE: ADULTS

TCP inpatient population in beds in footprint						
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds	No of beds commissioned / contracted by TCP	No of beds currently in use
Ash Green - Hillside		CCG	LD Male and Female Assessment	6	6	5

	The Manor	CCG	LD Male Locked Rehab	20	Spot Purchased	2
	The Views	CCG	LD Female Locked Rehab	10	Spot Purchased	1
	Field House	CCG	LD Male Locked Rehab	10	Spot Purchased	1
	Hazelwood House	NHSE	LD Male Low Secure	14	Spot Purchased	3
	Storthfield House	CCG	Psychiatric / ASD male Locked Rehab	22	Spot Purchased	1

TCP inpatient population in beds outside footprint (out of area)				
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds currently in use by TCP
	Sherwood Lodge- Notts	CCG	Locked Rehab	1
	Bestwood Hospital -Notts	CCG	Locked Rehab	1
	Annelsey House - Notts	CCG	Locked Rehab	1
	Cedar Vale -Notts	CCG	Locked Rehab	1
	Forest Hospital-Notts	CCG	Acute In-patient	1
	Rampton Hospital	NHSE	High Secure	5
	Cheswold Park	NHSE	Medium Secure	1
	St.Andrews Northants	NHSE	Medium Secure	1
	St.Andrews Notts	NHSE	Medium Secure	1
	Calverton Hill -Notts	NHSE	Medium Secure	1
	Stockton Hall- Yorks	NHSE	Medium Secure	1
	St.Andrews Northants	NHSE	Low Secure	4
	St.Andrews Notts	NHSE	Low Secure	1
	St.Andrews Birmingham	NHSE	Low Secure	1
	St.Andrews- Newstead-Notts	NHSE	Low Secure	1
Wells Road- Notts		NHSE	Low Secure	3
	Bradley Woodlands -Lincs	NHSE	Low Secure	1
	Oak Tree Manor - Essex	NHSE	Low Secure	1

CURRENT STATE: CHILDREN

TCP inpatient population in beds in footprint						
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds	No of beds commission ed / contracted by TCP	No of beds currently in use by TCP

Note – No Tier 4 CAMHs in-patient beds in footprint						

TCP inpatient population in beds outside footprint (out of area)				
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds currently in use by TCP
	Nesbit	NHSE	Low Secure	1
	Heygate	NHSE	Medium Secure	1
	Hartley	NHSE	Tier 4 CAMHs	1
	Wedgewood	NHSE	Tier 4 CAMHs	1
	The Willows	NHSE	Tier 4 CAMHs	1

What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

Guidance notes: Provide a summary of existing estate data by property; describe what the existing estate from which the client group are supported is and how fit for purpose/how settled the accommodation is;

Where the NHS has an existing interest in a property, confirm whether the associated capital grant agreement (CGA) and (where appropriate) legal charge is held by NHS England[3] or the Department of Health / Secretary of State for Health (DH/SoS).

The following table summarises the Learning Disability in-patient bed based provision of hospital care for assessment and treatment, locked rehabilitation and low secure services across Derbyshire – commissioned as a block and as spot purchased

Provider based within Derbyshire	Number of LD beds assessment and treatment	Number of Locked Rehab beds LD	Number of low secure beds	Totals
NHS DCHSFT	6	-	-	6
Independent Cambian	-	30 (Including 20 male and 10 female)	-	30
Independent Lighthouse	-	10 male	-	10
Independent Partnerships in Care	-	-	14	14
Totals	6	30	14	60

Note – there are no Tier 4 CAMHs beds within Derbyshire/Derby City footprint

Note there are 25 NHS learning disability short break beds as part of the block contract with

[3] Where the original CGA and/or property charge is in the name of a Health Authority, NHS Primary Care Trust or NHS Property Services Ltd, these organisations have now been succeeded as holder of the relevant CGAs and property charges by NHS England.

DCHSFT commissioned by CCGs, across 5 localities, in addition to the County local authority short break in-house units, DCHSFT have completed an estates analysis as part of the 21c Joined up Care programme which is now intrinsically linked to the TCP plan and the wider STP.

What is the case for change? How can the current model of care be improved?

Guidance notes; In line with the service model, this should include how more can be done to ensure individuals are at the centre of their own packages of care and support and how systems and processes can be made more person-centred.

Why Change?

We have thought carefully about the models and pathways of care and approaches across all ages and we will now explain how we think we can implement and deliver the changes required. We will build on – the good things about the way specialist health and social care services are organised now. We will also explain what we think needs to change – the things we think could be better.

The events at Winterbourne View and the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) inquiry highlight the importance of action to ensure that people with learning disabilities and / or autism have access to community provision to meet both the needs of people who display behaviour that challenges and to support people to access health services. This will require sufficient skilled support to people throughout (or at various times in their lives) and at times of crisis to minimise the admission to in-patient facilities.

The Government's Mandate to the NHS Commissioning Board sets out: "The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people".

Research evidence suggests that when people with mental health problems and/or challenging behaviour receive support in the community as opposed to hospital there are better outcomes in terms of repeated admissions to hospital, mental health, carer distress and patient and family satisfaction with the care that they receive (Marshall & Lockwood, 1998; Joy, Adams & Rice, 2004).

People with learning disabilities and mental health problems/challenging behaviour are especially vulnerable in inpatient settings. Their cognitive difficulties make them more socially vulnerable and more susceptible to emotional/psychological distress caused through being in such environments. They are also often more vulnerable due to a lack of experience amongst staff in these settings in working with people with learning disabilities and/or Autism.

Providing care in hospital for people in crisis is an expensive option as compared to specialist home care (Joy et al, 2004). People with learning disabilities often experience

longer stays in inpatient settings (Hassiotis, Barron & O'Hara, 2000). Challenging behaviour is a common reason why people with learning disabilities are relocated to costly residential facilities that are often away from their families (Hassiotis et al, 2000).

Admissions to hospital, specialist residential placements or secure units for people with learning disabilities and mental health problems/challenging behaviour can therefore be financially costly to the tax payer and costly to the individual and their loved ones experiencing these difficulties in terms of their quality of life and general well being.

Crisis intervention to prevent or reduce the impact of crises can be an effective way of reducing admissions (Joy et al, 2004; Johnson, Nolan & Hoult 2005; Johnson, Nolan & Pilling, 2005; Glover, 2006; Jethwa, 2007) and alleviating distress (Marshall & Lockwood 1998; Joy et al, 2004; Hopkins & Niemiec, 2007).

It is important that people with learning disabilities are provided with specialist crisis support when they are experiencing problems associated with mental health or challenging behaviour. This is supported by government policy that states that services should "enable people with learning disabilities to have access to a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard and with additional support where necessary" (Department of Health, 2001).
It is suggested that crisis response can be "an effective medium for providing appropriate additional support to help individuals through difficult experiences/periods of their life." (Department of Health, 2001). The Mansell report (2007) states that emergency support for people whose behaviour or mental health presents a challenge should be available 24 hours a day, seven days a week. Mansell states that "services should also be provided for a number of people with the most challenging needs as part of the continuum of services that enable people with complex behaviours to remain within their communities" (Mansell, 2007).

Therefore community based assessment and treatment services providing 24-hour crisis intervention are a valuable resource for supporting people with learning disabilities to stay in their homes and out of expensive placements/costly hospital admissions. This approach can be more therapeutic for the individual, help to maintain existing support from family and carers, promote consistency of care and person centred values and cause less distress and disorientation for the individual. These TCP assertions are supported by research evidence and government policy.

'On-the-spot' specialist assessment of the person's needs and causes of the crisis situation can lead to management in situ and provide information for long-term solutions, enabling services to work with individuals more effectively.

Liaison and direct contact encourages joint working and provides a useful network for health services and other agencies. (Supporting literature: Mansell, 2007).

Maintaining people in their own homes, enabling the carers that support them, preventing further crises, promoting continuity of care, and addressing unmet needs all help to improve an individual's quality of life. The person-centred philosophy of the service and the flexibility that it provides also serves to enhance the quality of the individual's care experience of the support received by the service and by their future care. (Supporting literature: Department of Health, 2009; Department of Health, 2008; Department of Health, 2007; Mansell, 2007 ;).

In Derbyshire and Derby City specialist adult Learning Disability health and social care community team interventions, crisis and intensive outreach and inpatient services including

bed based short breaks (respite) vary in delivery and approaches. There are also differences in the way Learning Disability CAMHS and the Complex Behaviour Team operate. With particular known gaps and variation it is the intention of commissioners to address the imbalance and inequity of access to health and social care responses and potential for discrepancies in outcomes. This rebalance will be set in the context of appropriate access to mainstream mental health services and a flexible range of community social care provision and access to personal budgets and personal health budgets.

Local specialist services need to be equipped fully to manage the care of people with complex needs living in their local areas, to prevent unnecessary hospital admissions, unnecessary out-of-area placements and to support people moving back from out-of-area placements or those individuals who are moving on from living in restricted in-patient locked rehab and secure hospitals settings.

This includes the specialist health and social care services continuing to support local support providers in gaining greater skills, workforce resilience and enable their growth and success in the community to maintain good quality care for people with a learning disability and /or autism.

The current autism pathways are characterised by a range of uncoordinated support for people with autism and families that can be available in specific geographical locations only and a sharp decline in support from the age of 18 with improving, but not yet consolidated transitions processes between children's and adult services. Access to crisis intervention and behavioural support services is not timely and access to local mental health support for anxiety and depression is limited. People with a sole diagnosis of autism constitute a third of all CTR's in the past year and people with a learning disability and autism constitute a further third. Timely access to local intervention and preventative, resilience building support, would reduce bed admissions and enable individuals and their families to live well with autism as required by national legislation and Think Autism guidance.

With regard to a further imbalance of care delivery commissioners of adult learning disability services are required to address the broader commissioning intentions for existing in-patient NHS short breaks (respite) and adult care provided short breaks (respite).This is in line with national policy, that people with a learning disability should not be in a hospital bed unless this is for assessment and treatment and stays in such beds should be outcome focused leading to an improved community based, person centred support plan. With a move towards both social care taking on the lead commissioning of short breaks (respite) for carers and the offer of personal health budgets to people who have continuing heath care needs including a need for short breaks (respite).

From the analysis of information provided in a short break (respite) joint review in 2012 and a current refresh of the data it is apparent that there is an underutilisation and lower demand of the available beds, and disproportionate costs which do not correlate to individual need. Building-based short break/respite services tend to be reported as inflexible, expensive to maintain as a stand-alone model of care. Locally, however, the people who use services and their carers would appear to have a limited choice of short breaks (respite) or personal budgets with which to purchase bespoke respite options and reliability is on one or two main choices on offer and less support in accessing alternatives or development of new providers able to offer something different to a traditional short stay and having a breathing space / quality time away from each other.

Derbyshire health and social care services have fragmented over recent years and this has

created disjointed system relationships. By addressing the imbalances and providing collective responsibility and coherent leadership health and social care services aim to provide greater consistency of specialist health care responses/pathways across Derbyshire. In part this will lead to improved quality and positive experiences for people of all ages with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition.

