

Report for: Health and Wellbeing Board: 19 May 2016

Title: Transforming Care (previously Winterbourne View)

Report

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Ward(s) affected: All

Report for Key/

Non Key Decision: N/A

## 1. Describe the issue under consideration

1.1 This report provides an update on the joint response of the Haringey Clinical Commissioning Group (CCG) and London Borough of Haringey (the Council) to the national three-year Transforming Care programme expectations, set out in the new guidance *Building the Right Support*, developed by NHS England, the LGA and ADASS and published in October 2015. The primary aim of this guidance is to reduce the use of long stay hospitals for the on-going care of people with learning disabilities and autism by ensuring the development of alternative community based models of care. 'Building the Right Support' delegates the local lead for the Transforming Care Programme to CCG commissioners with the expectation that health agencies work in close partnership with the local authority to deliver change. This report sets out:

- 6.1 How Haringey's performance is assessed
- 6.2 Principles underpinning the Transformation programme
- 6.3 Haringey's health and social care economy
- 6.4 Transformation programme governance
- 6.5 Stakeholder engagement
- 6.6 Alignment with Haringey plan
- 6.7 Haringey's population
- 6.8 Haringey's Transforming Care performance
- 6.9 Performance improvement

## 2. Cabinet Member Introduction

- 2.1 The Transforming Care programme in Haringey is a whole systems approach that is required to transform care for people of all ages with a learning disability and/or autism who display behaviour that challenges, including people with a mental health condition. The process of planning and implementing the changes proposed, including the involvement of service users and carers, will require strong joint working between the Local Authority and the Clinical Commissioning Group (CCG).
- 2.2 I welcome the opportunity for the Health and Wellbeing Board to note the contents of this update report that demonstrates the joint work and progress being made.

## 3. Recommendations

The Health, and Wellbeing Board is asked to note and comment on the report and the joint work to develop a three year plan for the delivery of the Transforming Care Programme.

## 4. Reasons for decision

- 4.1 This paper is brought to the Health and Wellbeing Board as a whole systems approach is required to transforming care for people of all ages with a learning disability and/or autism who display behaviour that challenges, including people with a mental health condition. The process of planning and implementing the changes proposed, including the involvement of service users and carers, will require strong joint working with a focus on co-production.

## 5. Alternative options considered

N/A

## 6. Background information

### 6.1 How Haringey's performance is assessed

- 6.1.1 *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015) identifies CCG commissioners as the local lead for the Transforming Care Programme and requires the CCG to submit performance data every two weeks on the progress towards achieving local plans aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including people with a mental health condition. The expectation is that the CCG and the Council will work closely together in collaboration with other CCGs and councils to develop and implement a three-year Transforming Care Plan to deliver Transforming Care outcomes.

6.1.2 Haringey's Joint Transformation Plan will be developed with stakeholders and will demonstrate how the CCG and the Council will implement the national service model expectations by March 2019 and reduce use of 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 for<sup>1</sup>:

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

6.1.3 A new financial framework will underpin delivery of the new care model:

- i. Local Transforming Care Partnerships will be asked to use the total sum of money they spend as a whole system on people with a learning disability and/or autism to deliver care in a different way that achieves better results.
- ii. To enable that to happen, NHS England's specialised commissioning budget for learning disability and autism services will be aligned with the new Transforming Care Partnerships.
- iii. CCGs will be encouraged to pool their budgets with local authorities whilst recognising their continued responsibility for NHS Continuing Healthcare.
- iv. For people who have been in hospital the longest, i.e. five years or more, the NHS will provide a 'dowry' – money to help with moving people home.
- v. During a phase of transition, commissioners will need to invest in new community support before closing inpatient provision. To support them to do this NHS England will make available up to £30 million of transformation funding nationally, to be matched by CCGs locally and a further £10 million in capital funding over the three years of the programme.

