

DERBYSHIRE HEALTH AND WELLBEING BOARD

12 May 2016

Report of the Strategic Director Adult Care and Public Health

**DERBYSHIRE AND DERBY CITY TRANSFORMING
CARE PARTNERSHIP PLAN**

1. Purpose of the Report

To seek approval for the Derbyshire and Derby City Transforming Care Partnership Plan.

2. Information and analysis

Background

In October 2015 NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) published '[Building the Right Support](#)'. This national plan sets a framework to support the reduction of in-patient settings and development of community based services for people with a learning disability and/or autism with challenging behaviours and mental health conditions.

On 17 November 2015, NHS England's Chief Nurse wrote to Clinical Commissioning Group Chief Officers, Local Authority Directors of Adult Social Services and NHS England Regional Directors identifying areas to form Transforming Care Partnerships. Derbyshire County and Derby City local authority areas were identified as an area to work collaboratively and form a single Transforming Care Partnership. The letter identified key actions and milestones for the partnership to achieve. This included the requirement to produce, develop and implement a plan to deliver against the national ambition to transform local services for individuals with learning disabilities.

The Derbyshire County and Derby City Transforming Care Partnership Board has been established and reporting arrangements to Health and Wellbeing Boards, Governing Bodies and Partnership Boards identified and detailed within the plan. The Transforming Care Partnership Board brings together commissioners from local authorities, CCGs and Police to commission integrated approaches. The Board covers all ages and incorporates the previous work undertaken by the Derbyshire Learning Disability Joint Commissioning Board (JCB) and the Derby City Transforming Care Joint Improvement Board.

The Derbyshire and Derby City Transforming Care Partnership Plan

A first draft of the Transforming Care Partnership Plan was submitted to NHS England on 8 February 2016 and the partnership has addressed the areas identified for further development to meet the required final submission date of 11 April 2016. It is anticipated that NHSE regional team will provide further support in order to achieve final sign off from NHSE national team by 1st July 2016.

The Plan has been developed with stakeholders from across Derbyshire and Derby City. Both Derby City and Derbyshire County have will established Learning Disability Partnership Boards which act as a forum for co-production of local plans and ensure the inclusion of people with a learning disability and carers, providers and local communities.

A copy of the latest version of the plan, which is still subject to finalisation, can be accessed via the following hyperlink:

http://www.derbyshire.gov.uk/images/Derbyshire%20and%20Derby%20City%20TCP%20plan%20Template%2011th%20April%20to%20be%20sent%20to%20HWB%20for%20info%20only_tcm44-279721.pdf

In addition, a summary 'plan on a page' document, which details the main aspects of the Sustainability and Transformation Plan, is attached to this report as Appendix 1.

The plan describes a number of local ambitions to ensure that individuals with a learning disability and/or autism. These are 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 overarching principles detailed within the strategy
- Develop one County/City 14+ at risk of admission to hospital/edge of care register
- Integrate 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 sector hospitals
- Improve the process of care and treatment reviews and achievement of the recommendations and outcomes for individuals
- Expand local co-production and engagement with people with lived experience.
- Have in place a system to measure improvements in quality of life
- Address system-wide culture change – skilled and resilience workforce
- Support and nurture families

- 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
- Create an all age specialist health and social care model alongside all age integrated commissioning approaches,
- Develop a planned review of short-break options currently provided as established component of support plans
- 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.

The plan identifies the following work streams which will deliver key pieces of work to support to help achieve these ambitions and ensure delivery of the new model of care by March 2019. These focus on:

- Communication, engagement and co-production;
- The community offer, incorporating personal health budgets, the 21C Joined Up Care learning disability work stream, Derbyshire Healthcare's Learning Disability Adult Service Development Plan and Forensic Pathways;
- Care and support of people on the Autistic spectrum;
- Children and Young Peoples (CYP);
- Workforce training and development;
- Market shaping and provider development; and,
- Finance, incorporating the development of pooled budgets.

Links with the Sustainability and Transformation Plan

It is anticipated that the TCP plan will form part of the learning disability component of the 'Sustainability and Transformation Plan' to be delivered in October 2016.

Links with the Health and Wellbeing Strategy

The Transforming Care Partnership Plan will significantly contribute to the Health and Wellbeing Board priority regarding 'keeping people independent and in their own home' as it will help shift provision from specialist to community based services and enable individuals to live more independently.

RECOMMENDATION

The Health and Wellbeing Board is asked to:

- Approve the Derbyshire & Derby City Transforming Care Partnership Plan

- Approve the development of the Transforming Care Board and its role in delivering the implementation of the plan
- Note the work to date on developing an implementation plan
- Agree to receive updates on this work as it progresses

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Annex 1: Joint Plan on a Page 2014-2017 to commission the range of local health, housing and care support services to meet the needs of people with a learning disability of all ages with behaviour that is challenging - based on the principle of an ordinary life for all citizens.

