ADULT SERVICES COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 14 December 2015

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Atkinson, Beck, Belcher, Loynes, Richardson, Tempest and Thomas

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To receive the Minutes and Decision Record in respect of the meeting held on 9 November 2015 *(for information as previously circulated)*.

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

   No items.

5. **KEY DECISIONS**

   No items.

6. **OTHER ITEMS REQUIRING DECISION**

6.1 Disabled Facilities Grants – *Director of Child and Adult Services*

6.2 Learning Disability Self-Assessment Framework 2014/15 – *Director of Child and Adult Services*

7. **ITEMS FOR INFORMATION**

7.1 Strategic Financial Management Report – as at 30 September 2015 – *Director of Child and Adult Services and Chief Finance Officer*

7.2 Care Home Update and Action Plan – *Director of Child and Adult* ***Services***

7.3 Transforming Care – North East and Cumbria Fast Track Programme – *Director of Child and Adult Services*

8. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

ITEMS FOR INFORMATION

Date of next meeting – Monday 18 January 2016 at 10.00am in the Civic Centre, Hartlepool.

ADULT SERVICES COMMITTEE

MINUTES AND DECISION RECORD

9 November 2015

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Sylvia Tempest and Stephen Thomas

Also Present:

In accordance with Council Procedure Rule 5.2 (ii) Councillor Clark was in attendance as substitute for Councillor Paul Beck and Councillor Sirs was in attendance as substitute for Councillor Sandra Belcher

Ann Baxter, Independent Chair, Teeswide Safeguarding Adults Board

Maureen Lockwood - Healthwatch Representative

Frank Harrison – Years Ahead Forum
Members of the Public – Evelyn Leck, Sue Little, Stella Johnson and Gordon Johnson

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Neil Harrison, Head of Service, Adult Services
John Lovatt, Head of Services, Adult Services
Jeanette Willis, Head of Strategic Commissioning
Denise Wimpenny, Principal Democratic Services Officer

39. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Beck, Belcher and Loynes.

40. Declarations of Interest

Councillor Steve Thomas declared a personal interest in Minute 47 as an employee of Healthwatch.

41. Minutes of the meeting held on 12 October 2015

Received

42. Matters Arising from the Minutes

In relation to Minute 37, a Member requested an update on progress in relation to care homes since the last meeting. Whilst the Assistant Director advised that there was no further information to report on Admiral Court, in terms of Warrior Park and Manor Park moratoriums, the Department and strategic partners continued to meet with the providers under the Serious Concerns Protocol to review the situation.

With regard to Highnam Hall, the Care Quality Commission (CQC) had issued notice that residents were required to vacate the premises until urgent remedial works had been undertaken. Residents and families were informed on 12 October and all residents moved to alternative accommodation within Hartlepool by 13 October. There was potential for the home to re-open once works were completed and a CQC re-inspection carried out. An update on progress would be provided at the December meeting.

Concerns were raised regarding the reduction of capacity in residential provision as well as the impact of these issues on the availability of nursing beds in Hartlepool, particularly at this time of year. Emphasis was placed upon the need to work with the CCG to closely monitor this issue to ensure Hartlepool residents were not moved out of the area. The Assistant Director provided assurances that regular contact meetings were held with the CCG in this regard. The CCG had recently met with providers to offer additional support and financial incentives to providers of nursing care to support existing providers to remain in the market and to try and encourage new providers to enter the market.

The Assistant Director and Head of Service responded to issues raised in relation to the type of care that could be provided in care homes and the potential for in-house provision of nursing care. Members were advised that the CCG, as the commissioner of nursing care, were currently exploring the various options and the Council continued to work in partnership with the CCG on this issue.

In response to a query raised as to whether any other local authorities provided nursing care in house, the Assistant Director advised that she was not aware of any local authorities that directly provided nursing care, although there may be areas where local authorities were involved in nursing provision through different forms of partnership working. The Chair requested that this be clarified at the next meeting.

Decision

(i) That the information given and comments of Members be noted.
(ii) That the issues raised, as set out above, in relation to in-house care provision be clarified at the next meeting.

43. Promoting Change, Transforming Lives Project

(*Director of Child and Adult Services*)

Type of decision

For information

Purpose of report

To update Members regarding the Waverley Allotment Group (WAG) Promoting Change, Transforming Lives Project.

Issue(s) for consideration

The report provided background information together with an update on progress made in relation to the Waverley Terrace Allotment Project. On behalf of WAG, the Council had submitted a Big Lottery Fund Reaching Communities Application to support the development of the project.

The project incorporated three key elements, Therapeutic Services, Employment and Training Services and Commercial Services, details of which were set out in the report. The Head of Service was pleased to report that the application had been successful and the full amount of £400,000 had been awarded. A Steering Group had been established to oversee the implementation of the project. A Project Co-ordinator had been appointed and a Volunteer Co-ordinator would be recruited to take up post in January 2016. The Project Co-ordinator would be responsible for the day to day management of the site as well as monitoring of project milestones and completion of returns to the Big Lottery. The Committee was referred to the risk, financial, staffing and asset management considerations as set out in the report.

Whilst the benefits of the project were welcomed, a member of the public raised some concerns that the restrictions placed upon allotment holders differed from the Group given that allotment holders were prevented from selling their produce.

Members noted and welcomed the commitment of allotment holders in relation to provision of surplus produce to food banks. The value of the services delivered to people with mental health needs by People's Relief of

Pressure (PROP) was highlighted by a member of the public and the Head of Service agreed to ensure that links between the two groups were made.

A Member highlighted the need to explore different opportunities to ensure the long term sustainability and commercial success of the project. The importance of accessing the wider community was emphasised and the benefits of utilising events around the town for selling items like Christmas wreaths etc were highlighted. The Head of Service advised that such opportunities were already being explored, but that further work would be done in this area.

The Chair requested that a further site visit be arranged for Members of this Committee in the New Year.

Decision

(i) That the contents of the report and comments of Members be noted and auctioned as necessary.
(ii) That the actions from the Adult Services Committee on 8 June 2015 (arrangement of a site visit and a further update report) had been completed.
(iii) That a site visit to the Waverley Terrace Allotment site be arranged in the New Year for Members of this Committee.

44. Teeswide Safeguarding Adults Board Annual Report 2014/15 and Strategic Business Plan 2015/16 (*Director of Child and Adult Services*)

Type of decision

No decision required – for information

Purpose of report

To present the Adult Services Committee the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2014/15 and Strategic Business Plan 2015/16

Issue(s) for consideration

The report provided background information to the establishment of the (TSAB) and the requirements of the Care Act to publish an annual report and annual strategic plan, copies of which were attached as appendices to the report.

In support of the report, the Chair of the Teeswide Safeguarding Adults

Board (TSAB), who was in attendance at the meeting, reported on the role of the board and highlighted that the purpose of the plans was to set out what the Board had done during that year to achieve its objectives and what the Board had done to implement its strategy.

In the discussion that followed, the Chair of the TSAB and Head of Service responded to issues raised by Members in relation to the safeguarding process and the purpose and benefits of safe place arrangements. The Head of Service provided assurances that all alerts and referrals were investigated with specialist officers undertaking more detailed investigations in cases where safeguarding thresholds were met. In considering performance figures, the potential reasons for an increase in safeguarding alerts identifying possible cases of abuse of adults was discussed at length. The potential reasons why referrals had decreased were also debated as well as the statistics in relation to abuse by type. Members noted that levels of neglect in Hartlepool were significantly lower than other areas and welcomed the good work and progress made around safeguarding.

In response to concerns raised regarding the need for additional support for vulnerable adults, the Assistant Director outlined the work that was currently ongoing with businesses in the town to facilitate additional support for vulnerable adults and to ensure a more dementia friendly community. Members of the public, who were invited to speak, shared various examples/experiences of vulnerability issues during which the importance of crisis services was discussed. It was noted that as a result of this issue being identified as a concern by Healthwatch, arrangements had been made by Healthwatch, in conjunction with the Local Authority and Tees Esk and Wear Valley, for a planning workshop to be held in February 2016, details of which would be provided when finalised.

Whilst compliments were conveyed on the work of the Board, concerns were raised regarding the financial burden and impact of such legislative changes on local authorities as a result given the absence of any funding from the Government to support the changes. Concerns were also raised regarding the recent announcement in relation to the proposals around reductions in learning disability beds and information and clarity on this issue was requested as soon as possible. The Assistant Director indicated that a report on transforming care agenda in learning disability services would be considered by the Health and Wellbeing Board in November and could be shared with the Adult Services Committee in December.

Whilst the Committee welcomed the information contained in the report, it was noted that it would be helpful in future to have the TSAB strategic picture presented alongside an update on local performance and the work of the Local Executive Group (LEG). The Assistant Director confirmed that every effort would be made to align reporting in future.

Decision

(i) That the Teeswide Safeguarding Adults Board Annual Report 2014/15 and Strategic Business Plan 2015/16 be noted and endorsed.

(iii) That the report on the Transforming Care Agenda scheduled for consideration at the next meeting of the Health and Wellbeing Board, be presented to a future meeting of Adult Services Committee.

(iv) That future reporting be more closely aligned to reflect the TSAB strategic picture and local issues.

45. Support for People with Dementia in Hartlepool

(*Director of Child and Adult Services*)

Type of decision

For information

Purpose of report

The report provided the Adult Services Committee with a further update regarding support for people with dementia in Hartlepool, following a report in March 2015.

Issue(s) for consideration

The report provided background information to the National Dementia Strategy and the support available for people in Hartlepool living with dementia. Details of national developments around dementia, how Hartlepool had addressed the National Strategy as well as the process for raising awareness of dementia in Hartlepool was provided, as set out in the report.

It was reported that a Steering Group had been established to deliver the Working to Build a Dementia Friendly Hartlepool Project, bringing together a large range of local organisations to actively look at Hartlepool becoming accredited as a Dementia Friendly Community. The project had been successful in gaining the first level of accreditation and the official launch had been celebrated by holding a Memory Walk in Ward Jackson Park in September with over 100 people attending the event. Fundraising on the day had raised £226 which was donated to the Alzheimer's Society. The event demonstrated the success of the awareness raising in the town.

In response to clarification sought, the Head of Strategic Commissioning outlined how the direct payments process was managed on behalf of people who may not have capacity to manage a direct payment in their own right.

In response to a member of the public's comments on recent research papers in relation to dementia, the Chair agreed to discuss this issue following the meeting.

Decision

That the developments in relation to support for people with dementia and their carers be noted and further progress reports be received as appropriate.

46. Response to Law Commission's Consultation on Mental Capacity and Deprivation of Liberty Safeguards (*Director of Child and Adult Services*)

Type of decision

For information

Purpose of report

To provide Members of the Adult Services Committee with an overview of the Law Commission's consultation on Mental Capacity and Deprivation of Liberty Safeguarding and the response that had been submitted by the Council.

Issue(s) for consideration

The Head of Service reported on the background to the introduction of DoLS. For a number of years there were low levels of referrals for DoLS assessment within the Council with the Council receiving approximately 46 referrals per year in 2012/13 and 2013/14.

With regard to current activity, as expected activity had increased dramatically following the Supreme Court Judgement. In 2014/15 the Council completed 648 assessments. The challenges facing the Council as a result of the safeguards were outlined.

In terms of the financial implications, as the Supreme Court Judgement was not made until March 2014 the financial impact was not known and therefore not reflected in the 2014/15 budget. The additional costs in 2014/15, details of which were included in the report, would be funded from

the overall departmental outturn. A DoLS reserve of £0.448m was created in 14/15 from existing departmental reserves and this would now be carried forward to meet the unbudgeted costs in 16/17. Members were referred to the financial implications for 17/18 as set out in the report.

The Head of Service responded to issues highlighted in the report.

A lengthy discussion ensued regarding the impact of pressures of this type on Council budgets and service delivery as a result. The various options of managing such pressures were debated. The Committee raised serious concerns that costs of this level were unsustainable and should not be met solely by the Local Authority. A view was expressed that there was a need for strong debate as to where the costs of managing these pressures should lie and the option to refer this issue to the Local Government Association to take forward at a national level was suggested.

Decision

That the contents of the report and comments of Members be noted.

47. Response to Healthwatch Investigation into Good Practice in Care and Support of Residents with Dementia in Care Homes in Hartlepool (*Director of Child and Adult Services*)

Type of decision

For information

Purpose of report

The Healthwatch Hartlepool investigation into good practice examples in the care and support of residents with dementia in Hartlepool made several recommendations. The report provided the Adult Services Committee with an update regarding how the recommendations were being addressed.

Issue(s) for consideration

The Head of Strategic Commissioning updated the Committee on progress made in relation to the Healthwatch recommendations following their investigation into good practice into care and support of residents with dementia in Care Homes in Hartlepool. The report set out how Adult Services planned to address the following recommendations:-

Recommendation 1 – that good practice areas identified are acknowledged and recognised.

Recommendation 2 - That opportunity is actively sought to share and promote these areas of good practice between care homes within the town.

Recommendation 3 – That further visits are undertaken over a period of 6-12 months by the local authority in order to check training levels of staff, check progress in adapting homes to meet the needs of residents with dementia and provide feedback as to visit outcomes and progress through Adult Services Committee.

In the lengthy discussion that followed presentation of the report a number of concerns were raised that dementia training was not a mandatory requirement. Members were advised that checks were in place, as part of the Quality Standards Framework to ensure that training was in keeping with the statement of purpose for each individual home.

With regard to the recommendation that good practice be shared between care homes within the town, a view was expressed that evidence of good practice was often dependent upon the skills and quality of the Care Home Manager. A high turnover in management staff was often a contributory factor in problems in care homes. A Healthwatch representative commented on recent enter and view visits which showed a comprehensive list of training provided.