6.1.4 In October 2015, local areas were required to complete a self-assessment of the Transforming Care programme against the seven standards which NHSE have identified as being critical to the success of the programme:

- i. **Standard 1:** All Transforming Care inpatients have a realistic discharge date, agreed at a CPA or CTR meeting;
- ii. **Standard 2:** All Transforming Care inpatients have a Care and Treatment Review (CTR) in line with the national CTR guidance;
- iii. **Standard 3:** Arrangements are in place between the CCG and Local Authority which allow timely identification of individuals at risk of admission to inpatient services;
- iv. **Standard 4:** All patients have a care manager delivering active case management and discharge planning;
- v. **Standard 5:** The CCG works with LA and community providers to assess patients' progress for at least six months after discharge;

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

- vi. **Standard 6:** The CCG Board has oversight of the Transforming Care programme, enabled via regular discussion at named governance forums and reporting mechanisms;
- vii. **Standard 7:** The CCG's contracts with providers allow the CCG to hold the provider to account for delivery of the recommendations made in patients' CTRs or CPA reviews.

6.1.5 NHS England has initially rated Haringey as meeting 2 of the 7 standards. An action plan has been developed to respond to the areas of improvement identified and will inform the three year Transforming Care Plan required for Haringey.

## 6.2 Principles underpinning the Transformation Programme

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

- i. 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 30<sup>th</sup> October 2015.
- ii. People with a learning disability and/or autism are citizens with rights and 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 the closure of all but essential inpatient provision.
- iii. 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
- iv. Strong stakeholder engagement is required. 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.

## 6.3 Haringey's health and social care economy

### 6.3.1 Children and young people Services

There are well established multiagency approaches to supporting pre-school children with Autism including:

- i. a comprehensive speech and language service provided to children both at home and in pre-school settings.
- ii. there is a portage service being developed which is an early education intervention for pre-school children in their own homes
- iii. families can be offered both retained services such as family link carers to support children with complex needs at home providing short breaks – these are registered foster carers who can take children for one or two nights to provide respite and support
- iv. personal budgets either maintained by the Council or as a direct payment
- v. the Council commissions a range of specialist interventions for mainstream schools to improve access for children and young people with disabilities.

### 6.3.2 Adult services

The CCG and the Council commission a range of statutory and independent sector organisations to offer support, care and/or treatment for adults with learning disabilities and or autism.

- i. Haringey Learning Disabilities Partnership is an integrated health and social care service providing assessment, care management and health interventions people with learning disabilities aged 18 and over and their carers. The Partnership aims to support people with learning disabilities to achieve independence and life-time well-being. The service currently supports 721 people.
- ii. HLDP incorporates the 'Assessment & Interventions Team'- AIT and the Transition service. The AIT works with adults being discharged from hospitals and supports individuals at risk of placement breakdown in the community. The Transition service aims to support young people from the age of 18 moving to adult services, ensuring that planning for adulthood starts early. However, due to capacity limitations the transition team picks up cases much later.
- iii. There is a S75 Agreement in place for a pooled budget, lead commissioning by the London Borough of Haringey and an integrated service framework. The service is currently subject to a review as the 3-year section 75 Agreement comes to an end in March 2016.

### 6.3.3 Collaborative Commissioning Arrangements

In Haringey, the Council, through the Learning Disability Partnership, leads the procurement and setting up of packages of care for service users who are joint-funded or in receipt of S117 aftercare in receipt of jointly funded.

The Council is also working with the CCG on the implementation of a supported living framework, which is due to be implemented by June 2016. The aim of the framework is to increase the supply of high quality local alternatives to residential care and to ensure that people are able to live more independent lives.