More integrated working brings the chance to reduce bureaucracy and overlaps, to ensure people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition and their families get the care that will improve their health outcomes as well as deliver efficiency savings on future spend over the next three to five years.

Preparing for Adulthood initiatives are important where individual's transition from children's to adults services. Further work is needed to build individual and family resilience from an early age so as to reduce admissions to bed based approaches to care in adolescence and adulthood, reduce lifelong costs to adult health and social care and ensure that there is a clear pathway to living independently in community settings in place for all.

Users of social care services increasingly plan, purchase and control their own care and support through personal budgets. Personal health budgets are now being made available and it is important for health and social care to work closely with people needing support and their families, to get the most out of all the available resources.

Children's and Young people's commissioners wish to see streamlining of commissioning arrangements and ensuring a joined-up approach to meeting a young person's / family's needs and supporting professionals to take a longer term view to help young people prepare for adult life.

Currently, management information and data systems do not enable this cohort of children and young people to be identified accurately and their progress tracked (similarly, we cannot accurately identify spend for this cohort)

There is a complex and fragmented pattern of service delivery, as this still to a large extent reflects historic commissioning arrangements and boundaries. Issues have also been identified about access to appropriate school/education places for children with SEND who are geographically mobile across boundaries, particularly children in care who may sometimes be placed in another Local Authority area. Further work is required to develop relationships and clear protocols for joint working across boundaries.

There are gaps in the availability of support for children and young people with autism. A review by a multi-agency group in 2014 against the NICE recommended pathways identified a number of gaps or service improvements.

A Healthwatch report on families' experience of the Derbyshire children's autism pathway in 2015 found that families waited too long for assessment, and felt that schools had not been able to respond flexibly or appropriately enough to the needs of their child. The report also identified issues relating to communication with families.

There is a case for change to address inequitable service provision in children's services between north and south, City and County to tackle gaps in support for children and young people with autism who do not have a learning disability.

In developing this case for change partners have considered;

Local Drivers

1. People with learning disabilities with complex needs are not well served by current services – (annual Learning Disability joint health and social care self-assessment findings)
2. Specialist health services for people with learning disabilities are not sufficiently targeted on those with complex needs, including people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition, people with profound and multiple learning disability and those in receipt of continuing health care.
3. The skill mix and configuration of specialist services may not conform to current models of best practice and are currently not well specified by commissioners.
4. A refocusing of specialist learning disability and autism services and commissioning of alternative pathways and service models.

National Drivers

5. The DH Transforming Care Concordat of action (Dec 2012) to reduce the number of patients placed inappropriately in and out of county and to ensure that local services across Derbyshire are actively engaged in care planning, discharge planning and review processes in order that patients can return to less restrictive and local resources in a timely way.
6. The RC PSYCH report (July 2013) – on the role of in-patient services and that availability of both generic mental health and specialist learning disability beds should be reviewed by commissioners. This should be determined by clinical need, patient and carer preference and evidence-based practice.
7. The Call for Action (July 2013) – caring for people as close to home as possible with integrated teams
8. Heslop et al (2013). Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Final report. http://www.bris.ac.uk/cipold/
9. Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups (CCGs) (Oct 2012)
10. Ensuring Quality Services - LGA and NHSE Feb 2014
11. Guidance for commissioners of Mental Health Services for people with learning disabilities (June 2013)
12. Joint review of commissioning for people with complex needs - Commission for Social Care Inspection, Healthcare Commission (March 2009)
13. National Learning Disability Professional Senate – delivering effective specialist learning disabilities health team support (Dec 2014)
14. NHSE /ADASS/LGA National Service Model – "*Supporting people with a learning disability and/or Autism who have a mental health condition or display behaviours that challenge"* (July draft and Final Oct 2015, Commissioners of health and social care services)
15. NHS England (NHSE), the Local Government Association and the Association of Directors of Adult Social Services published on 30th October 2015 - Building the right support: a national implementation plan to develop community services and close inpatient facilities
16. Children and Family Care Act 2014
17. Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England Publication Gateway ref No 02939) http://www.southernderbyshireccg.nhs.uk/your-health-services/future-in-mind/
18. SEND reforms - Special Educational Needs and Disability Code of Practice: 0 to 25

years (11 June 2014; updated 1 May 2015)
19. The Autism Act 2009 and supporting Fulfilling Lives and Think Autism Guidance
20. Feedback from local Learning Disability and Autism Partnership Boards, general customer feedback, a Derbyshire wide survey of Autism Needs in 2013 and the outcomes of a series of multi-agency stakeholder engagement workshops in 2014/15 that focused upon live case studies of individuals recently admitted to bed based care.

Please complete the 2015/16 (current state) section of the 'Finance and Activity' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

3.Develop your vision for the future

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

Guidance notes; *This should include, as a minimum, an articulation of:*

- *Improved quality of care*
- *Improved quality of life*
- *Reduced reliance on inpatient services*

The aspirations of individuals and families for their own lives should be central to this.

The way in which people with a learning disability/ and or Autism live their lives has changed a lot over recent years, and is continuing to change. Every person with a learning disability and /or autism in Derbyshire is entitled to the same opportunity to lead their life, as valued and respected members of their community, to get a good life in the same way as everyone else. The aim is to reduce health inequalities and secure social inclusion and community integration by delivering person centred care, particularly for those people with complex and multiple additional needs.

Specialist health and social care services must be organised to provide integrated personalised and self-directed care and support. This care and support must enable everyone to secure their rights, independence, choice and inclusion. Specialist services must give particular priority to those people most at risk of receiving their care and support in high cost institutional care.

The model below has been developed through the work of the City Joint Improvement Board; in 2014 and will be adopted by the TCP to underpin and set the vision and aspiration for 2018/19, for supporting people in a place they genuinely call their own home. Instead of asking, "What services do you need?" we need to ask,
"What's your Good Life" or "what really matters to you?"

What is a good life? (Improved Quality of Life)	
Meaningful relationship - reciprocity with folk who look out for each other/you - not just with family paid carers	**Money & wealth** - income maintenance (benefit entitlement) - other assets - choice, control and spend on food, bills, clothing, leisure, etc

	- PHB/PB – choice & control over care & support
Citizenship, belonging and the respect of others - citizen centred approach (health, social, disability, etc) - opportunities to contribute - entitlement to be a member of a community - connected to neighbours	**My own home/place** - lodger, tenant or home owner - my own front door
Safety & security - staying safe, healthy & well - freedom to take risks of ordinary living - managing and supporting risk - safeguarding and advocacy	**Health** - physical health support
Support for additional needs (Improved Quality of Care)	
Specialist local services - function based holistic assessment - individualised support: bespoke & reflects best practice - challenging behaviour dealt with as a social construct - positive behaviour support - support for communication - mental health support - supervision & control: good use of DoLS, guardianship, CTOs	**Support for family and paid carers** - one group of people's needs not met at the expense of others - progressive services impose extra strain on staff - emotional support and practical respite - reflective supervision - training
Leadership & management – developers (not removers or containers) (Reduced reliance on in-patient beds)	
Vision & values - Commitment – Individualisation - Effective service characteristics - Good management - Investment in relationships & networking – Whole systems life course approach – Partnerships - Prevention and early intervention – Monitoring quality	

Local ambition also builds on the Derbyshire /Derby City joint plan for people who display behaviours that challenge 2014 - 2017 which is to commission the range of local health, housing and care support services to meet the needs of people with a learning disability and /or autism of all ages who display behaviour that is challenging - based on the principle of an ordinary life for all citizens. – see Appendix 1

This provides greater personalisation and a focus on community support that promotes independence from early childhood and throughout adult life. This will be achieved collaboratively across education, health, social care and housing with involvement of providers, partnership boards, families, carers, and self-advocacy groups.

Contained within the Derbyshire and Derby City Joint Plan 2014-2017 (at appendix 1) are a set of "I" statements, *"What it will mean for the future* " - the aspiration is that people with a learning disability and /or autism who display behaviour which challenges will be able to recognise and relate to these "I" statements.

Our TCP Local Ambitions – for "Getting a Good Life"

- ✓ To work as well as we can, as we would for a loved one / member of our own family

with the money we have available.

- ✓ Achieve the "I" statements and 9 overarching principles
- ✓ Develop one County/City14+ at risk of admission to hospital/edge of care register (TCP want to consider renaming the at-risk of admission register based on feedback from individuals and professionals))
- ✓ Integrated community pathways that support care closer to home, avoid unnecessary admissions to inpatient beds or high cost institutional care and support people to remain in their own home.
- ✓ Prioritise and support successful discharge of those people remaining in Independent hospitals
- ✓ Improve the process of Care and Treatment reviews and achievement of the recommendations and outcomes for individuals
- ✓ Expand on local co-production and engagement with people with lived experience.
- ✓ Have in place a system to measure improvements in quality of life
- ✓ To address system wide culture change – skilled and resilience workforce
- ✓ Support and nurture families
- ✓ To ensure that all children and young people are identified early, and that they, their families/carers are offered support (prevention and coping strategies) to achieve their full potential and prepare for an adult life that will be as independent as possible
- ✓ Develop robust infrastructure to enable the 'community' to flex to be there when needed
- ✓ To create an all age specialist health and social care model alongside all age integrated commissioning approaches,
- ✓ To develop a planned review of short-break options currently provided as established component of support plans
- ✓ To develop a menu of options for the provision of short-break support for people with complex health and social care support needs – and pathways in and out of short break facilities.

Summary – Projected End State 2018/19 – Inpatient Beds

PROJECTED END STATE: ADULTS

TCP inpatient population in beds in footprint						
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds	No of beds commissioned / contracted by TCP	No of beds currently in use by TCP
Hillside		CCG	LD Assessment and Treatment	3	3 Note this is subject to review as part of the TCP delivery plan.	3
	Aim is to utilise more local beds for people stepping down from low secure units	CCG	Locked rehab	4	Spot purchased	4

TCP inpatient population in beds outside footprint (out of area)				
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds currently in use by TCP
		NHSE	Low Secure	7
		NHSE	Medium Secure	2
		NHSE	High	5

PROJECTED END STATE: CHILDREN

TCP inpatient population in beds in footprint						
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds	No of beds commissioned / contracted by TCP	No of beds currently in use by TCP
				0		0

TCP inpatient population in beds outside footprint (out of area)				
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds currently in use by TCP
		NHSE	Tier 4 CAMHs	6

How will improvement against each of these domains be measured?

Guidance notes;

Transforming care partnerships should select indicators that they believe to be appropriate for their plans.