In relation to the recommendation that further visits be undertaken by the local authority over a period of 6-12 months, it was reported that Healthwatch representatives would not be in a position to revisit these homes and there was a reliance on the local authority to ensure all issues were addressed as part of the monitoring process. The Chair commented on the importance of closely monitoring the recommendations to which the Assistant Director advised that link officers would monitor such issues as part of ongoing working arrangements with care homes. A Member advised that further dialogue was needed between CQC, local authority and Healthwatch around individual inputs and the inspection of care homes process.

Decision

That the current position in relation to provision of care and support for people with dementia in care hones in Hartlepool be noted.

The meeting concluded at 12.15 pm.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 16 NOVEMBER 2015

ADULT SERVICES COMMITTEE

14 December 2015

Report of: Director of Child & Adult Services

Subject: DISABLED FACILITIES GRANTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 The issue of Disabled Facilities Grants and how cases are prioritised was referred by the Regeneration Services Committee on 24 September 2015 to the Chair of the Adult Services Committee to explore the potential to reduce the waiting list.

2.2 The purpose of this report is to clarify the current process for accessing Disabled Facilities Grants, and the methods used to prioritise cases.

3. BACKGROUND

3.1 A Disabled Facilities Grant (DFG) is provided to support someone with a disability to make changes to their home, for example to:

- widen doors and install ramps
- improve access to rooms and facilities – e.g. stairlift or a downstairs bathroom
- provide a heating system suitable for their needs
- adapt heating or lighting controls to make them easier to use

3.2 A DFG can be up to £30,000 and does not affect a person's benefits. The amount a person receives depends upon their household income and savings and they may need to contribute towards the costs of the work.

3.3 To be eligible for a DFG a person must have a disability, be the owner or tenant of the property and intend to live in the property for the period of the grant (five years). The work required must be necessary and appropriate to

meet the person's needs and be practical and reasonable, taking into account the age and condition of the property.

4. CURRENT PROCESS

4.1 A request for an assessment and support is received into the Department. The information is considered and further enquiries are made as necessary. Options are then explored including signposting to relevant others; using the Trusted Assessor at the Centre for Independent Living and providing minor equipment; and Reablement Services. If these options do not meet the identified need a further and more comprehensive assessment is undertaken.

4.2 The further assessment by a relevant professional involves looking at the available options in more detail including the provision of minor equipment; accessing domiciliary care services and exploring re-housing opportunities. If these options do not meet the identified need and an adaptation is acknowledged via the assessment process to be the most suitable and cost effective option the DFG process is commenced via an Occupational Therapist within Adult Services. This takes into account the Professional Guidance – The Provision of Equipment and Housing Adaptations for Disabled People (February 2014) which sets out the criteria to be used. All work is completed taking into account the principles of meeting assessed need in the most cost effective way and the national good practice guidance provided.

4.3 Once the Occupational Therapy (OT) assessment is completed, the relevant information is forwarded to Special Needs Housing and they commence their DFG processes.

4.4 A DFG is made available if HBC considers that the changes are necessary and appropriate to meet specific needs and that the work proposed is considered reasonable and practicable. Typical works covered by a grant include: installation of stair-lifts; bathroom and kitchen adaptations; installation of ramps and extensions.

4.5 If the OT considers that an adaptation is required urgently, they can make recommendations for timescales which the Special Needs Housing Team consider. Urgent applications are processed immediately and do not form part of the waiting list.

4.6 The Special Needs Housing Team undertake financial assessments and obtain quotes for the work to be undertaken. Once the Special Needs Housing Team identifies a suitable contractor, the work is carried out according to the specification.

4.7 On completion the work is checked and if associated equipment is required the OT will order this and ensure that the person is given support to use the equipment appropriately.

4.8 The average waiting time for a DFG, from referral to completion of the work, is 207 days.

4.9 The table below summarises the type of DFGs completed over the last 12 months:

Type of Adaptation	No of Installations
Level Access Shower	94
Overbath Shower	10
Carriage Crossings & Hardstanding	3
Stairlift	54
Ramp	8
Extension	7
Other	7

5. RISK IMPLICATIONS

5.1 There are no specific risk implications associated with this issue.

6. FINANCIAL CONSIDERATIONS

6.1 As reported to Regeneration Services Committee on 24 September 2015, the funding allocation that the Council receives for disabled facilities grants has been insufficient to meet local needs for a number of years. The report to Regeneration Services Committee is attached as **Appendix 1**.

7. LEGAL CONSIDERATIONS

7.1 There are no specific legal implications associated with this issue.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no child and family poverty considerations associated with this issue. DFGs are available to children under 18 years of age without means testing of the parent(s) making the application.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 There are no equality and diversity considerations. DFGs are available to people of all ages who have a disability, to maximise independence within the home.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations associated with this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations associated with this issue.

12. RECOMMENDATIONS

12.1 It is recommended that Adult Services Committee note the contents of this report and provide feedback to the Regeneration Services Committee regarding the current process for DFGs.

13. REASONS FOR RECOMMENDATIONS

13.1 Information has been provided to Adult Services Committee in response to a referral from the Regeneration Services Committee.

14. BACKGROUND PAPERS

Home Adaptations for Disabled People – A detailed guide to related legislation, guidance and good practice
http://careandrepair-england.org.uk/wp-content/uploads/2014/12/DFG-Good-Practice

15. CONTACT OFFICER

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REGENERATION SERVICES COMMITTEE

24 September 2015

Report of: Assistant Director (Regeneration)

Subject: QUARTERLY HOUSING REPORT APRIL - JUNE 2015/16

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

2. PURPOSE OF REPORT

2.1 To update the Regeneration Services Committee about progress across key areas of the Housing Service relating to Empty Homes, Enforcement activity, Selective Licensing, Disabled Facilities Grants, Housing allocations, Housing Advice & Homelessness Prevention and Housing Management activity during the first quarter of 2015/16.

3. BACKGROUND

3.1 This report provides an update on progress and benchmarking across key areas of the Housing Service during Quarter 1, 2015/16 and updates the last report presented to the Regeneration Services Committee on 16 July 2015.

4. PROPOSALS

4.1 The report contains no proposals and is for information only.

5. EMPTY HOMES UPDATE

5.1 The target for bringing long term empty homes back into use during 2015/16 is 60 and a total of 17 properties have been brought back into use during the first quarter of the year.

5.2 In line with the Empty Homes Strategy the Council continues to take forward enforcement activities to encourage and enforce owners to bring long term empty homes back into use. The enforcement activity is led by the Council's 'Top 20 empty homes' list.

5.3 During the course of Quarter 1, Compulsory Purchase Order (CPO) activity has been progressed with regards to one property. This CPO enforcement action could take a further 6 to 18 months depending on whether the owner(s) come forward and appeal against the CPO.

5.4 The Council successfully acquired 8 properties through the Empty Property Purchase Scheme (EPPS) Phase 2 during the first quarter of 2015/16. Following the refurbishment of these properties they will be let at 80% of market rent. This has proved very popular with the tenants who have rented properties from Phase 1 of the Empty Property Purchase Scheme. There are a further 52 empty properties to be acquired by 31 March 2018.

5.5 Much of the work that was ongoing at the end of Quarter 4, 2014/15 was completed during Quarter 1 as part of the Baden Street Scheme. Since the scheme commenced, 19 properties have been brought back into use from being long-term empty homes (eight of which have been acquired, refurbished and let through the EPPS).

5.6 There was one remaining landlord who is considering options for bringing his empty property back into use through the scheme; selling the property or as part of the Empty Property Lease scheme operated by Housing Hartlepool.

6. ENFORCEMENT UPDATE

6.1 The enforcement update encompasses a number of key areas, including housing conditions, housing related statutory nuisance and problematic empty properties.

6.2 Table 1 sets out the requests that have been received by the service during the course of the year so far. The previous year's figures are shown in brackets for comparison purposes.

Table 1 – Enforcement Team Service Requests

	Number and % of Total Number by Quarter 2015/16							
Request Type	**Quarter 1**		**Quarter 2**		**Quarter 3**		**Quarter 4**	
Disrepair	**36** (47)		(57)		(72)		(89)	
Empty & Insecure Property	**41** (32)		(39)		(34)		(30)	
Empty property Nuisance	**22** (15)		(28)		(8)		(23)	
Unauthorised Encampment	**6** (1)		(3)		(0)		(0)	
Nuisance from Adjacent Property	**4** (19)		(20)		(14)		(12)	
Nuisance from Occupied	**76**							

Property	(93)		(58)		(29)		(49)	
Filthy & Verminous	**2** (2)		(1)		(0)		(0)	
Defective Drainage	**3** (3)		(5)		(5)		(6)	
HMO Advice/ Complaint	**5** (3)		(9)		(7)		(3)	
Immigration Visit	**2** (2)		(0)		(1)		(2)	
Total Number of Requests	**197** (217)		(221)		(166)		(214)	

6.3 The majority of these service requests fall into three main areas:

- Disrepair
- Empty Properties
- Nuisance

6.4 The overall number of service requests received during the quarter reduced from the same quarter in 2014/15 and compared to the previous quarter were down by 10%.

6.5 The number of disrepair complaints dropped sharply from the previous quarter and was lower than the same quarter in 2014/15 by 23%.

6.6 Hazards were removed from 11 privately rented properties during this quarter through a combination of enforcement and informal action. One legal notice was served to remedy a housing defect.

6.7 The number of complaints regarding insecure empty properties increased this quarter from the previous quarter and the same quarter last year. 12 properties require the serving of legal notices to make them secure, 5 of which were not complied with and works were carried out in default, which meant that the Council organised the works and re-charged the owner.

6.8 There was an increase in complaints about nuisance properties (both occupied and empty) from 84 in the previous quarter to 102 in this and these accounted for more than half of all complaints received during the quarter.

6.9 In addition to the reactive work carried out, officers have undertaken proactive work in relation to identifying problematic empty and nuisance properties and those with the potential to be dealt with using Section 215 powers, through area based targeting in a number of areas, including the Carr/Hopps Street Regeneration area, Belle Vue, Burbank Street, Everett Street, Oxford Road and Cornwall Street areas.

6.10 During regular surveys of the Carr/Hopps regeneration area, properties in the ownership of the Council are monitored so that any issues with nuisances or security are dealt with promptly. During this quarter there were 36 properties where issues were identified and rectified following such surveys.

6.11 Town and Country Planning Act 1990, Section 215 action was undertaken in relation to 17 properties at various locations across Hartlepool. This action focused on improving the visual external appearance of properties and improving the amenity of the local area.

6.12 Mandatory licensing of Houses in Multiple Occupation (HMOs) requires HMOs, 3 or more storeys in size with 5 or more occupants to be licensed. These licences remain in force for 5 years, unless there are circumstances that require a variation or revocation. Whilst a number of requests were made for HMO advice and application packs during Quarter 1, no further licences were issued as properties fell outside of HMO licensing requirements. The total number of HMO licences in force at the end of this quarter was 15.

7. SELECTIVE LICENSING UPDATE

7.1 Following approval by Committee in January, the second Selective Licensing designation was due to come into force from 6th July 2015 and will remain in force for 5 years, coming to an end on 30th June 2020. All potential licence holders were identified and informed of the requirement to be licensed if they rent out a property in any of the thirteen streets included in table 2.

Table 2 – Streets included in Second Selective Licensing Designation

Victoria Ward	Dent Street	Furness Street	Sheriff Street
	Straker Street	Stephen Street	
Burn Valley Ward	Richmond Street	Cornwall Street	Rydal Street
	Kimberley Street		
Foggy Furze Ward	Sydenham Road	Borrowdale Street	
Jesmond Ward	St Oswalds Street		
Headland and Harbour Ward	Burbank Street		

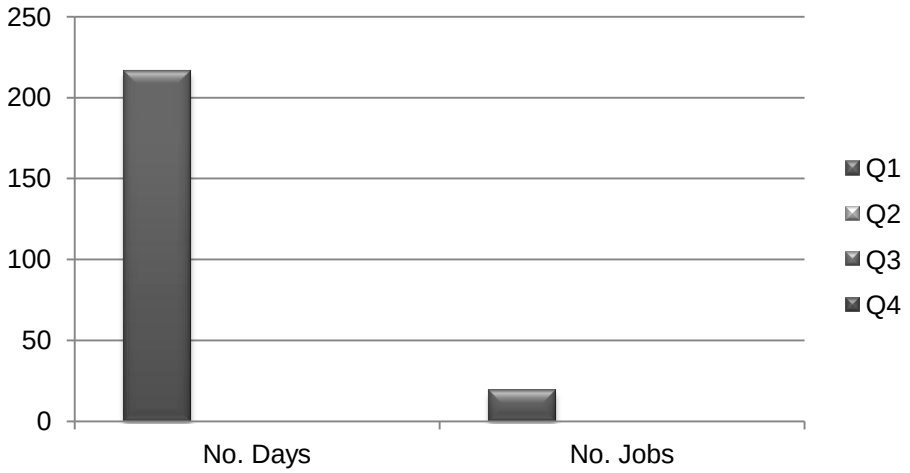
7.2 To complement the mandatory licensing scheme a Voluntary Landlord Scheme is also being developed as a collaborative model between the Council and the National Landlord Association: Landlords who sign up for membership will be regulated by the national providers system of compliance and will be offered a package of practical tenancy management support and guidance.

7.3 In addition to the licensing and voluntary scheme work is also underway to develop a General Register of Landlords to encompass all remaining landlords operating throughout the town. This register will allow officers to regularly disseminate relevant housing related information, to ensure all landlords are kept fully informed of their legal obligations and raise awareness of any opportunities they may wish to take advantage of in order to improve the standard of private rented accommodation available in the town.