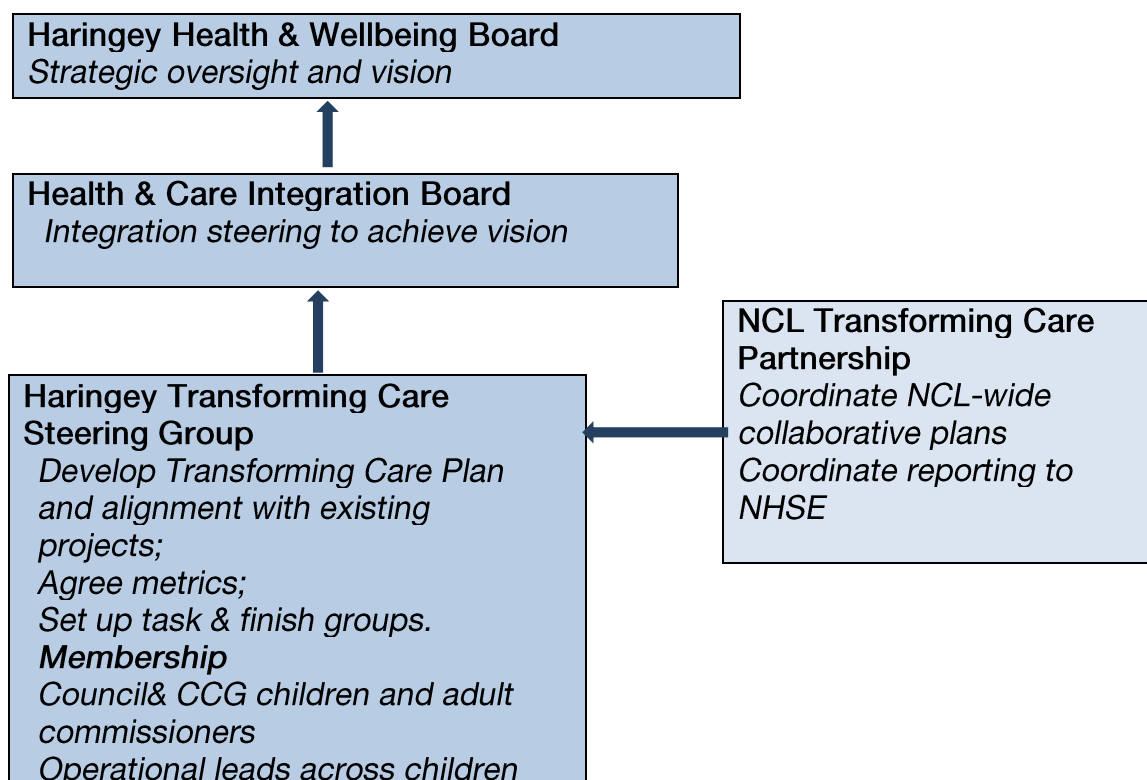
## 6.4 Transformation programme governance

NHS England, in its letter, '*Building the Right Support – a national plan to develop community services and close inpatient facilities*' (NHS England, LGA, ADASS, 2015) requires CCGs to collaborate across borough boundaries to form Transforming Care Partnerships. In response, CCGs and Councils across Barnet, Camden, Enfield, Haringey and Islington have joined up to form the North Central London TCP (NCL TCP). The collaborative governance arrangements will include:

- i. An overarching NCL Transforming Care Board to provide oversight and governance for the plan;
- ii. Local Partnership arrangements where decision-making by commissioners, clinicians and relevant professionals and experts takes place including local service user/carer involvement and participation;
- iii. An Implementation Steering Group to drive and manage progress in developing and implementing this plan with all local leads in attendance.

The NCL TCP Board will convene quarterly to oversee progress against the plan, to agree and sign-off all reporting to NHSE and to ensure the collaborative arrangements are adding value to the transformation work. The Partnership will be led by the Enfield Accountable Officer who is Senior Responsible Officer (SRO) for the programme. The Senior Commissioning lead from each NCL CGG and/or Councils and NHSE Specialist Commissioning Team are members.

The CCG and the Council are in the process of developing Haringey's local transforming care governance structure and it is being set up as outlined below:



and adults services  
Finance  
SUG & parent/carer representatives



#### Engagement & Reference Groups

Haringey Learning Disabilities  
Partnership Board  
Haringey Autism Partnership  
Board  
My Voice  
Haringey Autism  
Haringey Involve (children and  
young people parent/carers)  
SEND Reform Group  
*Co-produce new service  
model and plans*

### 6.5 Stakeholder engagement

A presentation on the Transforming Care Programme was made to the Haringey Autism Partnership Board on Tuesday, 12 January 2016. A similar presentation is to be made to the Haringey Learning Disabilities Partnership Board. As per the outline Governance plan above, both partnership boards have been identified as reference groups for the project. Both groups include people with lived experiences and their family carers.

The Haringey Transforming Care Steering Group is committed to developing an engagement and communication plan which will map key stakeholders, including carers and user groups as well as clarifying how they will be involved in the development of our plans.