However, areas should be aware that nationally:

- *To monitor reduced reliance on inpatient services, we will use the Assuring Transformation data set*

- *To monitor quality of life, we are minded to make use of the Health Equality Framework*[4]
- *To monitor quality of care, we are supporting the development of a basket of indicators (see Annex A); exploring how to measure progress in uptake of personal budgets (including direct payments), personal health budgets and, where appropriate, integrated budgets; and strongly support the use by local commissioners of quality checker schemes and Always Events*

The TCP want to develop a set of measures that will demonstrate how the partnership is achieving against each of its TCP local ambitions, this will be working progress at the time of submitting the plan and indicators and outcome measures will be developed over the next 3 months and will form part of our delivery plan.

Commissioners have commenced using the 9 overarching principles as a local self-assessment and to RAG rate ourselves against these to support identification of delivery plan actions and for the creation of outcome indicators, this is very much work in progress at the time of submission. See draft at Appendix 2

Our TCP want to see the aspirations and ambition demonstrating the following:

- **Return on investment** - reducing high cost and institutional health and social care and support and driving up **quality of care and quality of life**
- **Comprehensive reconsideration of all health and social care expenditure** on support for people with a learning disability – the ambition is a pooled budget
- **Increased number of people with a Personal health Budget and or Personal Budget**
- **Use of additional investment as transitional** to deliver effective service redesign and redeployment of current assets (physical/professional/financial), with priority given to supporting those people with the most significant difficulties and risk of long-term adverse outcomes, and achieve a reduction overall in the number of people who need long-term specialist health and social care support.
- **Challenge established assumptions about how support is delivered** and focus on outcomes for people not organisational and professional structure and processes.
- **Reflect national frameworks and models for health and social care service delivery** – personalised and cost effective.
- **Support current service arrangements effectively to ensure safe and sustainable care whilst progressing transformation.**
- **Incorporation of the current investment in specialist community and residential social care services provided by Direct Care**, with whatever redesign and rationalisation might be required over time.

[4] http://www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide1/

- **Have an effective 7 day capability** to respond to urgent/crisis care and support needs.

Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.

It is the intention of the TCP to include the locally agreed "I" statements (Appendix1 – at column - What it will mean for the future) developed as part of the Joint Plan for people who display behaviour that challenges in this TCP plan alongside the 9 overarching principles developed in the National Service Model which are based upon what good services and support look like for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

The local aspirational "I" statements do resonate with the 9 overarching principles listed and contained within the service model detailed below:

1. I have a good and meaningful everyday life
2. My care and support is person centred, planned, proactive and coordinated
3. I have choice and control over how my health and care needs are met
4. My family and paid support and care staff get the help they need to support me to live in the community
5. I have a choice about where I live and who I live with
6. I get good care and support from mainstream health services
7. I can access specialist health and social care support in the community
8. If I need it, I get support to stay out of trouble
9. 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.

The design of the Derbyshire and Derby City TCP model of care and support for people with a learning disability and /or Autism will be based on achieving the following principles;

- Ensuring that the 'voice' of people and families is heard and there is evidence of appropriate representation, co-production and including independent advocacy
- Specialist learning disability and/or Autism health services that support mainstream practice and directly serve those with the most complex needs
- Specialist learning disability and/or Autism health and social care services that promote safe, person-centred support and evidence based practice.
- Joint planning and the development of integrated care pathways that promote individualised services that are closer to home
- Service capacity that directs people away from traditional / institutional responses to crisis and, wherever possible, supports people in their everyday surroundings.
- Support to people and families when needed through swift access to the services of specialist professionals including medical, nursing and allied health

professionals.

- Investment in training and development not just for specialist professionals but also for families, carers and for front line support staff to enable all to share expertise and better care and support people where they live.

- A robust health and social care community infrastructure that takes a broad view on addressing health and well-being and considers the range of factors associated with poorer health and other risks associated with social exclusion. For example by ensuring that responses to challenging behaviours, and health problems do not preclude options to achieving paid employment or independent housing.

- New alliances and personalised care approaches to secure better and more cost effective, inclusive services (including the redesign of inappropriate high cost health service provision e.g. underutilisation of NHS short breaks and offers of personal health budgets and Integrated Personalised Commissioning)

- Fulfill all legal requirements, including those arising from the Mental Health Act, Mental Capacity Act and Disability Discrimination Act.

- Ensure access to a full range of primary and other health and social care to support a healthy lifestyle.

Please complete the Year 1, Year 2 and Year 3 sections of the 'Finance and Activity' tab and the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

4.Implementation planning

Proposed service changes (incl. pathway redesign *and* resettlement plans for long stay patients)

Overview of your new model of care

Guidance notes; How will the service model meet the needs of all patient groups, including children, young adults, and those in contact with the criminal justice system?

The TCP plan will address the outcomes of the Derbyshire Learning Disability needs assessment and the outcomes from the learning disability and autism health and social care self-assessment frameworks and the Future in Mind plan within the special education needs and disability SEND reforms.
The design and culture of local services will reflect national frameworks, policy, guidance and models of health and social care delivery – personalised and cost effective.
There will be a drive to provide greater community focus and partnership with adult health and social care. The focus will be on outcomes for people and communities and not organisational and professional structures.

This development of a collaborative unified model will ensure that we meet the national requirements of 'Winterbourne View - Transforming Care', 'Preventing Premature Deaths for people with learning disabilities' and local aims of care closer to home and to 'Getting a Good Life'. It also fully embraces the five essential functions of the modern specialist learning disabilities community health services nationally recommended to commissioners.

This programme of change will include a plan of a stepped approach to re- profile existing models that continue to rely on traditional NHS and social care bed based service delivery whilst strengthening and refocusing the community based infrastructure across Derbyshire.

Most of the specialist statutory services are currently delivered within local identified communities, however this needs to be further developed so that integrated health and social care specialist support for people with a learning disability and /or autism is aligned to the Derbyshire community hub vision and Derbyshire and Derby City neighbourhood model. This will require a collaborative care model avoiding substantial relocation of workforce.

In adult care commissioning intentions are to develop a robust integrated community based offer including intensive assessment and treatment team for the north of the county to mirror the well-established assessment, treatment and support service in the South. This approach will provide additional support in the individuals own living environment or wherever possible in an appropriate community setting rather than in a traditional NHS in patient bed or hospital setting, which can add an element of resistance to individuals, families and paid carers.

New care pathways of delivery being developed by the NHS trusts will make the best use of collaboration, joint working and existing networks of provision. Specific multi-disciplinary specialist services will work close to an individual to maximise early therapeutic interventions and wherever possible prevent admission to bed based services or high cost institutional care. For people whose behaviour or mental health needs becomes too intense or unsafe for their community setting, the intensive assessment and treatment support team will care for people in specialist community accommodation when this is required.

Service responses will continue to support people to access mainstream services, including secondary hospital services, mental health services and criminal justice service. Although it should be noted that timely access to mental health services for people with learning disabilities and / or autism and their families is limited.

In North Derbyshire partners wish to see the further expansion of the existing outreach team to become the intensive assessment and treatment response over the next 18 months. This is likely to require the freeing up of resources (physical, professional and financial), with a transfer of resources that are tied into buildings to a community unified model to facilitate a change in service delivery and service culture.

A redirection of resources and priorities will be required to enable the current establishment of certain professional groups to change and in some instances increase to address the most complex needs of people with a learning disability.

It is recognised that a countywide specialist service pathway also needs to be in place for forensic service responses. This will need to be planned with mainstream forensic services alongside existing forensic pathways developed by local learning disability specialist health care services, and NHS England specialist commissioning.

The case of change will help health and social care services to keep people i**n a place they call home** by providing community based interventions and intensive outreach support that will include community based assessment and treatment with access to out of hours and services available across 7 days per week.

The new robust community pathway will be defined ***to ensure that any inpatient services or high cost bed based residential institutional services commissioned by health or social care are only utilised after responsive intensive community interventions have been delivered***.

For short breaks (respite) it is necessary to transform practice towards true personalisation and the "Think Local Act Personal" and NHSE policy direction. This is considered to be achievable through a transition to personal budgets, including personal health budgets and self-directed support to provide a more personalised, efficient and effective adult short break (respite) and care/support pathway for people with a learning disability.
Creative approaches to short breaks (respite) are an important part of personalised support. The TCP and linked wider short breaks programme presents a collaborative model to develop options that offer more choice, reduce reliance on residential bed based services and that improve the aspirations for young people as they move to adulthood. Based on good case management and stronger person centred planning, the ideas include:

- offering a mix of bed based and other alternatives to building based breaks
- using money released from any underutilised and high cost residential bed based services for personal budgets
- looking at how to allocate short breaks resources fairly

This work will be completed jointly to rationalise and consider all available accommodation and also what estate may emerge with the proposals of the Devolution approach being taken forward with local councils. This work will build on successful completion of similar projects in the City Council and across Children and Young people's commissioning.

What new services will you commission?

The community offer will involve commissioning care and support differently; the new approach is described n the Market Shaping and Market development work stream at page 75. The intention is that these services will become care and support purchased by individuals through their personal budgets.
There will be an expansion and revised specification of the current DCHSFT outreach team to provide a new Intensive support service
Outcomes from the Forensic pathway work are highly likely to result in a recommendation to commission new approaches that support a Forensic pathway across Derbyshire.
It is the intention of commissioners to review of advocacy services which may result in commissioning different approaches to advocacy across Derbyshire. This will include approaches to a quality checker service, and experts by experience.

What services will you stop commissioning, or commission less of?

During 15/16 NHS Commissioners have further reduced the inpatient beds within learning disability services provided by DCHSFT from 8 to the current 6 bed provision and in relation to the national planning assumptions are considering further reductions of inpatient bed numbers over the next 2 years. This will need to be supported with significant enhancement to a robust intensive assessment and treatment outreach team which has been proposed as part of the 21c Joined up Care work stream and now incorporated into the TCP plan.This will involve closer working relationships with NHSE specialist commissioners.

What existing services will change or operate in a different way?

The 'WHAT' will change?

The preference of local partner's is to modernise local learning disability / autism services with existing health and social care partners. The aspiration is to achieve service redesign of existing resources and alignment of care models across Derbyshire and Derby City to provide equitable care pathways in response to local needs and demands. The approaches will be evidenced based alongside quality and value for money in specialist learning disability / autism health and social care services.

The future plans are specifically informed by the National Service Model *Supporting people with a learning disability and/or Autism who have a mental health condition or display behaviours that challenge*. This will be part of a wider 3- 5 year plan to enable phased transformation of services to ensure the diverse and complex needs of this population are met**.**

It is also based on the advice contained in the national learning disability professional Senate service specification and best practice.
This means that multi-disciplinary teams will be commissioned to include carrying out the following five core functions:

1. support positive access to and responses from mainstream services, to improve the experience and outcomes and reducing known health inequalities for people with a learning disability.
2. enable others to provide effective person-centred support to people with a learning disability, by working in partnership with individuals, families, support providers and mainstream services. This includes targeted assessment and formulation and providing training.
3. deliver direct specialist clinical therapeutic support such as assessment, intervention, and formulation, positive behavioural support and psychological and therapeutic support, where this has been identified as needed through a person-centred unified care and support planning process.
4. respond positively, rapidly and effectively to crises, with the ability to provide 24x7 support.
5. quality assurance and strategic service development to support commissioners in service development, the commissioning of individual support packages and quality monitoring.