8. DISABLED FACILITIES GRANTS (DFG) BENCHMARKING DATA

8.1 During the first quarter of 2015/16, 19 DFGs were completed in Hartlepool and the average time taken was 216 days. Figure 1 illustrates the time taken to complete DFG works in Hartlepool during the year.

Figure 1 - Time Taken to Complete DFG Works in Hartlepool – 2015/16



8.2 Benchmarking data is not available from the other members of the North East Adaptations Group for Quarter 1. This will be reported in Quarter 2.

8.3 At the end of Quarter 1, the number of applicants on the waiting list for a DFG was 131 at an estimated cost of £568,900. The DFG budget for 2015/16 received from the Government is £545,849. £201,000 funding has also been brought forward as a re-phased budget from 2014/15. The total funding for 2015/16 is therefore approximately £747,000.

8.4 Following Regeneration Committee in July 2015 a further report on DFGs is being prepared for a future to Finance and Policy Committee.

9. ALLOCATIONS SUMMARY

9.1 Choice Based Lettings (CBL) activity and performance is monitored on a quarterly basis and compared with our sub regional partners by the Sub Regional CBL Steering Group.

9.2 The number of applicants who are 'live' on the system and able to bid increased every quarter during 2014/15 and this trend has continue during the first quarter of 2015/16. The figure for Quarter 1 is set out in Table 3 and includes last year's figures in brackets for comparison purposes. 26% of the waiting list is made up from Housing Hartlepool applicants wanting a transfer.

Table 3 – Total number of 'live' applicants (able to bid)

No 'live' applicants	Hartlepool	Sub Regional Total
Quarter 1	3,390 (2,620)	19,821 (16,383)

9.3 To ensure that applicants in the greatest need are given preference for an allocation of accommodation, levels of housing need are categorised into bands. Analysis shows that the percentage of applicants whose level of housing need has put them into a 'priority' band has remained static, with around two thirds of applicants consistently having no priority in Band 4. Table 4 shows the number of 'live' applicants within each band for Quarter 1 and the previous year's figures are shown in brackets for comparison purposes.

Table 4 – Total number of 'live' applicants (able to bid) within each Band

	Band 1	Band 2	Band 3	Band 4	Total
Quarter 1	321 (288)	594 (565)	118 (74)	2,357 (1,693)	3,390 (2,620)

9.4 At the end of Quarter 1 the number of decant[1] applicants in Hartlepool was 6.

9.5 Some applicants within the three Priority Bands (1, 2 and 3) may also have cumulative needs. During Quarter 1, the number of applicants in Band 1 with cumulative needs has reduced from 28 to 25. In Band 2 the number has decreased slightly from 53 in the previous quarter to 51. There was one applicant in Band 3 with a cumulative need.

9.6 The number of bids made on advertised properties in Hartlepool during Quarter 1 has increased slightly from the previous quarter. Table 5 shows the numbers of bids made per band within Hartlepool. Last year's figures are shown in brackets for comparison purposes.

Table 5 – Bids per Band (within Hartlepool)

	Band 1	Band 2	Band 3	Band 4	Total no. bids
Quarter 1	634 (945)	1,432 (1,615)	170 (178)	2,888 (2,437)	5,124 (5,175)

9.7 During Quarter 1 bidding activity has decreased across the sub region. 28,392 bids were placed in total as shown in Table 6. Last year's figures are shown in brackets for comparison purposes.

[1] a decant applicant is defined as one who is losing their home through a recognised regeneration scheme and they are awarded the greatest priority

Table 6 – Bidding activity by type of property (within the Sub Region)

	1 bed	2 bed	3 bed	4 bed	5 bed+	Other property type (e.g. studio flat)
Quarter 1	9,309 (10,158)	10,884 (12,611)	7,248 (7,013)	615 (507)	49 (49)	287 (503)

9.8 Table 7 demonstrates that the majority of lettings in Hartlepool continue to go to those on the waiting list rather than to Housing Hartlepool transfer applicants. Last year's figures are shown in brackets for comparison purposes.

Table 7 – Lettings Information for Hartlepool

	Total no. lets	Direct Lets	Transfers
Quarter 1	169 (92)	19 (0)	32 (17)

9.9 The number of lets within each Band, as shown in Table 8, illustrates that more than half of lettings went to applicants within Band 4. Figures for the numbers of lets within each band for the previous year are shown in brackets for comparison purposes.

Table 8 – Lets within each Band (within Hartlepool)

	Band 1	Band 2	Band 3	Band 4	Total no. lets
Quarter 1	36 (28)	31 (10)	10 (5)	92 (49)	169 (92)

9.10 The numbers of offers that are refused are also monitored. During Quarter 1 the number of refusals of Housing Hartlepool properties decreased from 67 in the previous quarter to 65, the main reasons including 'dislikes area', 'no longer wants area' and 'circumstances changed'.

9.11 The Sub Regional CBL Policy allows for cross boundary mobility as shown in Table 9.

Table 9 – Cross Boundary Mobility

	Area applicant moved from:	Area applicant re-housed to:	Number
Quarter 1	Middlesbrough	Hartlepool	1
	Hartlepool	Stockton	4
	Stockton	Hartlepool	2

9.12 The percentage of properties let on first offer is also monitored across the sub region and in Hartlepool has decreased to 76% in Quarter 1 from 84% during Quarter 4.

10. HOUSING ADVICE AND HOMELESSNESS PREVENTION ACTIVITY

10.1 During Quarter 1, active casework has been carried out with 238 clients to resolve their housing issues. Table 10 provides a breakdown of the enquiry types clients have presented with, alongside the previous year's figures (shown in brackets) for comparison purposes.

Table 10 – Housing Advice Casework

Enquiry Type 2014 to 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Debt Advice*	57 (54)	(58)	(84)	(31)
Relationship Breakdown	35 (43)	(58)	(47)	(16)
Asked to Leave	60 (60)	(83)	(49)	(25)
Possession Proceedings	41 (98)	(87)	(82)	(26)
Tenancy Advice	60 (33)	(27)	(31)	(23)
Seeking Accommodation	74 (96)	(94)	(93)	(206)
Total Enquiry Types	327 (384)	(407)	(337)	(327)
Total Clients	238 (258)	(304)	(258)	(316)

* includes mortgage and rent arrears

10.2 From 1st April 2015 to 30th June 2015 active casework has prevented 14 households from becoming homeless. Table 11 provides a breakdown of the number of households where homelessness has been prevented per quarter with last year's figures shown for comparison purposes.

Table 11 – Homeless Preventions

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Households where homelessness prevented	14 (73)	(78)	(66)	(80)

10.3 Where casework has not resolved homelessness, a number of households have been accepted as statutorily homeless and provided with alternative secure accommodation. Table 12 provides a breakdown of those cases, with last year's figures shown in brackets for comparison purposes.

Table 12 – Homeless Duty Accepted

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Households accepted as statutorily homeless	7 (6)	(1)	(10)	(10)

11. HOUSING MANAGEMENT ACTIVITY

11.1 At the 1st April 2015, the stock level stood at 183, of which: 82 were new build units developed in 2010; 100 units acquired under phase 1 of the Empty Property Purchasing Scheme; and one additional unit handed back by the management agent. In the pipeline there are a further 60 empty properties to be acquired in the period 2015-18, plus a further 10 new build units in 2015/16.

11.2 At the end of Quarter 1, the stock level had increased to 186 with the acquisition of 3 houses on Whistlewood Close and 147 properties were tenanted.

11.3 There were 20 lets during Quarter 1 and the average re-let time was 20.5 days (based on 5 re-lets). In addition, 6 tenants terminated their tenancy with the Council during the quarter.

11.4 During Quarter 1 the housing management service had not undertaken any major adaptation work to its stock, evicted any tenants or received any formal complaints.

11.5 Three reports of anti-social behaviour were recorded during Quarter 1 and there was one hate crime reported.

11.6 Rent collection data will be reported from Quarter 2 onwards due to the ongoing arrangements with Housing Hartlepool who continued to collect rent on the Council's behalf during its first quarter. This arrangement was made to allow the Council's new system to be effectively established and managed during Quarter 1.

11.7 During Quarter 1, 9 planned maintenance jobs were carried out on Council stock and these were all annual gas checks. In addition there were 140 reactive maintenance repairs carried out, of which 31 were void repairs. Building Design and Construction reported that 100% of repairs were rectified within the agreed timescales. From Quarter 2 onwards, tenant satisfaction surveys will be sent out to all tenants following notification of a completed repair and satisfaction with the repairs service will be reported to Committee.

12. SOCIAL LETTINGS AGENCY

12.1 Work has been ongoing to prepare for the delivery of new property management services through the Social Lettings Agency (SLA); a complementary initiative to improve property and management standards in the private rented sector. The Agency will provide similar services to a commercial 'high street' letting and management agent, working closely with a landlord and tenant to help establish and sustain tenancies for the longer term.

12.2 Members will be updated on the progress of this service through the quarterly reports during 2015/16 once the service 'goes live'; this will include performance monitoring data on the numbers of customers using the new service.

13. HOUSING REPORTS ON FORWARD PLAN

13.1 **RN11/15 – Amendments to the Choice Based Lettings System**

On today's agenda Members will be presented with a report which details amendments that are proposed to the current system to make it more flexible and responsive to housing need and demand. Lettings will continue to be made timely and smartly, offering choice and transparency.

13.2 The following amendments are proposed to how properties are allocated on the CBL Scheme.

- Enable a property to be added to the Compass scheme any day of the week.
- To advertise properties for one week or longer (if no one has bid) until a bid has been received.
- After a week's advertising cycle the landlord has the facility to end and allocate the property if there is a customer interested for an immediate offer of accommodation, meeting the policy and property criteria.
- Allow customers to make unlimited bids for available properties to maximise their chance of qualifying for a property. This will effectively remove the current 3 bid restriction.
- Take details of customers' areas of choice to enable an auto bid function for any properties not being advertised for a full week to ensure no one waiting on this area or property type will miss out on an offer.
- In specific circumstances some immediately available properties may be advertised on the system allowing for an immediate allocation by triggering an auto bid facility. This means that everyone registered on the system requesting this area and property type will be put forward

for the property within a priority order without having to make a bid themselves.

14. RISK IMPLICATIONS

14.1 There are no risk implications relating to this report.

15. FINANCIAL CONSIDERATIONS

15.1 There are no financial considerations relating to this report.

16. LEGAL CONSIDERATIONS

16.1 There are no legal considerations relating to this report.

17. CHILD AND FAMILY POVERTY

17.1 There are no child and family poverty considerations relating to this report.

18. EQUALITY AND DIVERSITY CONSIDERATIONS

18.1 Impact Assessments have been carried out on all housing services strategies that are relevant to this report.

19. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

19.1 The Crime and Disorder Act 1998 requires Local Authorities to consider crime and disorder reduction in the exercise of all their duties, activities and decision-making. This means that all policies, strategies and service delivery need to consider the likely impact on crime and disorder. This legal responsibility affects all employees of the Council as well as those agencies that are contracted by, or that legally contract to work in partnership with the Council in the provision of services.

19.2 Hartlepool Borough Council recognises that Community Safety affects all our lives, people, communities and organisations. People need to feel safe and this means developing stronger, confident and more cohesive communities. Community Safety includes reducing crime and disorder and tackling anti-social behaviour, offending and re-offending, domestic abuse, drug and alcohol abuse, promoting fire safety, road safety and public protection. The key areas of Housing Services have been developed with the reduction of crime and anti social behaviour in mind.

20. STAFF CONSIDERATIONS

20.1 There are no staff considerations relating to this report.

21. ASSET MANAGEMENT CONSIDERATIONS

21.1 There are no asset management implications relating to this report.

22. RECOMMENDATIONS

22.1 Committee Members to note the contents of the report and the progress made across key areas of the Housing Service for information purposes.

22.2 To decide which, if any, other key areas need to be included in future reports, for information purposes.

23. REASONS FOR RECOMMENDATIONS

23.1 To ensure that Committee Members are informed about key activities across the Housing Service.

24. BACKGROUND PAPERS

24.1 There are no background papers.

25. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

14 December 2015

Report of: Director of Child & Adult Services

Subject: LEARNING DISABILITY SELF ASSESSMENT FRAMEWORK 2014/15

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

2. PURPOSE OF REPORT

2.1 The purpose of the report is to:

- update the Adult Services Committee on the results of the ninth annual learning disability performance and self assessment framework (SAF);
- seek approval to share the findings of the report with the Health & Wellbeing Board; and
- seek approval of the key priorities agreed by the Learning Disability Partnership Board.

3. BACKGROUND

3.1 A North East regional programme of work was launched in April 2008 with the aim of ensuring people with a learning disability are as healthy as possible and have equality of access to health care.

3.2 The North East regional programme is chaired by Dr Dominic Slowie, the National Clinical Director for Learning Disability, NHS England.

3.3 Clinical Commissioning Groups and Local Authorities are asked to undertake a joint health and social care assessment relating to their respective Learning Disability Partnership Board (LDPB) area.

3.4 Hartlepool Borough Council and Hartlepool and Stockton on Tees Clinical Commissioning Group have completed the joint self assessment and, following validation by NHS England, this report presents the outcomes.