### 6.6 Alignment with Haringey plans

The Transforming Care project is aligned to a number of existing projects/initiative being implemented across the CCG and Council:

- i. review and re-commissioning of day centre service;
- ii. review of the S75 Agreement for the Haringey Learning Disability Partnership;
- iii. development of the supported living and domiciliary care frameworks
- iv. CAMHs review.

## 6.7 Haringey's Population

### 6.7.1 Prevalence & Needs

Appendix A, Table 1 sets out the number of people with learning disabilities (per age range) and/or autism in Haringey and Table 2 projects demand over the next three years of the Transforming Care plan. In summary, 2% of Haringey's population (5,350) are expected to have a learning disability and 1.1% (3000 people) are expected to have an autistic spectrum condition.

### 6.7.2 Haringey's population compares with similar boroughs as follows<sup>2</sup>:

- i. There are slightly more children with autism in Haringey compared to the local sub-group average; a rate of 5.57 compared to 5.17 (rate is per 1,000 from 0-25 years);
- ii. Haringey has more statemented pupils with moderate learning disabilities (rate of 3.22 compared with 1.81);
- iii. Haringey has less statemented pupils with profound and multiple learning disabilities (rate of 0.37 compared with 0.41). The trend continues for behaviour, emotional and social difficulty (rate of 1.79 compared with 1.92);
- iv. Of the 500 children and young people with learning disabilities assessments that are to be converted to Education, Health and Care- (ECH) plans by April 2018, 110 have been issued;
- v. By December 2015, there were 67 new ECH and 151 draft ECH to be authorised.

6.7.3 The draft Children and Young People Joint Commissioning Strategy also points to an increase in demand for support and transition planning for leavers due to increased level of uncertainty about the SEND process and lack of familiarity of the local offer. There has also been an increased demand for support for those not in employment, education or training (NEET) who are 19-25 years and who are wishing to return to education.

6.7.4 Haringey has a register tracking everyone with a Statement of Educational Need (SEND) and/or Learning Disability assessment. The list managed and overseen by Council's 14+ Panel includes a total of 1914 children and young people. An initial analysis of the children and young people on the tracker shows that there are 361 children and young people of school age with Autistic Spectrum Conditions and 268 children of school age with a learning disability. .

## 6.8 Haringey's Transforming Care performance

### 6.8.1 Hospital placements for people with learning disabilities and/or autism

Appendix B Table 3 provides details of Transforming Care programme activity since April 2014. There are currently nine people with learning disability and/or autism cared for in a hospital setting of which eight are the original Winterbourne View cohort. While the first year of the programme saw a swift reduction in the number of discharges of long term patients, the rate of

<sup>2</sup> CIPFA SEND Benchmarking Club report- 2014; Hackney, Lewisham, Waltham Forrest and Southwark



discharges has slowed from eight in 2013/14 to five in 2014/15. Notably three of the six people discharged since 2014/15 have been readmitted.

The lower rate of discharges and level of readmissions are due to a number of factors including the:

- i. combination of the complex needs of the patients and level of institutionalisation,
- ii. lack of robust discharge planning in hospital settings, and
- iii. limited provision of appropriate and high quality community alternatives.

6.8.2 Most of the people discharged to date have been resettled in supported living settings or in their own accommodation with live in support staff. Due to the shortage of housing and the limited supply of providers Haringey makes use of out of area placements in particular in Enfield; pointing to the need for more collaborative commissioning including reciprocal arrangement to ensure timely access to crisis services across neighbouring boroughs. Appendix C, Table 4, sets out the length of stay of Haringey's current Transforming Care service user group.

6.8.3 Other CCGs and local authorities also make placements in residential and supported living service services in the borough, these placements often do not come to the attention of the HLDP until there is a crisis and/or safeguarding concern raised. This also puts pressure on HLDP resources. There is a need therefore to put in place a robust protocol to notify relevant teams when a placement is made.

6.8.4 Service users in receipt of forensic care

Information provided by NHS England Specialised Commissioners, shows that:

- i. With 14 patients in adults secure and CAMH services, Haringey has the highest number of forensic patients in the North Central London Transforming Care Programme. Of this number, seven are in medium secure units, six in low secure units and one in Children and Mental Health Service inpatient provision;
- ii. There is no record of any patient being discharged in 2014/15. two patients, (one adult and one young person) have been discharged in the current financial year;
- iii. Of the two discharges in 2015/16, one person has been discharged to a supported living service and one person to a residential college.