Adults description;

Services will be available in the community, be highly personalised and based on lifelong person centred planning and approaches.

To achieve this:

- The ambition is that pooled budgets will be developed across adult commissioning during 2016/2017, it is important to note this is a collaborative care model not a transferring of staff.

- There will be continued commitment to ensure a variety of options for short break (respite) is available and offered to support individuals and their families to continue to provide support and deliver personal outcomes. The model will reflect the changing priorities, the change in the level of demand and alternative provider market options.

  There will be a joint health and social care rationalisation of current bed based services to support the personalised offer of short break requirements. This will include increased use of personal budgets and personal health budgets.

- Continued development and enhancement of community responses as an alternative to bed based services. This will include the ability to provide a 24/7 hands on intensive response to prevent or manage crisis across the county.
- Highly skilled and experienced health and social care staff working jointly to deliver proactive and reactive strategies for support in the community. This will include comprehensive joint assessments, enhanced case management, and shared accountability for care, joint care planning, inter-professional networking.
- Access to countywide specialist accommodation to provide intensive assessment and treatment where this is required.
- Alternative short term accommodation will be used in times of potential crisis for short periods to provide a setting for assessment by multi-disciplinary health and social care teams where this cannot be carried out in the individual's home. The aim will be to prevent avoidable admissions to assessment and treatment units or intensive specialist accommodation.
- Expansion of the successful shared lives scheme which has a track record of providing cost effective support for people with complex needs and / or challenging behaviours
- Development of the micro provider market across all areas of Derbyshire
- Timely access to behavioural support services for individuals, families, paid carers and provider organisations to build resilience and prevent unnecessary admissions.

A series of multi-agency workshops were held in 2014 which included social care and health staff from city and county. These workshops focused on a set of recent case studies of people who had been admitted to bed based care, examined the timescales, key incidents and responses and escalation trigger points. The workshops identified what the optimum points for intervention would have been to prevent admission and workshop leaders then generated a list of commissioning needs for prioritisation by the Learning Disability JCB, i.e

- Where existing processes need to be improved
- Where existing contracts need to be renegotiated
- Where new services need to be commissioned

<u>Children's description</u>

- Ensuring the structures of SEND services support the development of locality based

multi-disciplinary teams and support for children and young people

- Develop and implement new autism pathways which speed up assessment, improve support (especially for those with autism who do not also have a learning disability) and improve parent/carers' and schools' ability to respond to challenging behaviours
- Establish processes to deliver CTRs for children and young people and embed continual improvement in delivery and outcomes from CTRs ensuring integrated with adult CTR process
- Extend the use of personal budgets and personal health budgets to deliver person-centred packages of support for young people and enable them to continue to live at home
- Finalise, test and implement tool for predicting risk of crisis to enable preventive action
- Refresh and re-launch preparing for adulthood pathways
- Create a new Preparing for Adulthood Team for county and review city team to radically improve the quality of transition planning and support for young people in this cohort to enable them to achieve a good life in adulthood and improve outcomes

Describe how areas will encourage the uptake of more personalised support packages

Guidance notes; Areas should look to set out, how their reforms will encourage the uptake of and what year on year progress they expect to make in:

- *Personal budgets (including direct payments)*
- *Personal Health Budgets*
- *Where appropriate, integrated budgets*

It should be noted that children and young people with a learning disability who are eligible for an Education, Health and Care plan should also be considered for a personal health budget, particularly for those in transition and those in 52-week placements.

This process aligns with the 'local offer' areas are developing for personal health budgets and integrated personal commissioning (combining health and social care) in March.

The uptake of personalised support is integral to "Getting Good Life "Model described elsewhere in this plan, and within the ambitions of the TCP. This includes shaping ambitions for getting a life not a service, prevention, integrated planning for personalised and self-directed support which is outcome focussed. The personal support will maximise independence, employment opportunity and meaningful occupation that builds long term sustainability for individuals to get a good life.

<u>Personal Budgets</u>

Derby City - in 2010/2011 only 13% of people with a learning disability had a direct payment. Now currently all customers have a personal budget, with over 70% taking this as a direct payment.

Derbyshire County Council in 2010/2011 only 16% of people with a learning disability had a direct payment. In 2014/15, 30% chose to take their personal budget as a direct payment.

Children and Young people;

Information is readily available on the Local Offer County Council website detailing what Personal Budgets are and how they can be accessed.

Derbyshire has been a pilot site for both individual budgets and personal health budgets for children and young people. Use of direct payments and personal budget is embedded within children's social care. As of January 2016, a total of 169 children and families in Derbyshire County were in receipt of a personal budget or direct payment from the Disabled Children's Service, however only 13 of these were children with a learning disability who display behaviour that challenges, and 17 children with autism who display behaviour that challenges[5].

Derbyshire will continue to offer young people and families the option of self-directed support through direct payments/personal budgets. With the SEND reforms the offer of a personal budget has been extended to include education, for those children and young people with EHC plans.

In Derby City as of January 2016, a total of 80 children and families were in receipt of a personal budget or direct payment from the Disabled Children's Service, however only 18 of these were children with a learning disability who display behaviour that challenges , and 12 children with autism who display behaviour that challenges. Derby has recently been a pilot site for children's 'Think local act positive' TLAP' project for personal health budgets.

Learning from both pilots will be used to inform the development of the personalisation agenda.

Personal Health Budgets

Currently there is no joint policy and process, across the CCGs in Derbyshire to deliver joint personal budgets and collectively there is an agreement that this would simplify and improve processes and funding streams. This will also apply for children and young people who are eligible for an Education, Health and Care Plan so that they can also be considered for a personal health budget, particularly for those in transformation and those in 52 week placements.

As previously identified the use of personal health budgets is central to the notion of individualised and personalised care.

CCGs expect to see a year on year increase in the use of personal health budgets for this group of individuals to support a new approach to care and support delivery.

The Commissioning Differently approach is aiming to see a transition from commissioned services to self-directed support and using personalisation to support people to use their own personal budgets to purchase intensive support either through a personal budget or

[5] These groups may overlap

work with providers to implement individual serve funds.

What will care pathways look like?

Guidance notes; Consider planned, proactive and co-ordinated care.

Person centred practice will be integral to the services commissioned and provided. Care pathways will reflect the need for on –going care coordination with the flexibility to proactively respond to a person's changing needs adapting the interventions as required in a planned manner. Specialist evidence based direct clinical therapeutic support including assessment and summary formulations will be available for those individuals with complex and enduring needs including those with dementia, autism, challenging behaviours, mental health difficulties and individuals who are part of the criminal justice system (or at risk of entering the CJS).

New pathways of delivery will make the best use of collaboration, joint working and existing networks of provision. The local clinical and professional reference group will be instrumental in influencing future pathways. Specific multi-disciplinary specialist services will work closely to the individual to maximise early therapeutic interventions, and wherever possible prevent admission to bed based services or high cost institutional care.

For people whose behaviour or mental health needs becomes too intense or unsafe for their community setting, the intensive assessment and treatment support teams will provide support for people in specialist community accommodation. Service responses will support people to access mainstream services, including secondary hospital services and mental health services.

A new robust community pathway will be defined to ensure that any inpatient services or high cost bed based residential institutional services commissioned by health or social care are only utilised after responsive intensive community interventions have been delivered.

The adult learning disability specialist health services in the north and south of the county have already begun to review and enhance their practices to ensure that the on-going development of the care pathways are person centred, clinically evidence based within principles of early intervention and a whole system life course approach. These include care pathways for Autism, for people who display behaviour that challenges, Mental Health, Dementia, Forensic and a Transforming Care Pathway.

The TCP will develop and implement Care Pathways aligned with population needs, commissioned activity and performance targets measured against national benchmarks to ensure effectiveness and sustainability.

In the south of the County the DHCFT have developed 12 discreet but inter-connected Adult Learning Disability Care Pathways that will form their specialist services offer. The DHcFT selected the care pathway approach as a result of the work that was done for the *Darzi Review (2008)* and examination of approaches used by other health providers. The chosen approach has its roots in a model designed by *(Gumbur. R, et al 2013)* but, instead of an assessment hub and care pathway spoke approach; the trust applied a more linear model.

The implementation and further development of the adult Care Pathways and the potential for further integration across health and social care would see the services aligning with and

performing well against national benchmarks where they exist and, where they are not yet evident, setting the standard for the national benchmark e.g. the “wrap around and joint solutions” approach of levels of support to provider services in the Transforming Care pathway.

> ***‘life for people with major disabilities supported by good services will often look quite ordinary, but this ordinariness will be the product of a great deal of careful planning and management***
>
> **(Mansell report, 2007)**

The development of care pathways in DHcFTcame from a service wide collection and analysis of data of activity and then a check back and confirm exercise which highlighted some gaps, mainly relating to work on functional assessment and intervention of activities of daily living and occupation.
Transforming Care and the Winterbourne agenda has made significant demands on the local learning disability services, clinically and operationally. The development of CPA style care coordination and the wrap around levels of support to provider services has proved to be a highly effective transferrable health and social care model. The volume and complexity of this work has resulted in a decision, at least for the present, that Transforming Care should be a 12th care pathway. In time, however, it is envisaged that it will be subsumed within the Complex Behaviour and Mental Health pathways.

Key to the successful implementation of the Care Pathways is the development of the Assistant Practitioner role and increasing the clinical leadership and operational management capacity and capability with the learning disability service. The DHcFT has focussed resources in increasing the clinical and operational leadership within the Senior Practitioner group of learning disability professionals. Effective succession planning is key to the next 5 years of the trusts service development plan.

Central to the care pathway approach is the outcomes that the individual wants are paramount and, where they may not be the same as the intended clinical outcome, they sit comfortably alongside.
The DHcFT has, thus far, used person centred outcome measures. PROMS and PREMS have been developed by Psychology colleagues with application across the care pathways. There are also established frameworks that have outcomes integral to the approach e.g. Health Equality Framework [HEF]; Goal Attainment Scale; HoNOS; East Kent Outcome System [EKOS].

<u>Children and Young people;</u>

- There is a County autism pathway for children and young people – development underway for an all age pathway.
- There is a County Preparing for Adulthood pathway – currently under review

How will people be fully supported to make the transition from children’s services to adult services?

Guidance notes; Consider what will be different for children and young people going through transition, including those in 52-week placements.

- A Multi-agency ‘Preparing for Adulthood Pathway’ to be published and will replace the transition pathway

- Planning for adulthood will begin at age 13/14 (in school year 9)
- Reviews will have a focus on outcomes that will prepare the young person for adult life, including: employment, independent living, participation in society, being as healthy as possible.
- Locality based teams will ensure that contact, planning and review is ongoing with/for young people placed in 52 week placements
- Locality based teams will ensure a lead professionals/keyworker is identified for each young person
- Early notification to and involvement of, relevant adult services- from age 14 years for the most complex young people.
- SEND commissioning hub to include Adult services in order to commission appropriate support for young adults.