4. BRIEF OVERVIEW

4.1 The SAF is applied alongside the following policies and guidance documents;

- Winterbourne View Concordat Report
- Adult Social Care Outcomes Framework (ASCOF)
- Public Health Outcomes Framework (PHOF)
- The Health Equalities Framework (HEF): an outcomes framework based on the determinants of health inequalities
- National Health Service Outcomes Framework (NHSOF)
- The 6 Lives Report 2009 - an investigation into the deaths of six people with learning disabilities who were in the care of the NHS

4.2 The SAF is measured against three distinct areas, using a traffic light rating system (Red, Amber, and Green)

1. Section A - Staying Healthy (9 Indicators)
2. Section B – Keeping Safe (9 Indicators)
3. Section C – Living Well (8 Indicators)

4.3 All documents relating to the SAF can be found at:-
https://www.improvinghealthandlives.org.uk/projects/jhscsaf2014results

4.4 Section A - Staying Healthy assesses how primary care enablers (such as the Direct Enhanced Scheme, Quality Outcomes Framework and registers for people with learning disabilities) are implemented in primary care. Health commissioners have an essential role in completing this section.

4.5 Section B - Keeping Safe assesses how robust commissioning and safeguarding are against well established best practice, for example the areas exposed in the Winterbourne View Concordat Report.

4.6 Section C - Living Well is about inclusion, being a respected and valued part of society and leading fulfilling and rewarding lives.

4.7 Table 1 on the following page represents the average scores of the 12 North East Councils with an overall score represented as a RAG rating.

4.8 The table indicates that Hartlepool is ranked at 3 amongst the 12 Local Authorities in the North East. National data indicates that Hartlepool is ranked 25 of 152 Councils across England.

4.9 The Hartlepool Learning Disability Partnership Board discussed the SAF outcomes and identified the following priorities for 2015/16;-

1. Staying Healthy – Improving reasonable adjustments in primary care
2. Staying Healthy – Offender Health and Criminal Justice System
3. Keeping Safe – All care packages to be reviewed within 12 months
4. Keeping Safe – Learning Disability Service, contract compliance
5. Living Well – Local amenities and transport
6. Living Well – Effective joint working

4.10 The six areas identified will focus primarily on areas described as Amber or Red within the report and are further explained in the Hartlepool Joint Self Assessment (**Appendix 1**).

Table 1

LA Name	Region Name	Overall score with screening and health checks	Overall RAG score (42.01)
South Tyneside	North East	2.54	Green
North Tyneside	North East	2.46	Green
Hartlepool	North East	2.36	Green
County Durham	North East	2.32	Green
Gateshead	North East	2.26	Green
Darlington	North East	2.25	Green
Northumberland	North East	2.18	Amber
Newcastle upon Tyne	North East	2.14	Amber
Middlesbrough	North East	2.11	Amber
Sunderland	North East	2.07	Amber
Stockton-on-Tees	North East	2	Amber
Redcar and Cleveland	North East	1.75	Red

5. RISK IMPLICATIONS

5.1 The work will be monitored by the Hartlepool Learning Disability Partnership Board, which will continue to work in partnership to continue to improve services and mitigate risk where possible for Hartlepool Citizens.

6. FINANCIAL CONSIDERATIONS

6.1 No financial implications have been identified.

7. LEGAL CONSIDERATIONS

7.1 No legal considerations have been identified.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 No child and family poverty considerations have been identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 It is anticipated any work in this area will improve services for people with a learning disability, strengthening their rights as active citizens.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations associated with this report.

12. RECOMMENDATIONS

12.1 It is recommended that Adult Service Committee:

- note the contents of the report;
- agree that a progress report is shared with Health & Wellbeing Board; and
- agree the priorities that the Learning Disability Partnership Board has proposed for 2015/16.

13. REASONS FOR RECOMMENDATIONS

13.1 The Association of Directors of Adult Social Services (ADASS) and NHS England are committed through the Transforming Care Programme to an annual self-assessment process for people with learning disabilities. The results provide a benchmark in terms of progress in each area.

14. BACKGROUND PAPERS

http://www.hartlepool.gov.uk/egov_downloads/07.07.14_-_Adult_Services_Committee_Agenda.pdf

http://www.hartlepool.gov.uk/egov_downloads/01.12_14_-_Health_and_Wellbeing_Board_Agenda.pdf

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ADULT SERVICES COMMITTEE

14th December 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child & Adult Services and Chief Finance Officer

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT - AS AT 30th SEPTEMBER 2015

1. TYPE OF DECISION/APPLICABLE CATEGORY

For Information.

2. PURPOSE OF REPORT

2.1 The purpose of the report is to inform Members of the 2015/16 forecast General Fund Outturn, 2015/16 Capital Programme Monitoring and provide details for the specific budget areas that this Committee is responsible for.

3. BACKGROUND AND FINANCIAL OUTLOOK

3.1 As detailed in the Medium Term Financial Strategy Report submitted to the Finance and Policy Committee on 23rd November 2015 the Government will implement further cuts in funding for Councils in 2016/17 and future years. It is anticipated that these additional Government funding cuts will continue to have a disproportionate impact on Hartlepool, and other Councils, which are still more reliant on this funding and have higher levels of deprivation/demand for services. This position was reinforced in the Spending Review document published by the Government on 21st July 2015. Whilst this document did not provide any specific detail of the impact of the Spending Review on individual Government Departments, it did state that HM Treasury

- "is inviting government departments to set out plans for reductions to their Resources budgets. In line with the approach taken in 2010, the HM Treasury is asking departments to model two scenarios, of 25% and 40% savings in real terms, by 2019/20".

3.2 The Spending Review document did not provide any detail of the phasing of the potential funding cuts over the next 4 years. On the basis of a 40% reduction being applied evenly across the next 4 years this equates to annual reductions of 10%, which is the current MTFS planning assumption, albeit that the MTFS only covers 3 financial years. However, if the Government cuts are front loaded

and/or have a greater disproportionate impact than in previous years the forecast 2016/17 budget deficit may increase.

3.3 The Spending Review also included Government proposals for a 1% Public Sector Pay cap for 4 years from 2016/17 and the phased implementation of a National Living Wage. The impact of these changes has been reflected in the MTFS.

3.4 The Government has stated that the Spending Review outcome will be published on 25th November 2015. This means that the Local Government Funding announcement is unlikely to be made until late December 2015, which makes financial planning for 2016/17 extremely challenging.

3.5 In view of the ongoing financial challenges and risks detailed in the previous paragraphs the Corporate Management Team will continue to adopt robust budget management arrangements during 2015/16 and as detailed in section 5 an underspend is forecast. This position will need to be managed carefully over the remainder of the financial year, particularly over the winter period where some services face their highest demand and therefore cost of providing services.

3.6 The MTFS recommended that one-off resources achieved from the 2015/16 forecast outturn (which for planning purposes it is assumed will be achieved) and the reserves review are earmarked to manage the impact of a higher actual 2016/17 grant cut than forecast.

3.7 The MTFS also included a recommended strategy for managing the 48% reduction in the Power Station ratable value. This has resulted in a permanent reduction in the Councils Business Rates Income of £3.9m. This issue is still being progressed with the Department for Communities and Local Government and a further report will be presented to a future meeting of the Finance and Policy Committee when more information is available.

4. REPORTING ARRANGEMENTS 2015/16

4.1 The availability and reporting of accurate and up to date financial information is increasingly important as future budget cuts are implemented and one-off resources are used up.

4.2 The Finance and Policy Committee will continue to receive regular reports which will provide a comprehensive analysis of departmental and corporate forecast outturns, including an explanation of the significant budget variances. This will enable the Finance and Policy Committee to approve a strategy for addressing the financial issues and challenges facing the Council.

4.3 To enable a wider number of Members to understand the financial position of the Council and their service specific areas each Policy Committee will receive a separate report providing:

- a brief summary of the overall financial position of the Council as reported to the Finance and Policy Committee;

- the specific budget areas for their Committee; and
- the total departmental budget where this is split across more than one Committee. This information will ensure Members can see the whole position for the departmental budget.

5. SUMMARY OF OVERALL COUNCIL FINANCIAL POSITION

5.1 As detailed earlier in the report an updated assessment of the forecast 2015/16 outturn has been completed and this reflects action taken by the Corporate Management Team to achieve under spends to help address the significant financial challenges facing the Council over the next few years. Budget under spends are being achieved through a combination of robust management actions, including;

- holding posts vacant, which will help reduce the number of compulsory redundancies required to balance the 2016/17 budget;
- achieving planned 2016/17 savings early; and
- careful management of budgets to avoid expenditure where this does not have an adverse impact on services.

5.2 The MTFS report submitted to the Finance and Policy Committee on 23rd November 2015 anticipated that there will be a forecast net under spend of between £669,000 and £889,000. The range reflects a small number of potential seasonal factors. As detailed in the report to Finance and Policy Committee it was recommended that the forecast net under spend is earmarked to help manage the financial risks referred to in section 3 and a strategy for using these one-off resources developed as part of the 2016/17 MTFS.

6. 2015/16 FORECAST GENERAL FUND OUTTURN – Adult Services Committee

6.1 The following table sets out the overall budget position for the Child and Adult Services Department broken down by Committee, together with a brief comment on the reasons for the forecast outturn.

Budget	Description of Expenditure	September Projected Outturn Adverse/ (Favourable) Worst Case	September Projected Outturn Adverse/ (Favourable) Best Case	Comments
£'000		£'000	£'000	
29,569	Adult Committee	(226)	(510)	This relates to a combination of one-off grants, early achievement of 2016/17 savings and incremental drift.
18,273	Children's Committee	226	112	The overspend relates to increased demand within looked after children budgets, direct payments and means tested allowances mainly offset by underspends within Early Intervention Services arising from early achievement of 2016/17 savings, incremental drift and vacant posts.
47,842	**Total Child & Adult**	**0**	**(398)**	
Creation of Reserves				
-	Adults - Demographic Pressures in Adult Social Care Reserve	0	250	Worst case assumes that funding is not available from a departmental under spend to create the reserve, which would increase financial risk in future years. Best case assumes funding is available to transfer to the existing reserve to provide a contingency budget against future increases in demand. This replaces the proposal at Q1 to transfer to a Care Act reserve.
-	Adults - Telecare Equipment Reserve		100	As part of the BCF programme it is proposed to increase and enhance the Telecare service. To assist in this expansion it is proposed to create a reserve to purchase the required equipment to meet the expected increase in demand.
-	Children's - Early Intervention Reserve	0	48	Worst case assumes that funding is not available from a departmental under spend to create the reserve, which would increase financial risk in future years. Best case assumes funding is available to create a reserve to manage the potential funding risks of remodelling early help and social care services.
-	**Creation of Reserves Total**	**0**	**398**	
47,842	**Total Child & Adult - Net of Reserves**	**0**	**0**	

6.2 Further details of the specific budget areas this Committee is responsible for are provided in **Appendix A.**

7. CAPITAL MONITORING 2015/16

7.1 The 2015/16 MTFS set out planned capital expenditure for the period 2015/16 to 2017/18.

7.2 Expenditure against budget to the 30th September 2015 for this Committee can be summarised in the following table and further details are provided in **Appendix B**.

Department	2015/16 and Future Years Budget	2015/16 Budget	2015/16 Actual to 30/09/15	2015/16 Remaining Expenditure	2015/16 Re-phased Expenditure	2015/16 Total Expenditure	2015/16 Variance from Budget Adverse/ (Favourable)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Adult Services	5,144	3,254	90	2,133	1,031	3,254	0
Total	**5,144**	**3,254**	**90**	**2,133**	**1,031**	**3,254**	**0**

7.3 The re-phased expenditure relates to the Centre for Independent Living (CIL). The 2015/16 budget reported at the end of June 2015 provided an indicative phasing of expenditure. Now the scheme has commenced a more accurate profile has been determined and this is reflected in the re-phased expenditure column. The total CIL budget and build timescale remain unchanged.

8. RISK IMPLICATIONS

8.1 The outturn is not within the forecast ranges. This position will be managed closely for the remainder of the year.

9. FINANCIAL CONSIDERATIONS

9.1 These are covered in detail in Sections 3 to 7.

10. LEGAL CONSIDERATIONS

10.1 None.

11. CHILD AND FAMILY POVERTY CONSIDERATIONS

11.1 None.

12. EQUALITY AND DIVERSITY CONSIDERATIONS

12.1 None.

13. STAFF CONSIDERATIONS

13.1 None.

14. ASSET MANAGEMENT CONSIDERATIONS

14.1 None.

15. RECOMMENDATIONS

15.1 It is recommended that Members:

i) Note the report;

16. REASONS FOR RECOMMENDATIONS

To update the Members on the Committees forecast 2015/16 General Fund revenue budget outturn and provide an update on the Capital Programme for 2015/16.