## 6.8.5 Haringey At Risk Register

There are currently a total of 51 people on the Haringey At Risk of Hospital Admissions Register- HA HAR. The individuals include people managed by HLDP within the Care Programme Approach. A number of the people on the register have been placed by other authorities (CCGs and Councils) and picked up by HLDP as a result of safeguarding concerns.

## 6.9 Performance improvement

### 6.9.1 The case for change

- i. The review of residential and nursing care undertaken by the Council shows that the Service User Group (SUG) with the largest net expenditure per year is Learning Disability. This group also has the largest average net unit cost per person per year;
- ii. Haringey has one of the highest hospital patients across adults in the London region;
- iii. There is a high level of readmissions following discharges;
- iv. There is a need to realign spend from high-cost interventions to preventative, early intervention and crisis prevention services;
- v. The 2014 Learning Disabilities and Autism Self-assessment Framework identified gaps in the data about the needs this cohort;
- vi. A review of primary care QOF registers undertaken by Haringey Public Health has identified health risks in our learning disabilities population in particular to do with diabetes;
- vii. There is a need to improve and enhance transition pathway and experience.

### 6.9.2 Improvements identified

The Council and the CCG have together identified a number of improvements to be made, in light of the Transforming Care Programme:

- i. Developing clear care pathways with agreed outcomes and interventions;
- ii. Roll out and implementation of an integrated care coordination/case management approach;
- iii. Build on good practice examples by reviewing and enhancing the Assessment & Intervention Team to improve crisis prevention and response;
- iv. Development of systems for collating and reporting on a range of health metrics;
- v. Clarifying and documenting as necessary the interface between HLDP and the CCG Continuing Health Care team and the roles and responsibilities of all stakeholders, especially as regards the monitoring and management of quality and safeguarding in provider services;
- vi. Information sharing across the wider system to improve user experience and reduce duplication through multiple assessments;
- vii. Remodelling of the Transition pathway service to start planning for young people from the age of 14 years;

- viii. Development of the provider market place to respond to the needs of adults with challenging behaviour and complex needs reducing the needs for out-of-area placements;
- ix. Demand forecast analysis of the diverse needs of people with learning disabilities taking into account the needs, age and frailty of their family carers;
- x. Workforce capacity & development required in the areas of active/positive behaviour support, mental health, forensic care pathway;
- xi. Scale up the use of personal budgets to promote the development of a competitive market able to provide personalised services and choice;
- xii. Shift from a reliance on residential care model of support to supported living models promoting independence by increasing the range of high quality providers in the Market- Supported living and domiciliary care framework;
- xiii. Expansion of extra care sheltered provision for all care groups;
- xiv. Growth in the Shared Lives scheme to enable more people to live in family settings;
- xv. Improving access to mainstream services including crisis prevention and planning;
- xvi. Development of a local autism diagnostic service with Barnet and Enfield borough;
- xvii. At risk register to ensure preventative approaches linked to the remodelling of the HLDP;
- xviii. Shift from traditional building based day centres to services that promote community inclusion and use of mainstream opportunities available to other Haringey citizens.

## 7. Contribution to strategic outcomes

The Transforming Care Programme will contribute to both Priority 1 Give All Children the Best Start in Life and Priority 2 Empower all adults to live healthy, long and fulfilling lives of Haringey's Corporate Plan. There is a strong link to the Health and Wellbeing Strategy given the focus on improving the quality of life of people of all ages with a learning disability and/or autism who display behaviour that challenges, including people with a mental health condition.

## 8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

### 8.1 Finance

The Chief Finance Officer has been consulted. The Transforming Care Programme is likely to result in a significant shift in financial flows between the NHS and Local Authorities. Although the number of individuals involved in the programme is relatively small the costs of providing care to meet their needs can be high. As set out in 6.1.3 a new financial framework has been drawn up at the national level to ensure that neither Health nor Local Authorities are disadvantaged by the programme; the Council will need to work closely with our local CCGs and NHS England to make appropriate local arrangements within this framework.

A small amount of transformation funding has been announced. Details of how this will be allocated are not yet clear. Any funding received locally will be ringfenced for this programme and details will be included in future updates.