The National Development Team for Inclusion (NDTI) project in Derby City aimed to identify how services within Derby City could work better for young people with learning disability and / or autism with challenging behaviour. The NDTI leads examined 12 sample cases of people who were or had recently gone through preparing for adulthood processes, the majority of whom had been Looked After Children. They also interviewed commissioners and operational staff from children's and adults services along with CCG and health trust representatives.
The project noted the overlap of issues between children's and adult services, high cost out of county placements, limited inclusive outcomes for individuals with autism as a common thread.
The NDTI identified three themes where improvement could be made:

1. Strategic / Structural,
2. Service Delivery
3. Practice (operational) Level.

Key actions and emerging themes from NDTi Transitions project – Derby City May 2015

1. A commissioning structure across adult and children's services and approach to supporting young people with disabilities.
2. Success should be celebrated and shared with local communities.
3. A joint solutions group model to provide oversight of the people with the most complex needs who are in danger of being formally admitted to care settings.
4. Shared intelligence about resources available locally.
5. One system to sign off assessments, EHPs and funding for all young people requiring long term support into adulthood.
6. Advocacy to ensure that the current offer meets young people with complex needs meets their on-going need for support.
7. Work should be done with young people and their families to build resilience in their circle of support.
8. Tracking people's life experience and aspirations to establish whether they are being effectively supported to achieve their goals.
9. Coproduction that starts with the young person and their circle of support and aims to build support that is designed by them to live an ordinary life.

How will you commission services differently?

Guidance notes; Include new arrangements for, where appropriate, aligning or pooling budgets, changes as to how commissioning arrangements will change e.g. exploring capitated budgets with providers in the area

Adults
The work of partners locally is signalling a long established ambition to move towards joint commissioning for adults with a learning disability in partnership with adult health and social care. Partners are presently in the early process of developing the local thinking for the potential of lead commissioning and pooled funding arrangements across Derbyshire and Derby City. The pooling of resources will enable local health and social care partners to meet the demand for diverse community responses within constrained budgets over the next 3- 5 years.
This work will be a key feature in the STP as an objective of partners.

Children and Young people;
Greater personalisation – e.g. Use of complex cases budget to deliver local bespoke support, preventing need to access out of area residential provision

Release funding from the high needs block to provide high needs support without the need for an EHC assessment/plan

How will your local estate/housing base need to change?

Guidance notes: This should differentiate between the need for new capital investment and any potential recycled capital receipts (subject to approval) from the sale of unused or unsuitable property held under existing NHS capital grant agreements and/or associated legal charges. Set out the future accommodation requirements for children transitioning to adults if appropriate.

The emphasis on ordinary lives and "Getting a Good Life" requires further enhancement of locality based secure tenancies, Shared Lives and Supported Living. This builds on the options already available across the County and City. Generic housing pathways should apply with local housing providers, Registered Social Landlords (RSL's), Borough Councils and Derby Homes all encouraged to develop / provide suitable housing and address the needs of the cohort within local housing strategies.

In order to meet the service gap identified by Care and Treatment Reviews and in line with the Service Model development of alternative short term accommodation (available for a few days/weeks) in times of crisis or potential crisis to prevent avoidable admission into a hospital setting is required. This option will need to be supported by intensive multi-disciplinary health and social care team inputs and provide an alternative setting for assessment where that assessment cannot be carried out in the individual's home.

The TCP will conduct a joint rationalisation of all available bed based accommodation across all partners in Derbyshire / Derby City that may be suitable to provide access to a specialist accommodation for planned and unplanned circumstances. This will include utilising the findings from the Health and Wellbeing Board work now reaching finalisation to map all building based assets across Derbyshire to make better use of assets or realise capital receipts to enable the delivery of new services.

Work is underway to assess the housing needs of all disabled and older adults. Once the

assessment is complete work will commence with housing providers to develop a pathway for people meeting the criteria of the TCP to ensure access to accommodation with or without support.

The City will continue to implement the Accommodation and Support Strategy for Disabled Adults to meet the Council's stated ambition for no person of working age to be living in residential care by 2024.The County will continue to implement the Accommodation and Support Strategy for people with a Learning Disability which also aims to ensure people do not live in inappropriate residential care settings.

Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?

In order to maintain people with significant risk and vulnerability profiles in their local neighbourhoods, the TCP relies heavily on highly skilled, suitably qualified, competent, confident senior clinicians and managers. Leadership with assurance is essential as is the ability to assess individual's needs accurately and comprehensively and be able to develop and manage flexible responsive interventions and care packages with provider services and families.

There remain 8 individuals who formed part of our Derbyshire and Derby City local Transforming Care cohort, whom have either been in Independent hospitals for a number of years or have transferred to NHS bed based care and treatment. Of these individuals 7 have clear discharge plans and will have been supported to move to a place they can call home within the next 12 months. Case management is prioritised and commissioners are working with local NHS providers in recognising the impacts the future discharges may have on local resources and are either commissioning differently or considering business cases for enhanced capacity in a robust community infrastructure. One individual is subject to a section 47/49 and his MOJ restriction on his life tariff prison sentence, however this isn't stopping future discharge planning and work is however underway with the MOJ and this persons CTR outcomes major on improved quality of life measures.

Further continuation of the transforming care pathway will support the requirements of individuals who are stepping down from secure services during the next 3 years.

The aim of the local model is to stem the flow of people needing to be admitted to locked rehabilitation and further work on forensic pathway will seek to support the reduction in the requirements for low secure admissions wherever possible.

How does this transformation plan fit with other plans and models to form a collective system response?

Guidance notes; How does it fit with:

- *Local Transformation Plans for Children and Young People's Health and Wellbeing*
- *Local action plans under the Mental Health Crisis Concordat*
- *The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)*
- *Work to implement the Autism Act 2009 and recently refreshed statutory guidance*
- *The roll out of education, health and care plans*

Through the well-established Joint Commissioning Boards for Children and Young People, for Learning Disability and for Autism (Derby City and Derbyshire County CCGs and Local Authorities) there has been a strong commitment and track record in proactively supporting people with a learning disability and / or autism to access care and support in the most appropriate environment through a variety of local plans.

Across both the City and County there has been excellent work undertaken in understanding how we could develop a more integrated and collaborative community based offer of care and which means we are well positioned to use the existing partnerships to transform care and support at the scale and pace required by the Transforming Care guidance.

The focus of this TCP is therefore embedded in a much broader establishment of inclusive transformation across the partnership and has a strong strategic reference. This approach will also enable the needs of people with a learning disability and /or autism to be rightfully integrated and managed as part of the wider Derbyshire/Derby City Sustainability and Transformation Plan (STP) which is on the same local footprint.

This wider scope of planning and successful development of joint working arrangements provides partners with further confidence to build on existing plans and accelerate the pace to deliver this identified programme.

This TCP is not starting from zero, there are good things taking place across both children and adult services upon which to build and to learn from and ensure joint aspirations for the future are delivered by a collaborative response.

Health, Education and Social care commissioners are working jointly on initiatives that are integral to a collective response in supporting the TCP programme including:

- Future in Mind Local Transformation Plan 2015-2020
- Local SEND reforms
- Development of pooled budgets and lead / hub commissioning arrangements
- Implementation of personal health budgets with personal social care budgets
- Joint 14+ community at -risk of admission to hospital register
- Implementation of the Local Autism Strategy and countywide pathways
- Learning Disability and Autism Self-Assessment Frameworks
- North and South Unit of Planning programmes
- Mental Health Crisis Concordat
- Joint Mental Health Strategy
- The STP for Derbyshire

We have developed a local offer for PHBs which includes people with a learning disability and/or autism .The ‘local offer’ for personal health budgets, and Integrated Personal Commissioning (combining health and social care) will require further work to be undertaken to develop personalised care including processes for joint health and social care funded Personal Budgets, Education Health and Care Plans.

Any additional information

5.Delivery

Plans need to include key milestone dates and a risk register

What are the programmes of change/work streams needed to implement this plan?

Guidance notes; As a minimum, set out a workforce development plan, an estates plan and a communications and engagement plan

The TCP is going to produce one agreed plan that will harness existing local knowledge and build on new knowledge being gained to ensure safe delivery of new approaches to care and support.
The principle agreed by the TCP is that existing Countywide structures in place for Workforce Development, Communications and Engagement will include people with a learning disability and/or Autism.

Across the adult learning disability service there are a number of existing plans that will support the delivery and focus of the TCP plan. For example; the Accommodation Strategy, objectives of the 21c learning disability programme delivery plan, the Commissioning Differently approach and the DHcFT service development plans are entirely in line with the objectives contained in *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015).

In addition to delivering on the implementation of the Care and Treatment review Guidance and building on the Joint Plan for people who display behaviours that challenge, the TCP plan includes the following workstreams;

1. **Communication, Engagement and Co-production**

The aims of this workstream are ;

- To support people with lived experience to better understand the perspective of the plan for Getting a Good Life and to spread and share insights into good practice and their own stories
- Through positive communication support families, carers and loved ones to make informed decisions and to be convinced of future aspirations.
- To further co-design the plan and the route map/delivery plan
- For staff involved to share and to hear compelling stories, that capture the current experiences and help shape the future aspirations
- To consistently provide reports in line with the governance and assurance structures.
- To widen communication and co-production opportunities to all other audiences, including primary care, leisure and employment services.
- To enable the day to day communication to promote the delivery and performance of the TCP.
- To prepare for consultation as is necessary.

Key tasks include;

- Sign off of a TCP Communications, Engagement and Co-Production Plan.
- Increase the representation of people with learning disabilities and / or autism and their families / unpaid carers on the full TCP Board.
- Increase the involvement of people with learning disabilities and/or autism and families / unpaid carers
- Extensive engagement with family / unpaid carer groups.
- Extensive engagement with third sector groups who support people with learning disabilities and / or autism and their families / unpaid carers.
- Utilise existing Partnership Boards, Regional and Local customer groups and

supporting Third Sector groups to co-produce the Transforming Care Delivery Programme

- Organise a comprehensive series of ' this is what the future Getting a Good Life can look like' events.
- Develop a TCP Getting a Good Life FAQ's sheet and post to the Learning Disability and Autism webpages of each CCG and Local Authority including Partnership Board web pages.
- Develop a set of 'this is what the future getting a Good Life can look like' materials (short videos, voice recordings, animations and other media) to promote the proposed model.
- Promote the Getting a Good Life perspective to all families and communities.

2. The Community Offer

This workstream incorporates a number of strands of existing plans and new developments;

2a) 21c Joined Up Care – LD adult Workstream

The specialist health and social care offer need to be organised to provide integrated personalised and self-directed care and support. This care and support must enable everyone to secure their rights, independence, choice and inclusion. The community offer from specialist services must give particular priority to those people most at risk of receiving their care and support in high cost institutional care.