17. BACKGROUND PAPERS

Strategic Financial Management Report – as at 30th June 2015 – Finance and Policy Committee 28th August 2015
Medium Term Financial Strategy Report - Council 18th December 2014.
Medium Term Financial Strategy Report Update Report – Finance and Policy Committee 29th June 2015
Medium Term Financial Strategy Report Update Report – Finance and Policy Committee 23rd November 2015

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REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2015/16 as at 30th September, 2015

		September		
Approved 2015/2016 Budget **£'000**	**Description of Service Area**	**Projected Outturn Variance - Adverse/ (Favourable) Worst Case** **£'000**	**Projected Outturn Variance - Adverse/ (Favourable) Best Case** **£'000**	**Director's Explanation of Variance**
Adult Committee				
0	Carers & Assistive Technology	0	0	
3,549	Commissioning & Adults General	(323)	(336)	The underspend mainly relates to receipt of grants in respect of Care Act implementation, winter pressures and reducing delayed hospital discharges (Helping People Home).
1,271	Commissioning-Mental Health	96	(40)	Range reflects potential back-dating of costs relating to retrospective s117 reviews and the need to refund client contributions where applicable.
10,072	Commissioning-Older People	(288)	(288)	Historic budget pressures have been funded from within the BCF as part of the programme to reduce residential home and hospital admissions. The u/s relates to 2016/17 savings achieved in advance and funding not required in year.
7,807	Commissioning-Working Age Adult	465	430	Historic and ongoing budget pressures within Learning Disability services arising from an increase in the number of young adults with complex needs.
205	Complaints & Public Information	15	15	
707	Departmental Running Costs	(25)	(25)	Incremental drift on salaries and underspends against various supplies and services budgets which will contribute towards 16/17 budget savings.
784	Direct Care & Support Team	40	10	
383	LD & Transition Social Work	(5)	(5)	0
2,594	Locality & Safeguarding Teams	(400)	(400)	Underspend relates to vacant posts, vacant hours and incremental drift for Social Workers and Social Care Officers who are on career grades which results in a range of bandings depending on qualifications and experience. Budgets are set prudently to reflect payment at the top of scale and the underspend reflects the fact there have been a number of new workers appointed at the lower end of the scale resulting in a short term saving of up to £10k per worker.
649	Mental Health Services	(51)	(51)	Underspend relates to vacant posts (now filled), incremental drift and some non-pay budgets which will contribute towards 16/17 budget savings.
213	OT & Disability Equipment	0	(40)	The range reflects uncertainty around the level of demand for equipment for the remainder of the year.
197	Workforce Planning & Dev	0	(30)	
1,138	Working Age Adult Day Services	0	0	
29,569	**Sub Total**	**(476)**	**(760)**	
0	Deprivation of Liberty Safeguards (DoLS) - Pressure	250	250	Pressure relates to increased staffing requirements due to a 1600% increase in activity following a Supreme Court Judgement. Pressure is partly offset by one-off allocation of £50k DoLS grant.
0	Release of Departmental Reserve for DoLS	0	0	
29,569	**Adult Committee Total**	**(226)**	**(510)**	
Creation of Reserves				
0	Adults - Contribute to existing Demographic Pressures in Adult Social Care	0	250	Demographic pressures exist within Older People and LD services at the same time as the Department are seeking to reduce demand. It is proposed to transfer this value to the existing reserve to provide a contingency budget against future increases in demand. This replaces the proposal at Q1 to transfer to a Care Act reserve.
0	Adults - Create Telecare Equipment Reserve	0	100	As part of the BCF programme it is proposed to increase and enhance the Telecare service. To assist in this expansion it is proposed to create a reserve to purchase the required equipment to meet the expected increase in demand.
0	**Adult Services Total - Net of Reserves**	**(226)**	**(160)**	Contributing to Children's Services Overspend

PLANNED USE OF RESERVES

The above figures include the 2015/2016 approved budget along with the planned use of Departmental Reserves created in previous years.
The details below provide a breakdown of these reserves

Approved 2015/2016 Budget £'000	Description of Service Area	Planned Usage 2015/2016 £'000	Variance Over/ (Under) £'000	Director's Explanation of Variance
Adult Committee				
33	Carers Funding	0	(33)	
25	Social Inclusion & Lifestyle pathways contract extension	25	0	
270	Deprivation of Liberty Safeguards (DoLS)	0	(270)	It is proposed to fund the cost of DoLS from within the overall departmental outturn position with the reserve being rephased to enable the DoLS pressure to be funded from reserves for a longer time period.
30	Care Bill Implementation Reserve	0	(30)	The post to be funded from this reserve will now be funded from the Care Act grant allocation.
358	**Adult Committee Sub Total**	**25**	**(333)**	

ADULT SERVICES COMMITTEE **7.1 APPENDIX B**

CAPITAL MONITORING REPORT PERIOD ENDING 30th SEPTEMBER 2015

Project Code	Scheme Title	BUDGET		EXPENDITURE IN CURRENT YEAR					Type of Financing	2015/16 COMMENTS
		A	B	C	D	E	F	G		
		2015/16 and Future Years Budget £'000	2015/16 Budget £'000	2015/16 Actual as at 30/09/15 £'000	2015/16 Expenditure Remaining £'000	Expenditure Rephased into 2016/17 £'000	(C+D+E) 2015/16 Total Expenditure £'000	(F-B) 2015/16 Variance from Budget £'000		
Adult Committee										
7234	Chronically Sick and Disabled Persons Adaptations	598	598	55	543	0	598	0	MIX	
8075	Short Break Capital Grants Pool	21	21	0	21	0	21	0	RCCO	
8108	Centre for Independent Living - New Build	4,525	2,635	35	1,569	1,031	2,635	0	MIX	
	Adult Committee Sub Total	**5,144**	**3,254**	**90**	**2,133**	**1,031**	**3,254**	**0**		

Key

RCCO	Revenue Contribution towards Capital	GRANT	Grant Funded
MIX	Combination of Funding Types	CAP REC	Capital Receipt
UCPB	Unsupported Corporate Prudential Borrowing	UDPB	Unsupported Departmental Prudential Borrowing
SCE	Supported Capital Expenditure (Revenue)	SPB	Supported Prudential Borrowing

ADULT SERVICES COMMITTEE

14 December 2015

Report of: Director of Child & Adult Services

Subject: CARE HOME UPDATE & ACTION PLAN

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update in relation to care home provision and actions progressed since the October 2015.

3. BACKGROUND

3.1 Care Home Provision for Older People was discussed in detail at the Adult Services Committee meeting on 12 October 2015, when representatives from the Care Quality Commission (CQC) and Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG) were in attendance.

3.2 A presentation was provided which covered:

- Current context in terms of population, care home provision and trends in admissions;
- Current vacancy information, impact on out of borough placements and alternatives to residential care;
- Role of HBC in terms of care management and safeguarding;
- Role of HBC in terms of contracts, quality monitoring and the Quality Standards Framework;
- Role of the Care Quality Commission as the regulator of care homes;
- Role of Hartlepool & Stockton on Tees Clinical Commissioning as the commissioner of nursing care;
- Current national challenges including nurse recruitment, fair cost of care and the National Living Wage; and
- Current local challenges including care home closures, moratoriums on new admissions and impact on availability of care home places.

3.3 The presentation also summarised work undertaken to date and planned next steps.

4. CURRENT SITUATION

4.1 An update on changes and developments in the care home sector from September to November 2015 is attached as **Appendix 1**. An update in this format will be shared with the Adult Services Committee on a regular basis while concerns remain regarding the care home sector.

4.2 An action plan regarding care home provision, which includes actions identified at the Adult Services Committee on 12 October 2015, is attached as **Appendix 2**. This identifies that progress has been made in a number of areas, but it is recognised that further work is still required to address current challenges.

5. RISK IMPLICATIONS

5.1 There are no specific risk implications associated with this issue.

6. FINANCIAL CONSIDERATIONS

6.1 There are financial considerations associated with the issue of care home provision, including the fair cost of care and implementation of the National Living Wage. There are no financial considerations specifically linked to this report.

7. LEGAL CONSIDERATIONS

7.1 There are no legal implications associated with this issue.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no child and family poverty considerations associated with this issue.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations associated with this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations associated with this issue.

12. RECOMMENDATIONS

12.1 It is recommended that Adult Services Committee note the contents of this report and receive further updates on a regular basis.

13. REASONS FOR RECOMMENDATIONS

13.1 The Adult Services Committee has identified care home provision for older people as a priority due to the current situation and the role of care homes in supporting vulnerable older people.

14. CONTACT OFFICER

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CARE HOMES FOR OLDER PEOPLE

UPDATE ON DEVELOPMENTS – SEPTEMBER - NOVEMBER 2015

CQC Ratings Published:

Care Home	Publication Date	Rating
Sheraton Court	4 September 2015	Good
Seaton Hall	9 September 2015	Good
Manor park	10 September 2015	Requires Improvement
Lindisfarne	15 September 2015	Requires Improvement
Warrior Park	5 October 2015	Requires Improvement
Highnam Hall	16 November 2015	Inadequate

CQC Enforcement Action Taken:

Care Home	Publication Date	Action Taken
Highnam Hall	13 October 2015	Urgent action taken requiring all residents to move to alternative accommodation until health and safety and fire issues were addressed.
Warrior Park	3 November 2015	Fixed penalty notice of £1,250 issued due to failure to notify CQC regarding safeguarding issues.
Manor Park	25 November 2015	Fixed penalty notice of £4,000 issued due to no Registered manager being in place from February – September 2015.

Moratoriums in Place:

Care Home	Moratorium Implemented	Moratorium Lifted
Four Winds	17 February 2015	N/A
Highnam Hall	17 February 2015	N/A
Parkview	17 February 2015	N/A
Manor Park	31 July 2015	N/A
Warrior Park	3 August 2015	N/A

Vacancy Trends (September – November):

Care Provision	Minimum Available	Maximum Available
Residential Only	34	61
Nursing Only	0	5
Residential or Nursing	2	5

*These figures exclude vacancies in homes with moratoriums in place

CARE HOMES FOR OLDER PEOPLE

ACTION PLAN UPDATE –NOVEMBER 2015

Action	Progress Update
CCG to develop commissioning intentions that improve support to care homes.	Range of CCG commissioning intentions developed to support care homes including: • End of Life Care/ Gold Standards Framework • Integrated Education and Training Programme • Review of OPTIN Service • Review of enhanced services commissioned from GPs to support care homes and residents at risk of hospital admission.
Review of current CCG funding for care homes.	Funding review has been undertaken and the outcome was reported to current and potential providers on 4/11/15. Fee uplifts were positively received by providers and it is hoped that increased fee levels will maintain existing provision and potentially attract new providers to the area.
Review of CCG Clinical Quality Assessment (CQA) process.	Review has been completed and new CQA tool has been developed, which will be tested and refined with existing providers prior to implementation from April 2016. The CQA tool is linked to financial incentives to recognise good quality nursing care.
Establishment of North of Tees Care Homes Commissioning Group.	Group established with representatives attending from key partner agencies - Hartlepool Borough Council, Stockton Borough Council, Hartlepool & Stockton on Tees Clinical Commissioning Group and NECS (North East Commissioning Support). The group has been established to: • identify issues across Hartlepool & Stockton regarding care homes; • share good practice; • review activity and improve links with GP's and community based services; and • identify opportunities to implement initiatives across both localities where there are common issues, e.g. assistive technology and digital health.

Learning from Vanguard sites – New Models of Care	Vanguard sites are still in the early stages and there is no learning to be shared at this stage. CCG is in contact with sites and will share learning as and when available.
Enhanced support for care homes linked to Better Care Fund developments.	Support for care homes is identified as a priority in the BCF plan and a range of developments are being progressed: • enhanced medicines management support for all care homes has been commissioned from December 2015; • options to provide enhanced support for care homes in relation to dementia is being explored with the Intensive Community Liaison Service; • a proposal to provide more proactive falls support to care homes, including use of assistive technology such as falls sensors has been developed; and • enhanced support for care homes outside of normal working hours is being explored.
Communication between key agencies is essential and needs to be maintained.	Regular Information Sharing meetings are established involving the Council, CQC and CCG. Ad hoc communication takes place regularly when issues or concerns arise.
Homes subject to moratoriums need to be closely monitored and all agencies need to share information / concerns.	Serious Concerns Meetings take place regularly for homes subject to moratoriums with all key agencies involved and an open and transparent approach to information sharing. This includes regular updates in relation to safeguarding concerns, CQC inspections, NHS input and progress made by the provider against agreed action plans. When a moratorium is lifted, there is a phased approach to allowing new admissions and regular reviews are built in to the process.
Regular updates to be provided to Adult Services Committee	Quarterly update reports to be provided covering developments in the sector and progress in relation to the action plan. Updates to include information on CQC ratings and enforcement action, moratoriums and vacancies.

ADULT SERVICES COMMITTEE

14 December 2015

Report of: Director of Child & Adult Services

Subject: TRANSFORMING CARE – NORTH EAST AND CUMBRIA FAST TRACK PROGRAMME

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To update the Adult Services Committee on progress regarding the North East and Cumbria Fast Track programme.

3. BACKGROUND

3.1 During the 1990s and 2000s there were many resettlement programmes for people with learning disabilities. However, there is still an over reliance on hospital settings for the care of people with learning disabilities and/or autism. Following the Winterbourne View scandal and the Bubb report, the transformation programme was developed.

3.2 By improving community infrastructure, supporting the workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in systematic closure of learning disability in-patient hospital beds of the next 5 years across the North East and Cumbria.

3.3 The Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS, emphasising oversight and support of Health and Wellbeing Boards.

3.4 Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather than in

hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

3.5 The North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas have access to a share of an £8.2 million transformation fund to accelerate service redesign. An overarching North East & Cumbria plan has been submitted with each of the 13 Local Authority areas also presenting their own plans alongside it which outline local initiatives that reduce the need for admission to hospital. Notification was received from NHS England on 5 October that the North East and Cumbria had been successful in securing £1,432M from an available pot of £8.2 million. A further £623K has been allocated following review of patient level business cases to assist in the double running/ transition where required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety.

3.6 It should be noted that the existing funding is not adequate in relation to covering the cost of the overarching plan and additional locality plans.

3.7 Money may need to be moved from one organisation to another and a dowry is a vehicle to do that. The dowry would be paid by NHS to Local Authority for those patients who have had an inpatient spell of 5 years or more and will be linked to the individual and will terminate on death.

3.8 It is anticipated that the dowry would be paid for by the responsible commissioner at the point of discharge and will apply in prospective terms only. There will be no retrospective application.

3.9 The NHS England National team is working closer with the Local Government Association (LGA) on cases where there is a complex package of care, and looking at the affordability envelope – the cost of existing levels of care versus the cost of the new level of care will provide the affordability envelope for the dowry.

3.10 There may be a requirement to move money between financial years and the Pooled Budget approach may be the best mechanism to enable this.

3.11 NHS England is developing the financial model using the working assumption of 5 years length of stay, prospective and linked to the individual. Further discussions are required with LGA and the Association of Directors of Adult Social Services (ADASS) regarding this and other financial principles.