## 8.2 Legal

The Assistant Director of Corporate Governance has been consulted and has no comments to make at this stage.

## 8.3 Equalities

This report outlines how improvements to services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including people with a mental health condition, will be planned and implemented in Haringey. These people will include those with protected characteristics other than disability and it will be important to ensure that the planning process takes account of the multiple factors affecting health and wellbeing for this cohort.

## 9. Use of Appendices and Attachments

- Appendix A Haringey's learning disabled and/or autistic population prevalence
- Appendix B Transforming Care programme activity since April 2014
- Appendix C Length of stay of Haringey's current service users
- Appendix D Transforming Care Programme for People with a Learning Disability and/or Autism

## 10. Local Government (Access to Information) Act 1985

N/A

### Appendix A

## Haringey's learning disabled and/or autistic population

Table 1 estimates the number of people with learning disabilities and/or autism in Haringey per age category.

Table 1

Age Range	Actual Population-ONS MYE 2014	2% learning disabilities Estimate	Autism Estimate 1.1%
0-4	18,823	376	207
5-9	16,750	335	184
10-14	15,078	302	166
15-19	14,624	292	161
20-24	17,589	352	193
25-29	27,533	551	303
30-34	30,020	600	330
35-39	25,126	503	276
40-44	20,935	419	230
45-49	19,192	384	211
50-54	15,746	315	173
55-59	11,903	238	131
60-64	9,573	191	105
65-69	8,016	160	88
70-74	5,734	115	63
75-79	4,936	99	54
80-84	3,341	67	37
85-89	1,665	33	18
90+	957	19	11
<b>Total</b>	<b>267,541</b>	<b>5,351</b>	<b>2,943</b>

Table 2 forecasts the prevalence of learning disabilities and autism in the community over the next three years.

Table 2

3-year trend	Year	GLA POPULATION projections	learning disabilities (Est. 2%)	Autism (Est. 1%)
Current	2016	274,300	5486	2743
Year 1	2017	277,600	5552	2776
Year 2	2018	280,700	5614	2807
Year 3	2019	283,900	5678	2839

## Appendix B

Table 3 provides details of Transforming Care programme activity since April 2014.

Table 3

Transforming Care Programme (April 2014- Jan 2016)		
Ref	Item	Nos.
1a	Nos. of patient In Hospital Settings in April 2014	11
1b	Nos. of patients in Hospital Settings in April 2015	8
<b>2</b>	<b>Admission</b>	
2.1	Nos. of New Admissions*	3
2.2	Nos. of Re-admissions	3
<b>3</b>	<b>Discharges</b>	
3.1	Nos. Discharged	6
3.2	Nos. of planned discharges by March 2016	3
<b>4</b>	<b>Discharge Planning</b>	
4.1	Nos. of current pts. with an agreed discharge date	7
4.2**	Nos. current pts. with an identified step down option	3
<b>5</b>	<b>Discharge Destination</b>	
5.1	Residential Care	1
5.2	Supported Living	2
5.3	Own Home with Live in Support	3
<b>6</b>	<b>Location of Community Placements/Place of Discharge</b>	
6.1	In borough	2
6.2	Out of borough***	4
<b>7</b>	<b>Nos in Hospital Setting (Breakdown Below)</b>	
7.2	Independent Hospital (learning disabilities Specific)	6
7.3	Mental Health Ward –NHS Trust	2
7.4	NHS Trust- (learning disabilities Specific)	1
* Transfer to CCG funded placement from a forensic setting commissioned by NHSE as part of MH Tribunal recommendation		
**Housing still to be identified for 1 patient		
***2 in boroughs within the NCL area		



## Appendix C

Table 4 sets out the Length of stay of Haringey's current service users

Table 4

Admission date	LOS up to Dec 2015	LOS up to March 2016
09/05/2012	4 years 7 months	5 years
27/06/2005	10 years 6 months	10 years 9 months
03/06/2005	10 years 6 months	10 years 9 months
24/09/2008	8 years 3 months	8 years 6 months
01/11/2012	3 years 2 months	3 years 5 months
28/09/2012	3 years 3 months	3 years 6 months
23/10/2013	2 years 2 months	2 years 5 months
29/04/2015	8 months	11 months