Subject to any necessary consultation and future engagement in summary what is being proposed and is

- The core change in North Derbyshire is to develop a unified, robust community service incorporating the current community learning disability teams, acute and primary liaison services, access to specialist accommodation for assessment and treatment as well as facilities to provide temporary alternative care when needed, with an enhanced Intensive Support Team.
  Moreover, these services will be integrated (Joined Up) with the broader community based services and adult social care.
- In line with NHS England policy there will be a continued offer of short break (respite) options that achieve personalised outcomes, with a range of alternatives that include building based accommodation, in collaboration with adult social care and access to a personal health budget or integrated personal budgets.
- It is expected that these changes will offer significantly better value for money (savings) – which will enable re- investment into the development of the robust community services.
- The intention is to develop a pooled budget during 2016, utilising the Health Act Flexibilities provided though a Section 75 agreement.
- The proposed implementation plan consists of an 18 month programme – that is currently planned to commence 1st June 2016 - through to 1st March 2018.
- The pace of delivery will be significantly influenced by the requirement for robust implementation plans to respond to the National Policy ‘Building the Right Support’ by April 2016.

This programme of delivery forms part of an existing business case and is currently at a pre consultation stage within the North unit of planning – 21c joined up Care. However, local partners and the local LDPBs have been kept up to date with the key messages and progress of the 21c Joined up Care intentions.

21c Joined Up Care LD - Theme 1 - Short Breaks (respite)

In summary the delivery plan will include:

- Establishing a short break menu of options
- Market management and provider development, signalling to providers and the holiday and leisure market the need for bed based and alternatives to bed based solutions for short breaks to create more choice locally.
- A desk top analysis across all short break units to support the financial modelling to establish indicative Personal budgets and a process for offering a PHB, to prepare for effective person centred engagement with individuals and their families
- A refresh of the strategic commissioning review of short break options across health and social care and the options appraisal from 2012 and reaffirm recommendations.

21c Joined Up Care LD - Theme 2 – Unified Community Model

The following outlines the partnerships intentions - subject to the sign –off of TCP plan and from the outcomes from the 21c Joined Up Care pre- consultation;

Part 1 – Intensive Support Service

- Recruitment to develop a 7 day multi-disciplinary Intensive Support Team – this is reliant on investment from the 21c Programme Delivery Group and upon investment from Derbyshire Adult Social Care development bid. Costs identified in the 21c learning disability business case and team recruitment to be prioritised if required as a phased approach to align with release of available financial resource. (NB first stage priority would be to recruit to Psychology, SALT and Band 3 practitioners)
- Aspiration is to commence a 7 day Intensive Support Team Model from 01/06/16
- Evaluate at 6 months (Dec 16) and 12 months (June 17)

Part 2 – In-Patient Assessment and Treatment

- The plan would propose to continue with access to 6 inpatient beds on Hillside for a period of six months post start date of the 7 day Intensive support service.
- During this 6 months monitor and evaluate each inpatient bed usage to gather intelligence about the need for access to a learning disability assessment and treatment in-patient bed, including the wider circumstances of the admission from the persons own home, reason for the admission, clinical, therapeutic needs and individual needs for specific environmental requirements. The CTR process will also be used to provide much of this information and will monitor lengths of stays.
- To review in Dec 2016 the intelligence gathered from monitoring in-patient hospital bed usage alongside the developing service model for Intensive support and determine the local requirements for learning disability assessment and treatment in-patient beds for the foreseeable future.

- Alongside task 2 from June 2016 – November 2016 conduct a joint rationalisation of all available bed based accommodation across all partners in Derbyshire that may be suitable to provide access to a specialist accommodation for planned and unplanned circumstances.

- To identify from the accommodation review suitable alternative facilities that can provide a variety of specialist accommodation to provide assessment and treatment outside of a person's own home supported by the Intensive Support Team. (Dec 2016). To agree philosophy for access to the specialist accommodation and how this will be commissioned and delivered.

- To utilise the findings from the reviews in tasks 3 and 5 to adjust the number of Learning Disability assessment and treatment inpatient beds required at Hillside. To implement adjustments from January 2017. (NB until the Intensive Support Service is fully operational and the identification of alternative accommodation completed a further proposed reduction in beds or potential closure of learning disability assessment and treatment beds inpatient beds cannot be accurately based) This will also be subject to further approvals as part of the TCP governance.

Part 3 – Community Learning Disability Teams

- To strengthen the professional therapy composition of the current community learning disability teams (CLDTs) with targeted recruitment that will deliver the skill mix and expertise required for the future community model. This will require both investment and recycling of existing budgets.

- Proposed timescale is subject to detailed financial planning and operational diversion/ adjustments within DCHSFT to current workforce vacancies.

Part 4 – Workforce and Provider Development –

- Provide a management of change programme for existing staff working across in-patient areas, community teams and residential teams, – in line with requirements of the National Model and Vision and Aims of the 21c LD workstream and TCP ambitions. (Dec 15 – June 2016).

- Commissioners to develop a market development programme to run concurrently to establish partnerships and develop the joined up collaboration required across Derbyshire to effect the cultural shift required to successfully achieve the new model.

- This to include strengthening the contractual monitoring arrangement for all providers.

2b) Learning Disability Adult Service Pathway and Development Plan – DHcFT

- Commissioners and provider are working to ensure the strategic and operational alignment; awareness and management of risks; development of services and pathways are in line with North and South Units of Planning and influencing the contract in line with all of these and the new national service model.
- This provider and commissioner review of learning disability services provided by DHcFT reports to the Contract Management Delivery Group (CMDG).

- Key Responsibilities
    a. Develop an action plan identifying the way forward for service improvement; particularly within the existing Assessment Treatment and Support Service (ATSS) no bed based model and Community Learning Disability Team models.
    b. To make recommendations to the DHcFT Contract Management Group in relation to Adult Learning Disabilities services.
    c. To jointly review and monitor agreed service specifications.
    d. Develop care pathways (Including recommendations for future as part of DHcFT's programme of work and joint commissioner pathway development of support to people who display behaviours that challenge)
    e. For DHcFT to inform commissioners of service needs, operational issues, risks and strengths
    f. To develop business cases and establish the route for their development and progression where required
    g. For information sharing amongst the group in relation to national directives and initiatives.
    h. To review activity targets and propose a new method of reporting for learning disability services, considering outcome based activity measures and the Health Equality Framework.
    i. To provided recommendations ensuring the services are fit for the current demand and are aligned to future commissioning directions.
    j. To ensure services are linked to the Learning Disability and the Autism self-assessment frameworks.

2c) **<u>Reduction in in-patient usage, CTRs and all age at risk of admission /edge of care register</u>**

Commissioners intend to overhaul the current approach to coordinating, administering and conducting CTRs this will involve expanding the current capacity to competently meet the demands faced by community CTRs, Bluelights and post admission within 10 working day CTRs and the normal embedding of this process.
The all age at risk of admission registers require further development to ensure they are actively utilised across partners.

2d) <u>Implementation of Personal Health Budgets, and Integrated Personal Commissioning</u>

It is recognised that there isn't a single approach to the roll out of PHB across the CCGs in Derbyshire although it is in all the CCGS local offers. Work will be required on an individual basis using knowledge from CTRs and based on a personalised approach to ensure that a PHB offer is appropriate and will produce the required outcome for each individual.

It is planned that we will deliver a year on year increase in the number of PHB – linked to personal budget and education/health and care plans over the next 3 years based on individual care and support needs.

2e) <u>Forensic pathway</u>

A highly specialised community forensic service is a pivotal to the future model. Skilled staff with capacity of forensic expertise and training will be required locally. Existing workforce will

need to interface with health and social care and the Criminal Justice System to support individuals who are at risk or who engage in offending behaviour.

It is recognised that a specialist service pathway also needs to be in place for forensic service responses. This will be planned with mainstream forensic services alongside local learning disability specialist health care services, and NHS England specialist commissioning.

Forensic pathway work is in progress across Derbyshire building on existing good practice and will review the forensic approaches and agree upon future requirements and a multi-agency pathway.

The existing pilot of pre and post sentencing pathway will inform future practice and delivery.

3. Care and Support for people on the Autistic Spectrum

The TCP will be aligned with the Joint Derbyshire Autism Strategy – "Living Well with Autism" in Derbyshire. Priorities for action already identified include reduction in waiting times for diagnosis, access to post-diagnostic support and development of all age autism pathway.

The joint autism commissioning board has signed off plans to allocate Better Care funds across city and county to reconfigure the 16+ autism pathway. The priorities for 2016-19 are to;-

Priority One: Improve Access to Diagnosis.

Priority Two: Improve Access to Post Diagnosis Specialist Assessment

- Increase timely access to *autism specific*;-
- Speech and Language Therapy
- Long term Psychological Support
- Occupational Therapy
- Crisis Intervention
- Positive Behaviour Support

Priority Three: Improve Access to Advice, Information and Training.

- Establish one single point of access and 'real time' problem solving helpline information and advice for people with autism and their families. Staff and infrastructure.

- Post diagnosis pack completion, printing and distribution.
- Commission time limited skills development for people with autism and their families;-
- Improving general communication skills
- Interview skills for education and employment
- Improving social interaction and relationship skills
- Identifying and managing personal risk
- Safe social media skills

- Planning and structuring activities
- Anxiety management
- Anger management
- Independent living skills- money/household/travel etc.

Priority Four: Improve Access to Low Level Preventative Support.

- Increase access to community self-help capacity
- Increase capacity for existing self -help groups
- Commission new groups to fill geographical gaps
- Access to post diagnosis relationship dynamics support for people with autism and their families once initial post diagnostic psychological support (Priority 2 a) ends utilising LiveChat drop in technology.
- Commission capacity for long term support to live well with autism;-
- Personal Support Planning and Objective Setting
- 1:1 Peer support
- Befriending
- Non statutory Advocacy
- Family and carer Support
- Better sleep support
- Using mobile technology
- Autism champions network

Priority Five: Strengthen Co-Production.

These initiatives will be supported by the parallel improvements in access to crisis intervention, behavioural support and general mental health services of this Transforming Care Partnership Plan and of Preparing for Adulthood projects in city and county.

Autism - Milestones	**Date By**
Working Group leads to consult and sign off of the pathway proposal with the Autism Partnership Board.	February 2016
Working Group leads to secure sign off for the proposed pathway, expectations, outcomes and procurement model from the Autism Joint Commissioning Board.	February 2016
Autism JCB leads to secure Better Care Fund and individual agency sign off for the proposed pathway and procurement milestones.	March 2016
Commissioning Project Officer to be line managed by Derbyshire County Council on behalf of the Autism Board appointed.	March 2016
Development of a full Service Specification, Invitation to Tender by Project Officer with the Autism Working Group.	March 2016 – June 2016
Working Group leads to secure approval for procurement against the specification developed from the Autism Board.	July 2016
Project Officer, directed by Working Group leads, to conduct discursive Procurement process and make Award.	July – October 2016
Project Officer to agree Implementation Plan with the	November 2016

awarded provider or collaborative providers.	
Project Officer* to establish the service within the terms of the specification and implementation plan.	January 2017
Project Officer* to conduct first Interim Review against agreed implementation plan and outcomes.	September2017
Project Officer* to complete first annual review report against agreed implementation plan and outcomes.	January – March 2018

*Requires the extension of the Project Officer post beyond March 2017.