3.12 Clearly however, further work is required in terms of building up a better picture of how many patients would be eligible for dowries and to understand the financial implications for the NHS and Local Authorities but also to factor in the proposed investment in the future care model moving forward.

3.13 It is important to understand the geographic variation for possible dowry patients across the country. Therefore, any work that the North East &

Cumbria can provide of numbers of dischargeable patients and the split of CHC/s117 funding going forward would help in understanding the cost implications across all the commissioners in the fast track area.

3.14 The ambition across the North East and Cumbria is to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There is also an ambition to reduce the number of specialised commissioning beds which are occupied by North East and Cumbria patients. This ambition relates to a 24% reduction in medium secure beds and 50% in low secure.

3.15 Across the North East and Cumbria there are a number different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of the plan.

3.16 In relation to governance, Health and Wellbeing Boards will presumably expect progress updates and these can be provided from North East Commissioning Support on a regular basis.

3.17 Whilst there is no expectation from NHS England that Councils' Overview and Scrutiny Committees will be consulted on detailed locality plans each Local Authority may wish to have conversations with their own committees to ensure members are aware of local progress. Furthermore the regional Overview and Scrutiny Committee are to receive the Fast Track plan at a specially arranged meeting in the near future. This will be presented by the senior responsible officer for Fast Track, Dr David Hambleton, the regional ADASS representative, Lesley Jeavons and Chief Operating Officers from Tees, Esk and Wear Valleys Foundation Trust and Newcastle, Tyne and Wear Foundation Trust.

4. PROPOSALS

4.1 The Tees Integrated Commissioning Group (TIC) has been established since 2006 and brings together senior Health and Social Care Commissioning leads for Learning Disability and Autism from the four Tees Local Authorities and two CCGs.

4.2 The Teesside area has effectively reduced its contracted inpatient assessment and treatment bed capacity through the closure of one site that provided 10 beds.

4.3 The community infrastructure has been supported through the delivery of an enhanced community support provision, shifting investment from bed based provision to the community, providing a greater degree of resilience to those people being resettled from long stay inpatient care who required a high degree of intensive support.

4.4 The Teesside Community Learning Disability Teams previously supported adults with a learning disability within a range of community settings, Monday to Friday, 09:00 – 17:00. The pilot service, mobilised in April 2015, builds upon the existing community model, providing increased intensive support to people within their care environments. This enhancement to the service has given the flexibility to operate extended hours from 08:00 – 20:00 over 7 days per week and intensify the level, type and duration of interventions within peoples' home environment. The aim of the service enhancement is to work in partnership with independent sector providers, carers and families in the delivery of timely, bespoke response to individual needs via specialist health treatments and interventions and to reduce the need for inpatient admissions.

4.5 The community pilot has supported the discharge of a cohort of highly complex and challenging individuals to the community. This involved double running of both receiving and discharging provider through lengthy and detailed transitions plans of up to 20 weeks, with staff working into the inpatient units from the community provider and the inpatient staff working into people's new homes to ensure robust transition and support.

4.6 The TIC has identified three key areas to build upon the progress already achieved locally:

- Crisis Care and Early Intervention
- Workforce Development
- Community Infrastructure

4.7 It is proposed that through the delivery of these specific areas of the Tees Fast Track Locality Plan there will be a stronger prevention and intervention response to people who may require high levels of care and support.

5. CONSULTATION

5.1 Key stakeholders are actively working on delivery of the Regional Transformation including:

- 13 Local Authorities across the North East and Cumbria;
- 11 Clinical Commissioning Groups across the North East and Cumbria;
- North East and Cumbria Learning Disability Network;
- NHS England Specialised Commissioning;
- NHS service providers including primary care, community services, acute care and specialist learning disability service providers;
- North of England Commissioning Support (NECS);
- people with learning disabilities, carers and their families;
- the voluntary and community sector;
- NHS England Learning Disability Transformation Team; and
- wider stakeholders such as public health and the criminal justice system, private providers of services for people with learning disabilities and regulators.

5.2 A Confirm and Challenge Group has been established to enable people with learning disabilities, their families and representatives to link with the regional programme to offer solutions, ideas and questions. The group will also identify those parts of the pathway where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A representative from the Confirm and Challenge Group attends the Transformation Programme Board, supported by Inclusion North. The role of the group is to make sure stakeholders have a way of working with local people on plans and decisions, checking and sharing the easy to understand information, making sure there are local updates and ensuring that work is based on what people and families say is important. This will be achieved by working with a small group of self-advocates and families with an interest in, or experience of, the issues.

6. RISK IMPLICATIONS

6.1 There are risks associated with the need to ensure that the community is sufficiently resourced to prevent avoidable admission to inpatient settings. The reduction in inpatient beds can only be achieved safely with the development of alternative resources.

7. FINANCIAL CONSIDERATIONS

7.1 An allocation has been awarded to the North East and Cumbria Transformation Board from NHS England; further processes are in place regionally to apply for funds from the board to deliver the locality plan

8. LEGAL CONSIDERATIONS

8.1 No legal considerations have been identified.

9. CHILD AND FAMILY POVERTY

9.1 No child and family poverty considerations have been identified.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 The Transforming Care agenda aims to improve equity for adults with learning disabilities and complex needs, by enabling people to be supported in the community or close to home.

11. STAFF CONSIDERATIONS

11.1 There are no staffing considerations associated with this issue.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 There are no asset management considerations associated with this issue.

13. RECOMMENDATIONS

13.1 It is recommended that the Adult Services Committee:

- Note the content of the Regional Plan (attached as **Appendix 1**) and in particular the Tees Locality Plan (attached as **Appendix 2**) which is embedded in the North East and Cumbria Fast Track plan.
- Note that the Health & Wellbeing Board will receive regular updates on local progress in relation to Fast Track implementation.

14. REASONS FOR RECOMMENDATIONS

14.1 The successful implementation of the Transformation of Learning Disability Services and reduction in excess inpatient beds is dependent on a robust and sustainable community infrastructure. The locality plans that have been developed collaboratively with the four Teesside Local Authorities and two CCGs demonstrate a commitment to the continued delivery of this improvement area, and were supported and approved by the Health & Wellbeing Board on 30 November 2015.

15. CONTACT OFFICER

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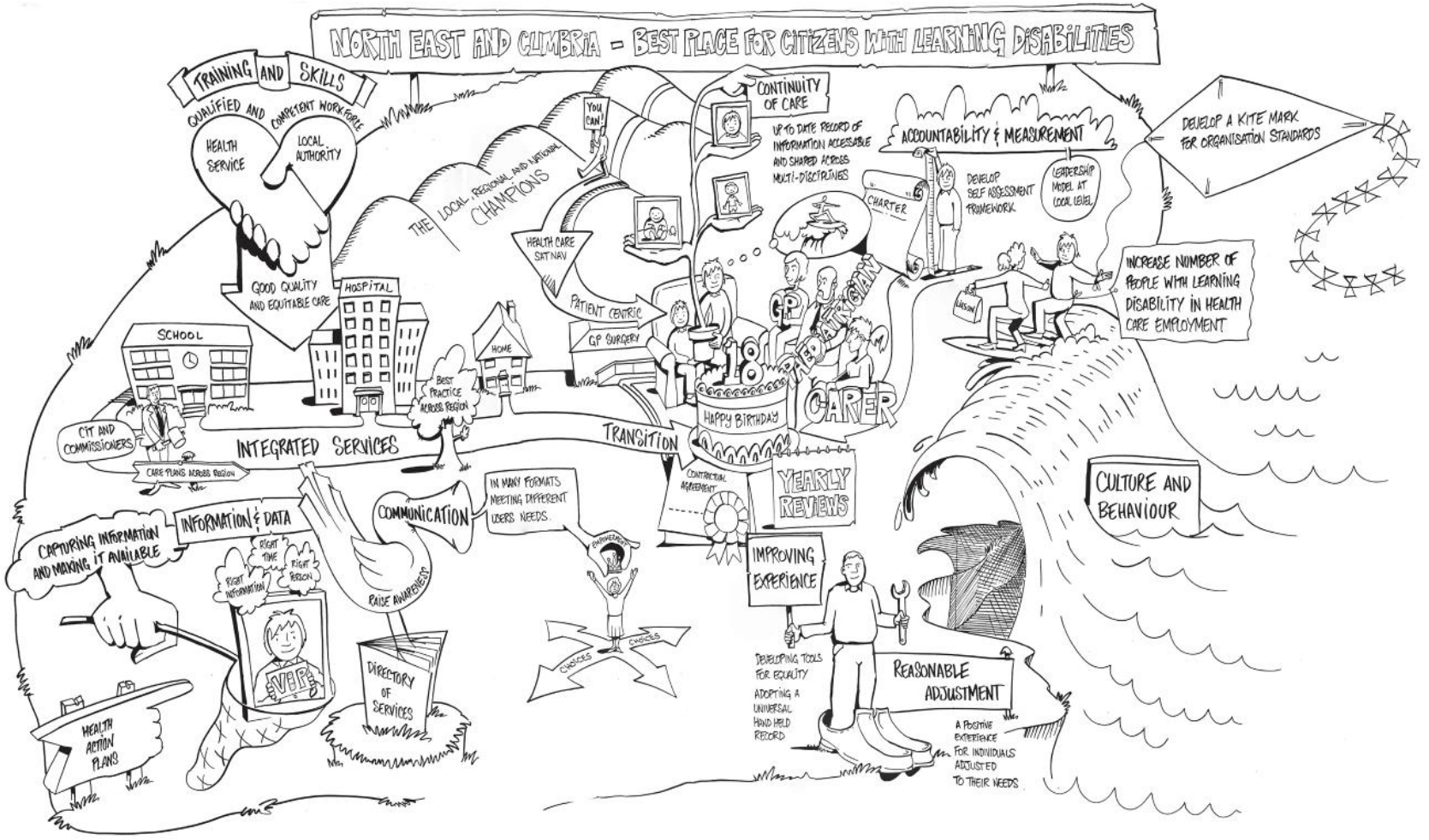
North East and Cumbria Fast Track Learning Disability Transformation Plan



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Contents

1. Executive Summary

1.1 The Collective Ambition

Our ambition is for the North East and Cumbria to be as good as anywhere in the world to live for people with a learning disability and / or autism and a mental illness or behaviour that challenges.

This vision was developed by all stakeholders, including people with a learning disability, before Winterbourne View, the Bubb report or Fast Track transformation programmes. However, we have not moved far enough or fast enough in achieving this vision.

The transformation programme aims include:

- Less reliance on in-patient admissions, delivering a 50% reduction in admissions to inpatient learning disability services by 2020
- Developing community support and alternatives to inpatient admission
- Prevention, early identification and early intervention
- Avoidance of crisis and better management of crisis when it happens
- Better more fulfilled lives.

1.2 How the future will be different

By developing our community infrastructure, supporting our workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in the systematic closure of learning disability inpatient hospital beds over the next 5 years across the North East and Cumbria.

We will ensure that, everyone has a chance to live as a valuable member of their community; close to the important people in their lives and supported by those who understand and care for them. We will do this by meeting the agreed assessed needs of individuals and their carers through effective commissioning.

While the focus of our fast track plan is on reducing the number of unnecessary hospital admissions and ensuring that where these do occur they are for as short a time as possible, this should be seen in the context of our much broader system changes.

1.3 The collaborative approach

We will achieve this vision by continuing to work collaboratively with partners across health, social care and the third sector to significantly strengthen support in the community for individuals and their families. We will also develop a highly skilled, confident and values-driven workforce who support people with learning disabilities.

We will use the learning from successful resettlement programmes that supported people to move into a range of community based care options during the 1990's and 2000's. This learning and the commitment from all stakeholders and our understanding of what it takes to deliver large scale transformational change will help us to deliver this plan.

As a result of the changes described in this plan:

- choice and control will be at the heart of ALL service planning and provision
- people will be identified and supported much earlier to improve their quality of life and outcomes
- care and support services will always be well coordinated, planned jointly and appropriately resourced
- people will be supported to avoid crisis and if were to occur, crisis situations will be well managed
- people will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System
- there will be a highly skilled, confident and value driven workforce who support people with learning disabilities
- people will always receive high quality, evidence based care in the most appropriate setting.

Throughout our transformation programme we are committed to robust evaluation and helping to develop the evidence base to inform future commissioning cycles and non-fast track areas.

Mobilise the area

Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6% but if we include those with mild disability the prevalence may be as high as 2.5% equating to around 65,000 people.

Our plan encompasses the complex provider landscape across the North East and Cumbria. Well-established and strong NHS, local authority and independent sector provider forums in localities enable social care and voluntary sector community providers to work collaboratively.

We have mapped the current system provision across the North East and Cumbria including the local variation of different configurations of care, the wide mix of rural and urban areas of affluence alongside deprived communities, the use of services from people outside of the area and the impact of and alignment to Vanguards and Integrated Care Pilots.

A North East and Cumbria Learning Disabilities Transformation Board was already established and has been used to develop the regional plan and guide the development and implementation of locality plans. The Board is accountable to the Northern CCG Forum, North East ADASS, NHS England, carers and people with a learning disability. Local Implementation Groups will lead delivery and the Transformation Board will receive any escalated risks and issues.

There are 10 task and finish groups which will take forward the key work needed to deliver the key priorities within the plan, these include pathway development, market engagement, communication and engagement and workforce development. An implementation plan will be used to oversee the programme and track progress over the next 5 years.