What is Challenging behaviour	How many people do we need to plan and buy housing and support for?	What we will do	What we will do	What it will mean for the future
<ul style="list-style-type: none"> Challenging Behaviour is behaviour “of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion”. (Challenging behaviour – a unified approach; RCPsych, BPS, RCSLT, 200) The term “challenging behaviour” has been used to refer to the “difficult” or “problem” behaviours which may be shown by children or adults with a learning disability including: <ul style="list-style-type: none"> Aggression (e.g. hitting) Self injury (e.g. head banging) Destruction (e.g. throwing objects) Other behaviours (e.g. running away) Challenging behaviour can put the safety of the person or others at risk or have a significant effect on the person’s every day life Note - this plan links to Countywide Autism Strategy. 	<ul style="list-style-type: none"> Behaviour that challenges: is displayed by 10 to 15 per cent of adults who have a learning disability (see Emerson & Einfeld, 2011) In Derbyshire there are estimated to be 210 adults with a LD who display significant challenging behaviour. In Derby City there are estimated 70 adults with a LD who display significant challenging behaviour We will work with Children and Young peoples services including CAMHs to more accurately identify the number of people with behaviour that challenges. We will also identify those at risk of developing behaviour that challenges 	<ul style="list-style-type: none"> Sign up across adult and childrens Health and Social Care commissioners to the Challenging Behaviour Charter Promote delivery of care/support at home or as close to home and provide more reliable support for families and carers Provide high quality person centred approaches, prevention and early intervention services . Promote and prioritise joint investment in positive behaviour training to provide positive behaviour support for all ages Offer Personal Budgets and Personal Health Budgets Provide joint solutions to individual funding and risk sharing. Commissioners will review specialist learning disability health services against the national core service specification toolkit and develop new care pathways to strengthen health and social care responses for adults with a LD. Support communities and providers to manage the care of people with complex needs living in their local areas to stay living in their own home, to prevent unnecessary hospital admissions, unnecessary out-of-area packages and to support people to be moving back to their home area 	<ul style="list-style-type: none"> The new pathways / offer will be defined to ensure that any inpatient services commissioned by the CCG’s are only utilised after responsive intensive community interventions have been delivered and agreed jointly with Adult social care Introduce a Care coordination process for individuals who have complex needs. Design individual community approaches that deliver; <ul style="list-style-type: none"> - a reduction in the prevalence and incidence of behaviour that challenges amongst people of all ages who have learning disabilities and / or autism - a reduction in the number of individuals placed in more restrictive settings which are inappropriate for their needs (for example, inpatient hospitals, 52-week school/ college placements or residential care homes), especially those that are out of area. - a reduction in the inappropriate use of psychoactive medication, restraint, and seclusion to manage behaviour that challenges Prioritise the management of and approaches to behaviour that challenges in quality monitoring processes. Continue to work closely with Housing colleagues to ensure access to a variety of accommodation. Develop future workforce plans, market management and community capacity building to support care closer to home. 	<ul style="list-style-type: none"> People with a learning disability or autism and behaviour which challenges will be able to say: <ol style="list-style-type: none"> 1. My home is in the community; 2. I am treated with compassion, dignity and respect; 3. I am involved in decisions about my care and support; 4. I am safe and protected from avoidable harm, but also have my own freedom to take risks; 5. I am helped to live with my family or helped to keep in touch with my family and friends; 6. Those around me and looking after me are well supported; 7. I am supported to make choices in my daily life; 8. I get the right treatment and medication for my condition; 9. I get good quality general healthcare; 10. I am supported to live safely in the community; 11. Where I have additional care needs, I get the support I need in the most appropriate setting; 12. My care and support is regularly reviewed .

The joint plan will provide 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.

Rights and Values:

- 1) People will be supported to exercise their human rights (which are the same as everyone else's) to be healthy, full and valued members of their community with respect for their culture, ethnic origin, religion, age, gender, sexuality and disability.
- 2) All children who are at risk of presenting behavioural challenges have the right to have their needs identified at an early stage, leading to co-ordinated early intervention and support.
- 3) All families have the right to be supported to maintain the physical and emotional wellbeing of the family unit.
- 4) All individuals have the right to receive person centred support and services that are developed on the basis of a detailed understanding of their support needs including their communication needs. This will be individually-tailored, flexible, responsive to changes in individual circumstances and delivered in the most appropriate local situation.
- 5) People have the right to a healthy life, and be given the appropriate support to achieve this.
- 6) People have the same rights as everyone else to a family and social life, relationships, housing, education, employment and leisure.
- 7) People have the right to supports and services that create capable environments. These should be developed on the principles of positive behavioural support and other evidence based approaches. They should also draw from additional specialist input as needed and respond to all the needs of the individual.
- 8) People have the right not to be hurt or damaged or humiliated in any way by interventions. Support and services must strive to achieve this.
- 9) People have the right to receive support and care based on good and up to date evidence.

Action to be taken:

- 1) Children's and adults' services will construct long term collaborative plans across education, social and health services and jointly develop and commission support and services to meet the needs of children and adults with learning disabilities, their families and carers.
- 2) Local Authorities and the NHS will develop and co-ordinate plans to:
 - Reduce the exposure of young children with learning disabilities to environmental conditions that may lead to behavioural challenges.
 - Promote the resilience of young children with learning disabilities who face such environmental conditions.

- Provide early intervention, support and services that will meet the individual needs (including communication needs) of young children who are showing early signs of developing behavioural challenges.
- 3) Active listening to the needs of the family will lead to the provision of appropriate and timely support, information and training.
 - 4) People will be supported to have a good quality of life by individuals with the right values, attitudes, training and experience.
 - 5) The NHS and services will proactively plan to ensure that people receive the same range, quality and standard of healthcare as everyone else, making reasonable adjustments when required. People will have an individualised health action plan and be supported to have access to annual health checks to ensure all health needs are met.
 - 6) People and their family carers will receive support and services that are timely, safe, of good quality, co-ordinated and seamless. They will be proactively involved in the planning, commissioning and monitoring of support and services including both specialist and general services.
 - 7) A person-centred approach that enables and manages the taking of risk will be used to ensure that people have access to family and social life, relationships, housing, education, employment and leisure.
 - 8) Local authorities and the NHS will know how many children and adults live in their area and how many they have placed out of area. On the basis of information from person-centred plans all agencies will plan and deliver local support and services.
 - 9) Services will seek to reduce the use of physical intervention, seclusion, mechanical restraint and the inappropriate or harmful use of medication with the clear aim of eliminating them for each individual.
 - 10) All services and agencies will strive to improve continually, using up to date evidence to provide