4. <u>Children and Young People;</u>

This will include;

- Ensuring integrated service delivery through multidisciplinary teams for children and young people that is needs lead and outcomes driven.
- Ensuring pathways and service delivery is aligned and flexible to meet the needs those with complex needs such as a learning disability and/or mental health.
- Ensuring children and young people are placed at or as close to home as possible
- Encouraging the use of personal budgets to support person centred care
- Finalise, test and implement tool for predicting risk of crisis to enable preventive action
- Establish processes to deliver CTRs for children and young people and embed continual improvement in delivery and outcomes from CTRs ensuring integrated with adult CTR process
- Developing and implementing new autism pathways which speed up assessment, improve support (especially for those with autism who do not also have a learning disability) and improve parents and carers and school's ability to respond to behaviours that challenge.
- Improved pathways to ensure seamless transition and preparing for adulthood
- Create a new Preparing for Adulthood Team for county and review city team to radically improve the quality of transition planning and support for young people in this cohort to enable them to achieve a good life in adulthood and improve outcomes.

5. <u>Market shaping and provider market development</u>

We will work with providers to deliver bespoke, personalised care and support with an assumption that people have personal budgets; personal health budgets or integrated budgets as the default, preferred position – with the aim of building relationships, connecting people to their local community and promote inclusion.

Health and social care professionals and providers will support the Partnership in achieving this change in emphasis by delivering more choice and control, becoming more outcome focused and by increasing their confidence to assess and manage behaviours in the community, aiming to both prevent individuals reaching crisis stage but also reducing the impact of any crisis that they do experience.

The partnerships market development work stream will be closely co-ordinated with the workforce development work stream where a focus on positive behaviour support in line with the National Service Model will be a priority. Communication, Engagement and Co-production leads will engage with stakeholders regarding market development priorities. Both Councils have provider forum arrangements in place.

The general Market Position Statements for Derby City for both children and adults can be found here:
http://www.derby.gov.uk/community-and-living/childcare/childcare-providers/
http://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/reports/DerbyCityCouncil-Adult-Social-Care-Market-Position-Statememt-June-15.pdf

The Derbyshire County Council Market Position Statement for people with Learning Disabilities can be found here;
https://www.derbyshire.gov.uk/images/2014%2008%2004%20-%20LD%20MPS%20Master%20v9%20ah_tcm44-259397.pdf
The market position statements give an overview of the priorities in each local area and the services that need to be developed in order to meet priority needs. We will consider whether our current Market Position statements adequately address the needs of people covered in the plan and revise where necessary in order to encourage the market to respond.

The Transforming Care Partnership priorities for market shaping and provider development are:-

5a) Accommodation (including Estate)

The Partnership is committed to ensuring individuals do not access inappropriate institutional care arrangements. This will require market shaping as well as market development to ensure a reduction in specialised, residential as well as clinical settings. It is recognised that some individuals may need more bespoke specialised registered accommodation and support arrangements as part of transitional arrangements to independent settings.

Summary of priority Actions:

- Access existing RSL and housing market opportunities to secure long term tenancies.
- Access national housing capital funds for more suitable accommodation.
- Build on the work in the City to grow Shared Lives and Shared Lives Plus schemes.
- Utilise the Nottinghamshire led Accommodation DPS to meet the individuals specialist and bespoke housing and accommodation needs.
- Confirm the need and options for the introduction of an intensive wrap around short term 'place of safety' linking to the Mental Health Crisis Concordat.
- Review and simplify the current provider landscape based on need and fill identified service gaps e.g. for people with autism who do not have a learning disability.
- Ensure that the existing all ages Autism Work Plan is implemented across the Partnership and that the Partnership Plan aligns with the Living Well with Autism Plan.
- Further work to understand, develop and redesign Children's pathways and services and align them with adult pathways and provision where possible.

5b) Care and Support Priorities

The first offer should always be self-directed support using personal budgets and personal health budgets or integrated personal budgets. Individuals may choose to access council procured care and support services and in a small number of cases, it may be in an individual's best interest to access services via council managed contracts.

All care and support should be based upon good quality outcome based support planning and assessment with individuals that is person centred and outcome focused. Wherever possible, there should be at least an arm's length relationship between providers of accommodation and of support to ensure that tenancies are not determined by and reliant upon the support provider or vice versa.

Providers will need to become more skilled regarding supporting people with autism and those who display significant behaviour that is challenging or is of a forensic nature.
They will also need to become more knowledgeable about the support resources available within the communities that individuals live in and how to link individuals to community resources to ensure that their stated outcomes are met.

Summary of priority actions:

- Develop third party agencies to support people accessing personal budgets
- Review, rationalise and extend CAMH's provision across the Partnership.
- Improve access to independent advocacy services – both at times of 'crisis' and as a preventative measure.
- Develop 24/7, multi-disciplinary intensive & crisis support services for all ages to include specialist social care/social work
- Facilitate the development of a range of person centred; outcome focused micro providers able to meet the needs and outcome of customers choosing to access personal budgets.
- Increased capacity for community based support and crisis intervention.
- Increased and timely access to preventative challenging behaviour services
- Increase the support to individuals, families and external providers to enable them to better manage challenging behaviour.
- Improve access to community support networks for individual, families and unpaid carers to increase local resilience.
- Improve information and advice provision.
- Increase the capacity and resilience of local self-help and self-advocate groups.
- Develop telecare, telehealthcare and mobile phone and tablet app based technology to increase independence.
- Implement the Future in Mind Plan, to extend access to high quality services to improve children's and young people's emotional health and wellbeing.

Derbyshire Transforming Care Market Development Milestones;

The following summarises the milestones necessary in order to deliver the market development priorities stated above.

- Map existing adults and childcare provision and identify areas of duplication and overlap and gaps in current provision by July 2016.
- Develop and implement a three year Joint Commissioning Work Plan with clear statements of intent by September 2016 that is then monitored by the Transforming Care Partnership Executive.
- Audit and re-negotiate existing essential contracts by March 2017 in order to ensure that providers give value for money and deliver person centred outcomes for all Transforming Care Cohort.

- Procure community based accommodation and support services to fill the priority gaps from November 2016-2018.
- Develop and deliver a series of provider engagement workshops to ensure understanding of TCP Programme outcomes September 2016 to March 2017.
- Support provider development with training on person centred, outcome focused support planning and positive behaviour support from October 2016 – 2018.

5c) Commissioning Differently Approach

"My World – My Way" - This is a new approach that provides individual and person centred support in the individual's home through skilled support staff and specialist professional staff. This approach came about as a result of difficulty to find homes and skilled support for two people who have lived in institutional care for most of their adult lives. Existing resources and services were not able to provide the required level of dedicated support due to the intensity and continuity of support required at this time. Consequently it has proved difficult to discharge individuals from hospital.

- It was agreed at the City transforming care Joint Improvement Board (JIP) board where all partners agreed to work with some unknown factors i.e. a clear vision of what the future approach will look like since this can only be agreed based on the needs of individuals. It was therefore agreed that the approach would grow and develop based on need of those people coming back to their local communities and being discharged from hospital.
- The Commissioning Differently approach allows for an inner and outer team currently for both individuals. The inner team consists of skilled support staff and the outer team of trained and registered specialist staff. The outer team will provide intense support, guidance, training and supervision to the inner team and therefore ensure that the individual's needs are met in a non-medical way.
- Intense multidisciplinary support will therefore be available for those who support individuals and for the individuals themselves.
- Although it was agreed that this approach will initially be costly, it was acknowledged that the high intensity support (outer team) would not be required long term, thereby releasing resources that would be cascaded to other individuals.
- This approach is a gradient approach to implementing personal health budgets and to integrated personalised commissioning approaches and individual service funds.
- People with a learning disability and people with autism supported by this new approach will not be admitted to hospital if they don't need it. Appropriate support will be available within their homes through skilled staff that are knowledgeable about what is important to and for the person.
- The philosophy will be focused on empowering the individual to be part of their local community, accessing specialist support on a secondary basis.
- Where the approach has been unable to support the individual in line with his/her proactive stay well plan and he/she goes to hospital, this must be for the shortest period of time necessary. In addition, the individual's support team will in reach with him/her to hospital and therefore be an active agent in ensuring that the person returns back home as soon as possible.

6. Workforce, Training and Development

The TCP recognise that workforce is its greatest asset when delivering care and support across health and social care workforce. Making sure that our local workforce has the

education, training, skills, knowledge, expertise and appropriate values, behaviours and attitudes, to deliver personalised care and outcomes to a high standard at all times requires continuous investment. Also required is continuous reflection on the way in which we commission that workforce, and, provide learning and development opportunities that challenge and inspire people to deliver better care and support now and in future.

Therefore a priority for the TCP will be the development of a comprehensive workforce and development plan, this will be led by Health Education England (HEE), supporting the TCP and reporting to the existing Derbyshire Strategic Workforce Group. HEE is working as integral partners to the emergent transformational footprints to support, plan and transform workforce across local systems.

The TCP aspires to develop evidence based excellence at a local level which in turn will provide excellence in personalised care and outcomes for ”Getting a Good Life” and achieving the vison and aims of the new approaches and models of care and support. In development of the workforce plan the TCP wishes to have full engagement and involvement with a range of providers and stakeholders including people with lived experience, carers and families.

The TCP are committed to delivering an outline workforce strategy by July 2016, and this will be coordinated alongside the wider STP for children and adults.

The HEE role in transformation and their contribution/offer to the TCP is across 4 key areas:
- system leadership support
- workforce culture and organisational development
- workforce information, planning and intelligence
- workforce and education transformation

7. Finance and Activity

The financial plan will be based on a reduction in the current in-patient bed numbers (whether commissioned through spot or block contract by specialised services or the CCGs), that releases funds for re-investment into community services.

Elements of the new model will require an initial investment in community services particularly in the North of the County that should create as a consequence of the new way of working reduction in in-patient admissions. If successful the proposal would then be for a reduction in actual in-patient beds that in turn releases funding for further new community investments. This ‘funding recycling’ is planned to run over a 3 year period to March 2019 at which point almost half of the existing in-patient beds commissioned by the CCGs for Derbyshire and Derby City residents will no longer be used.

The Partnership have been able to robustly cost certain elements of the TCP plan, in particular the Commissioning Differently programme and the 21c Joined Up Care community offer for people with a learning disability . Other programmes are establishing where costs will have an impact on delivery and the finance and activity workstream will continue to finalise these throughout the next 3 months. Future TCP financials will require approvals by the relevant partner’s boards, cabinets and governing bodies.

The finance and activity plan has started to identify our local trajectory for the reduction in in-patient admissions and a proposal for closure of in-patient beds and their replacement with enhancements to community pathways that will provide integrated approaches for

Derbyshire and Derby City people.