The key partners who have endorsed the plan and are represented at the North East and Cumbria Learning Disabilities Transformation Board are:

- 11 Clinical Commissioning Groups in the North East and Cumbria
- North East Association of Directors of Adult Social Services representing the 12 Local Authorities in the North East
- Cumbria County Council
- NHS England Specialised Commissioning
- Provider organisations (NTW, TEWV, Cumbria Partnership, Danshell Group, social care providers)
- North East and Cumbria Learning Disability Network
- Confirm and Challenge Group (supported by Sunderland People First)
- Inclusion North
- NHS Health Education North East

Understanding where you are

A baseline assessment of needs and services has been completed and we will conduct further analysis of the data with specific quantification of how many people are in various community settings.

The system is currently performing well against national outcome measures and has surpassed the Transforming Care Discharge Ambitions discharging 61.25% of Inpatients into community settings. The Care and Treatment Review target has also been achieved.

However, the case for change lies within the current health care experience for people with learning disabilities being varied and fragmented. This will be transformed and standardised through delivery of this plan, with the highest levels of care delivered and fragmentation in the system reduced. There are a number of challenges including a lack of robust outcome measures, the length of time required to develop sustainable community-based alternatives to admission and a lack of systems to identify people at risk of poor outcomes.

Develop your vision

We have worked with all partners and stakeholders across the North East and Cumbria to identify clear aspirations for learning disability services and better outcomes for people. The North East and Cumbria will ensure that people with learning disabilities have services and support to live in their own homes and stay within them in the long term if they choose to do so. Our plan details outcomes in the areas of clinical outcomes, patient experience and sustainability.

11 principles and core standards have been developed in conjunction with all partners across health and social care in the region. This work included people with learning disabilities, their families and carers. These principles are aligned to the national model of care and provide a helpful framework to help monitor progress against our objectives.

The North East and Cumbria Transformation Board has made a commitment that people with learning disabilities, their families and carers will be truly involved in helping to develop and achieve the transformational changes.

The main outcomes for change include enhanced community based support leading to a significant reduction of people needing to be in an in-patient hospital setting. Placement breakdown will be avoided increasing stability for the person living in the home of their choice. Quality of care will be dramatically improved and individual outcomes and quality of life improved.

Define your model of care

The proposed model is based on the principles described in the national service model and is developed across the life span taking into consideration the changing needs and requirements of people with learning disabilities.

The model of care focuses on 7 key strands:

- Choice and control at the heart of ALL service provision and planning
- Systematic, early identification and intervention
- Planned, proactive and coordinated care in the community
- Effective prevention and management of Crisis

- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System
- A consistently highly skilled, confident and value driven workforce
- Equitable service provision and high quality evidence based care

Early intervention and effective crisis support delivered through enhanced home intensive support teams will be a fundamental part of the service offer within all localities across the North East and Cumbria. These integrated teams will include Specialist Learning Disability clinical capacity as part of comprehensive and well-integrated community support service.

Plan for success

A programme level implementation plan has been developed that is underpinned by locality implementation plans to ensure the agreed standards and principles are embedded throughout the North East and Cumbria. Planned changes will also be considered at a provider level, with clusters of commissioners working collaboratively to ensure optimal service configurations are achieved. Across the North East and Cumbria there are a number of different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

A communication and engagement strategy has been developed to ensure all stakeholders are informed and engaged throughout the development of plans and the delivery of the programme. This includes establishing a platform for knowledge and information exchange and a social network to keep stakeholders engaged and share actions, learning and best practice. In North East and Cumbria, there are already strong relationships between stakeholders, including people with learning disabilities, their families and carers. This has resulted in meaningful engagements resulting in excellent examples of joint working across health and social care. We will build upon this, strengthening engagement with a wider range of stakeholders including the third sector and embracing our commitment to co-production.

Workforce development is identified as a major priority for the North East and Cumbria and will ensure we have the right people with the right skills and knowledge and behaviours to deliver personalised, preventative and safe support.

Transformation Funding for Learning Disability Services

The North East and Cumbria Fast Track project plan is predicated on key financial investment from the Transformation funding being in place. The funding being requested is at a level which the Chief Finance Officers from across the region believe is prudent and will support deliverable and cost effective approaches to successfully moving the project forward. Our submission has been produced with input from all local CCGs, local authorities and other key stakeholders across the area. The approach taken to compile the Funding Requirement has been assured through existing governance arrangements and as such has been approved by the North East and Cumbria Learning Disability Transformation Board. The Funding

requirement reflects both Regional and Locality based priorities and has been scrutinised to ensure that duplication is minimised, cross working is encouraged and that the overall plan results in resources being targeted in the most appropriate way to maximise impact and best support successful project delivery.

The approval of Transitional funding will be reported back to the Transformation Board and they will receive regular monitoring reports on progress, slippage and outcomes in relation to the funding on a regular basis once it is awarded.

Our ambition across the North East and Cumbria is to reduce current beds by 52% by the end of March 2020.

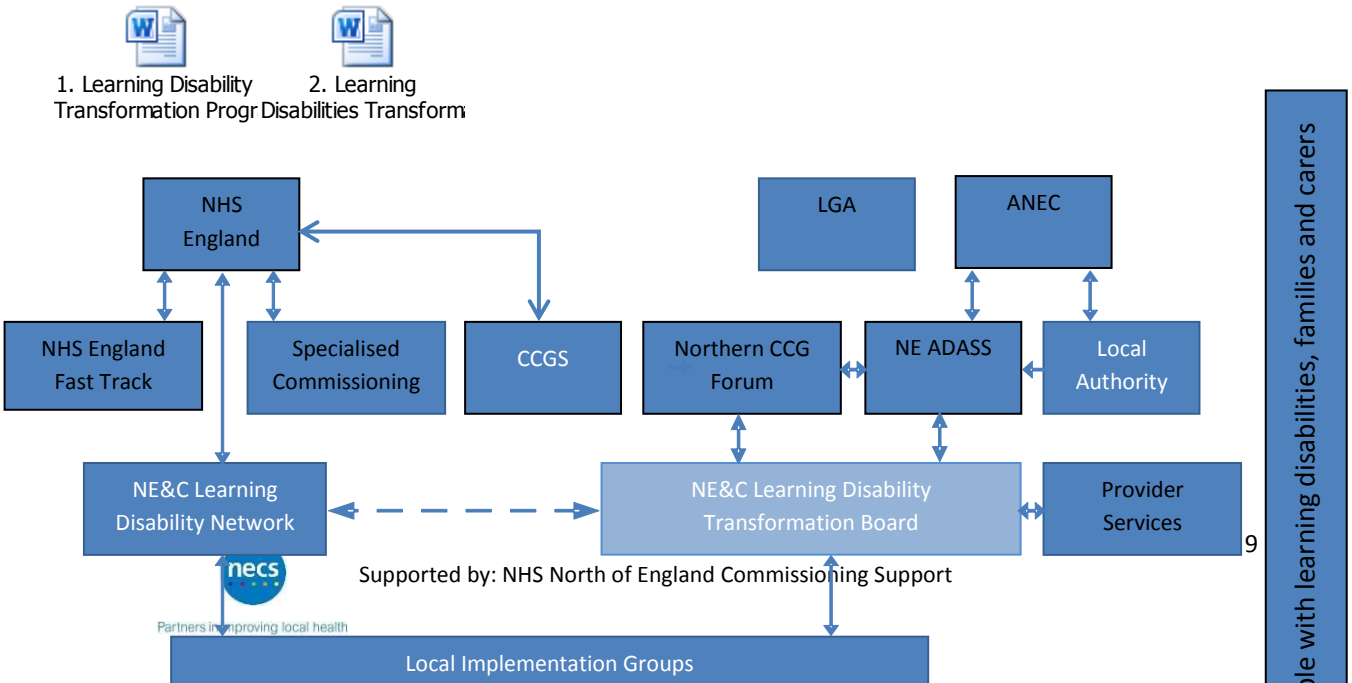
2. Mobilise the area

2.1 Governance and planning arrangements

The North East and Cumbria Learning Disabilities Transformation Board brings together the North east and Cumbria unit of planning and has been established to oversee and support transformation of Learning Disability services to help ensure the North East and Cumbria is the best place to live for people with a learning disability.

The Board is accountable to the Northern CCG Forum, North East Association of Directors of Adult Social Services, NHS England, carers and people with a learning disability. It develops and monitors compliance with a regional programme plan which incorporates a detailed transition plan in line with NHS England's fast track programme and provides appropriate links to other groups and organisations across the region.

The Board identifies and communicates any impacts of service changes to the health and social care economy such as the financial impact to a commissioner or provider organisation and also identifies and shares best practice across the North East & Cumbria and the wider system. The terms of reference for the Board further details regarding programme governance are embedded below. The diagram below shows the accountability structure and workload flow for the programme.



2.1.1 The patient base / population we are commissioning for

The North East and Cumbria Fast Track is taking a population based approach to its transformation programme. We recognise that improving the lives and outcomes of people with learning disabilities requires a life course approach which supports the changing needs of individuals throughout their life. Stakeholders across the North East and Cumbria have agreed an ambitious and broad vision which requires focused improvement and transformation across the wider determinants of health. This transformation plan is focused on some specific areas within this broader portfolio of work which will contribute to ensuring people receive high quality, evidence based care in the most appropriate setting and increasing the number of people cared for in the community.

The North East and Cumbria has a good understanding of the current numbers of people with learning disabilities who are being supported by health or social care, including detailed information on the numbers of people currently receiving treatment and care in a learning disability inpatient setting.

3. Learning Disabilities Baseline D

The specific services described within this transformation plan are to be commissioned for people with a learning disability and / or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging, or whose behaviour can lead to contact with the criminal justice system.

Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6%, however this is likely to be a significant underestimate. Including those with mild disability the prevalence may be as high as 2.5% equating to around 65,000 people. Using the published Quality Outcome Framework prevalence (0.6%) applied to each local authority population; we can project the number of people with a learning disability for the next five years (assuming an increase of about 3% each year).

2.1.2 What is the provider base?

This table provides and overview of the provider landscape and the types of services provided across the North East and Cumbria:

Learning Disability Service Providers	
CCG commissioned inpatient learning	Northumberland Tyne & Wear NHS Foundation Trust (NTW) Tees Esk & Wear Valleys NHS Foundation Trust (TEWV)

disability services - Including acute assessment and treatment	Cumbria Partnership NHS Foundation Trust Independent sector: Danshell Group There are very few out of area placements
Services commissioned by NHS England Specialised Commissioning - Learning disability secure services - CAMHs Tier 4 - Forensic community outreach - Complex neurodevelopmental community service	NTW & TEWV NTW & TEWV - medium and low secure services for people with a learning disability. TEWV - forensic community outreach service & contract leads for prison health (includes prison health, custody diversion). Both organisations provide services as part of the Ministry of Justice (MOJ)/NHS partnership, offender personality disorder pathway. NTW Provide CAMHs into Kyloe House and Aycliffe secure children's home. NTW - provide CAMHs Tier 4 learning disability services (acute assessment unit, low and medium secure services, inpatient assessment & treatment service for children and young people with a mild to moderate learning disability and /or challenging behaviour and a complex neurodevelopmental community service CNDS).
Community Learning Disability Services	NTW (Sunderland & Newcastle) TEWV (Durham, Darlington, Hartlepool & Stockton) Integrated teams existing in Durham in partnership with LA Cumbria Partnership (Cumbria) South Tyneside NHS Foundation Trust (South Tyneside & Gateshead) Northumbria Healthcare NHS Foundation Trust (Northumberland & North Tyneside)
Social Care Providers	
A wide range of independent and 3rd sector providers are commissioned across the North East & Cumbria to provide supported living, accommodation, day care, respite and residential care.	
Mainstream Health Service Providers	
Primary Care Services	Approximately 470 GP practices Pharmacies Dental practices Optometrists
Community Services Secondary Care services Mental Health Services Acute Hospital Services Ambulance Services	***NHS Acute Hospital services:*** - City Hospitals Sunderland NHS Foundation Trust - County Durham and Darlington NHS Foundation Trust - Cumbria Partnership NHS Foundation Trust - Gateshead Health NHS Foundation Trust - Newcastle upon Tyne Hospitals NHS Foundation Trust - North Cumbria University Hospital Trust - North Tees and Hartlepool NHS Foundation Trust - Northumberland, Tyne and Wear NHS Foundation Trust - Northumbria Healthcare NHS Foundation Trust - South Tees Hospitals NHS Foundation Trust - South Tyneside NHS Foundation Trust Acute Learning Disability Liaison Nurses are located within acute trusts across the region ***NHS Mental Health service providers:*** - NTW - TEWV - Cumbria Partnership

	NHS Ambulance services: - North East Ambulance Service NHS Foundation Trust - North West Ambulance Service NHS Foundation Trust

2.1.3 What are the commissioning arrangements with providers? Are there collaborative commissioning arrangements that can support this work?

A wide range of service options are available across the North East and Cumbria. Many of these are currently based on single commissioner contracts (including block, cost per case and individualised budget arrangements) and there are a small number of localities with pooled budgets. Establishing further pooled budget arrangements, joint contracts and alternative commissioning models will be explored to support delivery of this transformation plan.

Clinical Commissioning Groups – The attached document provides some examples of the current commissioning arrangements in place across the North East and Cumbria and also describes some of the future plans that are in place.

4. Collaborative arrangements.docx

NHS England Specialised Commissioning – Services such as Child and Adolescent Mental Health services (CAMHs) and Adults are commissioned for patients from England. These services meet the four factors for specialised services as described in the prescribed services manual. (NHSCB 2013).The services are commissioned and contracted for using the NHS standard contract. Services are contracted on a block basis with an all-inclusive price. Currency for payment is usually by occupied bed day for impatient services and by activity for community services. CQUIN schemes are in place for all services and monthly contract monitoring meetings are held to manage performance against the contract. Continued close collaboration is required with partners in Health and Justice commissioning and providers of custody diversion schemes as well as prison in-reach teams, the commissioners and providers of the offender personality disorder pathway which is a joint initiative between the Ministry of Justice (MoJ) and NHS England and the five police authorities across North East and Cumbria.