Further work on these areas will be used to support the TCP in understanding the estimated costs of new community packages and the new approaches to care and support
The cost of care and support packages vary- the TCP will work on a more comprehensive financial analysis to provide the TCP board with average costs of care packages across Social Care, Health funded and joint funded packages. At this stage it is a challenge to identify specific costs and activity against the defined population in the scope of this plan, and it is important to avoid duplication in costs associated with individuals once identified. The Finance and Activity Workstream will progress further work on the activity projections, finance modelling, capital and transitional costs required within the plan.

Finance and Activity Planning Assumptions
There are a number of assumptions that are made in the creation of the new approaches and model which are set out below:
The plan runs over a three year period to March 2019.
The plan concerns people whether in beds and in placements, in or outside the area.
The first discharge of patients in the 16/17 financial year commences in Quarter 1.
The first transfer of patients in the 16/17 financial year commences in Quarter 1

Subject to necessary agreements the plan includes a proposal to further reduce beds in the local Assessment and Treatment Unit - at this stage it is not possible to say if these beds will be decommissioned, and therefore no firm financial assumptions can be made.

Other CCG spot commissioned in-patient beds for Derbyshire and Derby City will fall to 4 by the end of the planning period and specialised commissioning beds will reduce to 20 beds in 2019.

Any savings from using fewer medium and low secure and LD CAMHS (currently commissioned by specialised commissioning) will be used to fund community services. This will require the national policy decision to be made as indicated in the National Model whereby funding will follow patients or the pooling of specialist and CCG budgets. If this is not possible then the financing of the individual packages of care for people stepping down from secure services to the CCG responsibility would place the plan at risk.

There will also be a need to add to packages over and above those needed to support people being discharged from locked rehab hospitals, based on demographics and other factors.

The matched funding assumptions are subject to CCG Board and Cabinet assurance and signoff.
There will be capital funding bid of £650,000

The TCP plan includes additional ‘infrastructure’ costs such as the anticipated programme office and additional costs to run the CTRs and the all age at -risk of admissions register.

At this stage the potential impact of dowries for those who have been an in-patient for five years or more, requires further analysis and will form part of this workstreams programme of work in Quarter 1.

Who is leading the delivery of each of these programmes, and what is the supporting team.

Guidance notes; Who are the key enablers to success, what resources have been identified

The Partnership will have a TCP steering/delivery group led the Transforming Care programme office and an agreed principle of the board is to maximise the use of existing workstreams where these are already in place across the countywide footprint.

There will be the following workstreams and wherever possible these will align to the wider joined up care structures in place across Derbyshire and Derby City and to the Derbyshire and Derby City Sustainability and Transformation Plan (STP)

TCP Workstream	Lead
1. Communication, Engagement and Co-production	Andy Gregory/Helen Dillison
2. The Community Offer	Jim Connolly
3. Care and Support of People on the Autistic Spectrum	Deborah Jenkinson and Trevor Wright
4. Children and Young Peoples (CYP) programme	Linda Dale/ Frank McGhee
5. Workforce Training and Development	Jane Johnson
6. Market Shaping and Provider Development	Joy Hollister and Brian Frisby
7. Finance and Activity	Miles Scott

Who are our enablers –

Health Act Flexibilities - The TCP signals the ambition to move towards joint commissioning for adults with a learning disability in partnership with adult health and social care and partners are presently in the process of developing lead commissioning and pooled funding arrangements across Derbyshire. The pooling of resources will enable local health and social care partners to meet the demand for diverse community responses within constrained budgets over the next 5 years.
In Children's Commissioning there are already joint arrangements and different s75 agreements in place for pooled budgets in place.

Established cross-organisational relationships
STP footprint
JCBs in place

One TCP Plan and a shared vision across stakeholders
All organisations must have the same aims and vision in relation to the care and support of people with a learning disability and/or autism. A shared purpose has been established.

Support for the Transforming Care programme
Since the TCP plan proposals involve reducing bed based services and creating innovative new approaches to people who have been in hospital more than 5 years or subject to MOJ restrictions, there needs to be considerable engagement with local people and good communication with local politicians and local media to ensure that the TCP plan is

presented to the public in a positive light. There will need to be further engagement with local Health Overview and Scrutiny Boards to ensure support for the approach.

Existing funding
Health and social care in principle agreement to reinvest current spend and use efficiency to pump-prime the investment in community services and robust community pathways to deliver a reduction in hospital admissions.

What are the key milestones – including milestones for when particular services will open/close?

Guidance notes; What are the timescales / lead times for each key milestone
Please either complete a route map – as attached, or some other project management tool to map milestones

Please refer to Route Map at Appendix 3

What are the risks, assumptions, issues and dependencies?

Guidance notes; Are there any dependencies on organisations not signatory to this plan, or external policies/changes?

What risk mitigations do you have in place?

Guidance notes; Consider reputational, legal, safety, financial and delivery, contingency plans

"Getting a Good Life" TCP - Risk and Mitigation			
No.	Risk	Cause	Mitigation Controls
1	Individual user, carer and workforce concerns and anxiety about the new model of care with a proposed change to historical use of assessment and treatment inpatient bed based services.	Human reaction to change process, reliance on bed based services. Proposed model of service change as outlined by TCP Plan and the National Plan	• Rolling programme of engagement with people and their families/carers • Personalised planning • Effective / robust communication plan • Robust community offer of personalised support across organisations /agencies in line with new model • Workforce training and development
2	An inadequate number of specialist clinical and/or support staff to deliver the new model of care	Due to: local/national recruitment & retention e.g. known difficulties in recruitment to the LD specialist workforce (Registered LD Nurses, psychology and therapy staff);	▪ Engagement and option development/appraisal process leading to a process of management of change ▪ Oversight of new model development by the TCP workstream

		. current inpatient staff may be reluctant to proposed management of change and choosing alternative employment; Staff travel issues; 7-day cover across 8 communities; direct care recruitment difficulties.	▪ Local Clinician ownership and sign-off of model of care at the CPRG, ▪ CCG commissioning/contracting systems and processes ▪ Transition plan development and phased implementation/resilience plan ▪ On-going TCP Board oversight of care model and transition; including transition plan funding ▪ TCP escalation/contingency planning systems in place ▪ STP Workforce Development Group will lead the development of the TCP Workforce Plan; working with commissioners and providers and across programme partners.
3	Problems during the transition period (from the bed-based to a more community-based model) result in a reduced quality of care	Due to: any service resilience/organisational issues e.g. recruitment & retention; training of redeployed staff; managing and changing the culture; double-running of services; lack of a robust operational transition plan; alternative accommodation for access to beds , the outreach/community team accommodation/support services issues	▪ As No.2 above ▪ Ensure a programme management and senior leadership of the transition/implementation is in place ▪ Realistic timescales and evaluations to support phased change
4	Unavailability of local assessment and treatment beds and people and their family having to receive care out of the area Individuals may be admitted to other forms of institutional care and/ or out of County at times of crisis when in-patient	Lack of alternative short term crisis environments / accommodation where support in the home environment is not possible An unintended consequence of the new model could be that travel distance results in inequity of access e.g. patient/carer resistance to travel; issues where care pathways	▪ TCP oversight of service model ▪ Identification of level of need, specification and confirmed approach to crisis outside of the home ▪ Support of individuals if appropriate into mental health services with inreach from LD/ASD services ▪ TCP Housing and alternative accommodation

	beds not available	involve cross-border services	development programme in place. ▪ Robust at-risk of admission to hospital I place across all age , Effective CTR and Discharge process in place
5	Availability of range of high quality short breaks and a menu of options for individuals and carers	Historical current reliance on traditional bed bases services Main provider has been health or social care. Market development therefore has been limited as hasn't been required. Ability to meet the needs of people with complex health needs and behavioural support needs not fully developed across the County	• Soft market testing and scoping of alternative provision available • Market Development programme to influence and shape the market to deliver high-quality, flexible and responsive services/support for Personal Budget holders. To meet supply demand, need and value for money. • Utilisation of social care short break resources where appropriate • Development of health and social care interventions to meet the needs of people with complex needs. This will include community based interventions in particular community nursing and behavioural support
6	Workforce Loss of skilled workforce and HR implications for current providers. Lack of appropriately	As the proposed transformation takes place there is a risk that staff will seek alternative employment.	• Retain existing unqualified and qualified LD nurses for development of the unified community pathway • Effective development and implementation of an HR Framework to confirm level of risk and mitigate any loss of skilled workforce and potential for any redundancy costs. • Effective and timely contract notifications to comply with relevant HR contract clauses. • Robust HR framework • Engagement with staff team • Inclusion in wider STP

	skilled support across pathway for this cohort	New ways of working for range of staff including social work, AMPHs, housing and support providers	workforce plan. • Implement workforce development and training programmes to ensure availability of appropriately skilled workforce across health, social care and community.
7	Provider income loss	New models and culture of change means that existing models of care are no longer required by individuals and families and therefore not commissioned	• New models will bring opportunity for providers to adapt and offer new ways of working to maintain business
8	Financial H&S financial constraints due to financial landscape and budget limitations Pooled Budgets	Double Running Costs to fund packages and new models of care Arrangements for specialised commissioning spend not clarified. This prevents in-patient funding from being re-invested on community provision, a key principle in the model.	• Quarterly review of Investment and benefit plan. • Collate evidence base of costings and opportunities for savings, facilitate invest to save programmes across partnership • Seek clarity and further discussion with National programme to secure future arrangements.
9	Safety and wellbeing	Supporting people who display behaviour that is risky and challenging to communities they live in.	• Robust care and support planning and stepped transition to least restrictive practices. • Develop agreed positive risk process link to Joint Safeguarding Board • Best practice use of CTO's, MHA, and DOLs. • MAPPA processes in

			place
10	Provider/Market response	Market does not develop in line with requirements	• provider engagement including joint exploration of issues and concerns • Clear commissioning and market position statements
11	Culture Change Lack of aligned vision/understanding or commitment across health and social care		• Effective stake holder engagement • Communication and Engagement Strategy • Build on current strong relationships and joint arrangements

Any additional information

6.Finances

Please complete the activity and finance template to set this out (attached as an annex).

End of planning template

Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.[6]

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

[6] Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

Indicator No.	Indicator	Source	Measurement[7]
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	Average census calculation applied to: • Denominator: inpatient person-days for patients identified as having a learning disability or autism. • Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	This indicator can only be produced for upper tier local authority geography. Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only. Numerator: all those in the denominator excluding those on commissioned support only. Recommended threshold: This figure should be greater than 60%.
3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty -	HES is the longest established and most reliable indicator of the fact of admission and readmission. • Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism • Numerator: admissions to psychiatric inpatient care within specified period

[7] Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent. NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	Two figures should be presented here. • Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register • Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available • Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism • Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks

6	Proportion of looked after people with learning disability or autism for whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	Method – average census. • Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities • Numerator: person days in denominator where there is a current crisis plan