Local Authorities – A range of local commissioning arrangements exist:

- All local authorities use Direct Payments and Individual or Virtual Budget arrangements to offer people personal choice and flexibility. In most authorities such options are supported by approved provider lists or a system for accrediting providers. Many of these are now featuring joint care and health budget elements.
- Regarding provision of supported living services, accommodation and day care, most authorities have a Framework or Approved Provider mechanism in place covering provisions for different levels or types of need. Provision of highly specialised services or tailored individual packages may involve traditional tenders outside of those arrangements.

- For respite provisions, authorities use a mixture of block and spot-purchase contracts.
- Residential care is usually on a block or spot-contract basis.

Increasingly, local authorities are looking to develop collaborative agreements or strategic partnerships with providers in order to achieve more enhanced partnership working. This includes flexible services with swifter response and better value for money. A number of providers are now able to offer capital for new developments as result of backing from social investors.

Provider geography, natural alignments and collaborative arrangements – There are natural clusters of CCGs / Local Authorities around providers and the detailed implementation plans will address the impact and plan service changes at a provider level.

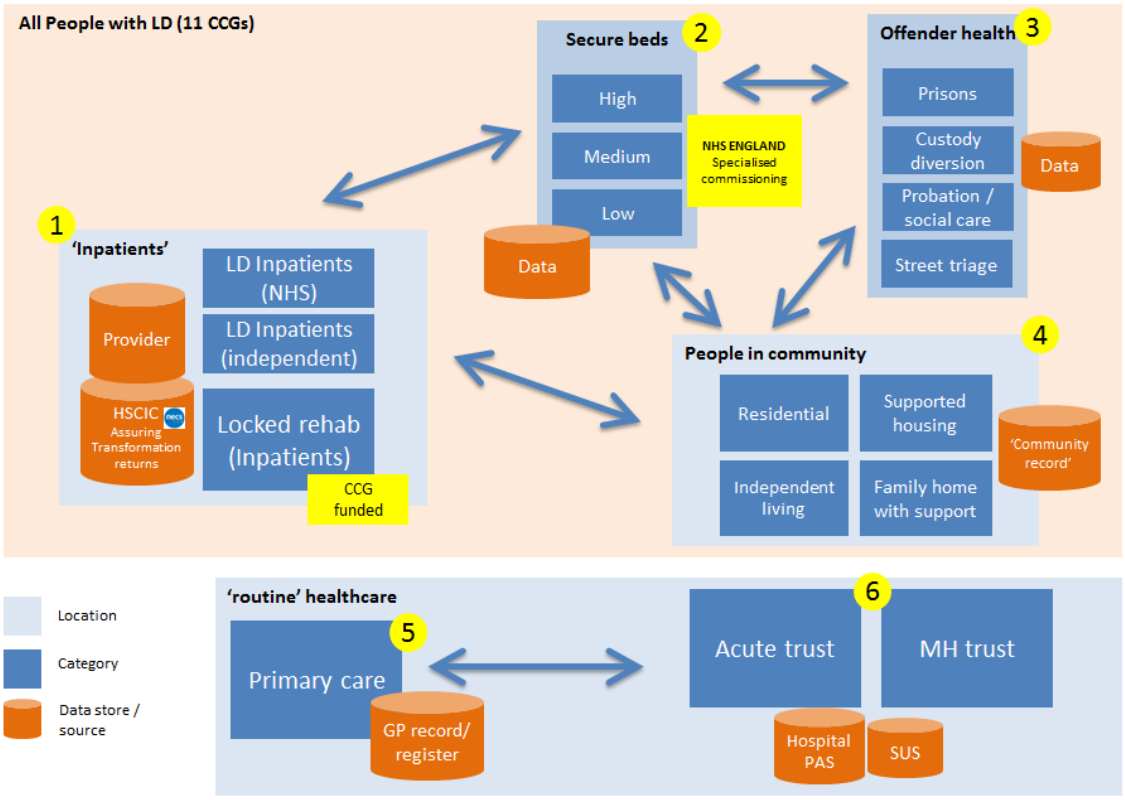
System and Market Engagement - Strong provider forums already exist within localities and these bring a range of social care and voluntary sector community providers together. In addition the North East and Cumbria Learning Disability Network have put the region in a strong position with well established relationships across commissioners, providers and other stakeholders. There are effective mechanisms to share best practice with strong collaborative approaches that deliver system wide change.

There are also opportunities to introduce new providers and new innovative ways of working to deliver improved outcomes for people with learning disabilities. A market review as part of a wider provider review would benefit the whole system approach as there are a high number of a wide range of services.

2.1.4 How do flows work, and are there other complications / geographical / organisational considerations?

The diagram below shows the flows across the system and how cohorts of people with learning disabilities move around the system.

Learning Disabilities – system model



Considerations

- Local variation
- Geography and deprivation
- Legacy of large intuitional care facilities
- Determining ordinary residence
- People from out of area
- Commissioning of specialised services
- Distinct pathways
- Transition from children to adult services
- Data and information
- Contracts
- Vanguards and Integrated Care Pilots
- Fully considering the needs of all cohorts.

Further detail about these considerations is attached in the embedded document.

5. Considerations.docx

2.1.5 Who are the key partners to this plan and do they endorse it?

There are strong partnerships in place across the North East and Cumbria and these have enabled many of the key partners to be brought together and engaged in the development of this plan. NHS and Local Authority commissioners and a wide range of other stakeholders have committed to delivering the new models of care and support for people with learning disabilities. This will be achieved with people with learning disabilities, their families and advocates and will be provided through more detailed co-produced plans.

The North East and Cumbria Learning Disabilities Transformation Board was recently established to oversee the development and delivery of the transformation programme across the region. This Board has endorsed the plan and during September and October formal endorsement will be sought from Health and Wellbeing Boards across the fast track area. Partners represented at the North East and Cumbria Learning Disabilities Transformation Board include:

- 11 Clinical Commissioning Groups in the North East and Cumbria
- North East Association of Directors of Adult Social Services representing the 12 Local Authorities in the North East
- Cumbria County Council
- NHS England Specialised Commissioning
- Provider organisations (NTW, TEWV, Cumbria Partnership, Danshell Group, social care providers)
- North East and Cumbria Learning Disability Network
- Confirm and Challenge Group (supported by Sunderland People First)
- Inclusion North
- NHS Health Education North East

Representation is from senior leaders from each organisation who have the authority to deliver the transformation programme.

3. Understanding where you are

3.1 Baseline assessment of needs and services

Information from a wide range of sources has been analysed to gain a baseline assessment of needs and services. This includes Learning Disability Self-Assessment Framework returns, Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies, Transforming Care data and HSCIC data. A baseline assessment of needs is attached.

3. Learning Disabilities Baseline D

3.1.1 Population / demographics

The *Draft Service Model for Commissioners* (NHS England and LGA, July 2015) identifies several cohorts of people that Fast Track plans should focus on. In order to understand these groups more fully further analysis of the North east and Cumbria data is underway. Initial analysis, as of end of June 2015, provides some insight and is displayed in the table below. The most robust data available is for inpatients (the 'Assuring transformation' data set). Further work needs to be done to quantify how many people are in the various community settings.

What is the cohort (setting)	How big?	Is this cohort changing?
North East & Cumbria population with a learning disability	~17,000	Likely to be an under-estimation. Likely to increase to over 20,000 by 2020.
People in inpatient settings (on 31.03.15) - acute admissions in learning disability units - forensic rehabilitation - others including beds for specialist neuropsychiatric conditions - acute admissions within generic mental health service - complex continuing care & rehabilitation - non secure - low secure	**106** 55 22 14 8 4 2 1	Over the last year over 50% of people with a learning disability have been discharged from inpatient settings. Plans are in place to support significant numbers of people to transfer to a community setting with appropriate support packages. Supported by the CTR process.
People in secure settings (specialised commissioning) - Medium secure - Low secure - CAMHs Tier 4	**148** 37 86 25	 6. What are the different cohorts- Spe
People with learning disability supported in the community - Residential care - Supported housing - Independent living - Family home with support - Those at risk of poor outcomes or admission	**TBC**	Further data collection/analysis is underway to gain a better understanding of people being supported in the community. To support people in a community setting and avoid unnecessary inpatient stays, preventative approaches and much earlier intervention are required. This requires systems to identify people most at risk of poor outcomes.

Further detail about inpatient cohorts can be found in the embedded baseline information and Transforming care summary.

How is the system currently performing against the national outcome measures?

The North East and Cumbria has surpassed the Transforming Care Discharge Ambitions discharging 61.25% of Inpatients into community settings. The Care and Treatment Review target has also been achieved.

7. Transforming Care Summary with all data

In terms of Adult Social Care, the Adult Social Care Outcomes Framework (ASCOF) measures two specific cohorts which relate directly related to people with Learning Disabilities:

- Proportion of Adults with Learning Disabilities living in stable accommodation. In 2013/14 the England average was 74.9% while the North East exceeded this at 80.6%.
- Working age people with Learning Disabilities in paid employment. The England average was 6.7% while the North East achieved 5.5% in 2013/14.

It should be noted that across the region, there are numerous locally determined performance measures and frameworks that monitor quality of life outcomes.

3.1.2. What is the case for change?

The current experience for people with learning disabilities in the North East and Cumbria is very varied. This is, in part, apparent by looking at the data but also by listening to the stories of service users, families, providers and commissioners. However, there are also many challenges in understanding the true picture because of a lack of consistent data across the whole system. We understand pockets of activity such as patients located in-patient settings, but on the whole we have poor visibility of what these people's needs are, how they are currently being met (or not), and what issues they are encountering.

- The available data (through the 'Assuring transformation' process) shows the people with a learning disability who are in in-patient settings. A proportion of these patients require inpatient specialist care, but many of them can be managed in the community and these individuals are being identified as part of these plans.
- We can also see from this data that there are people in these settings for very long periods of time (up to 25 years).
- There are few other clear messages directly from the data, but this is probably indicative of the immaturity of information systems to allow the monitoring of people with learning disabilities. This is a key strand of the 'case for change' borne out by the observation that systems are fragmented and quality is very variable.
- The overwhelming picture drawn from a wide range of qualitative analyses highlights the fragmentation of the system and the many 'hand-offs' that occur at many levels of care or support of people with learning disabilities.


8. Case for change.docx

What are the current challenges within this baseline?

- A clear understanding of the baseline is challenging due to a lack of shared currency and shared data sources
- A lack of robust outcome measures (possibly a knock-on effect from poor information systems) means that progress had been hard to measure and is a key element that needs to change
- The length of time required to develop sustainable community-based alternatives to admission. Particularly housing, architectural based solutions
- Financial positions of many Local Authorities and their instability to financially support major change programmes.
- A lack of systems to identify people at risk of poor outcomes
- Commissioning for specialised services is done on a system wide basis rather than sub regional basis.
- We have no control over admissions directed by the courts
- The development of custody diversion schemes has increased throughput into secure services as people are diverted into hospital
- Lack of infrastructure in the wider community to assist in safe discharge of people with history of offending behaviours
- Availability of suitable premises and skilled providers
- The need to make sure that patients don't experience increased restrictions by being placed in community settings
- The impact of the North East and Cumbria Transformation plan on other areas of the country. The North east and Cumbria are major importers of patients requiring treatment from other areas in England
- Also see section 3.1.4.

How can the baseline be improved?

- Choice and control at the heart of ALL service provision and planning
- Systematic early identification and intervention for those people at risk of poor outcomes
- Planned, proactive and coordinated care in the community
- Effective Prevention and Management of Crisis
- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System
- A Consistently Highly skilled, confident and value driven workforce
- Dedicated funding
- Equitable service provision and high quality evidence based care
- Specific focus areas:
    - A standardised minimum data set across all providers to allow regular reporting of performance and activity
    - An agreed set of outcome measures to allow benchmarking and tracking of performance
    - Agreeing thresholds for admission and for those people that do require an inpatient stay improve the whole pathway from preadmission to post discharge
    - Providing treatments tailored to individual need rather than a programmatic approach
    - Implementing the *North East and Cumbria Service and Care Principles and Standards*
    - Changing the approach to how and where treatments can be delivered
    - Transferring prisoners back to prison on successful completion of treatment
    - Enhancing the function and delivery of the forensic outreach model and rolling it out across the North East and Cumbria
    - Developing a menu of skilled providers

4. Develop your vision

4.1 Vision, Strategy and outcomes

Our vision is for the North East and Cumbria to be the best place in England to live for a person with a learning disability and / or autism and a mental illness or behaviour that challenges.

Our vision is holistic, recognising the importance of a range of factors that encompass the wider determinants of health, on an individual's overall quality of life and outcomes. The vision requires system wide transformational change that cuts across traditional organisational boundaries and spans the entire life course.

This plan touches on all of the 'drivers' associated with achieving a good quality of life and outcomes, however it does not profess to include the strategic approach and delivery plans for all of these areas and must be seen as part of a broader set of

strategies, approaches and plans that are in place across the North East and Cumbria to improve the lives of people with learning disabilities.

We will achieve our vision by working collaboratively with partners across health, social care and the third sector to strengthen support in the community for individuals and their families. We will develop a highly skilled, confident and value driven workforce who care and support people with learning disabilities. This will reduce reliance on the use of in-patient beds and/or breakdowns in someone's care setting and support people much earlier to improve their quality of life and outcomes.

4.1.1 What are your aspirations for Learning Disability services and outcomes?

The North East and Cumbria will lead the way in achieving positive health and social care outcomes for people with learning disabilities using an inclusive and collaborative approach to address barriers to inclusion. Building on person centred values, future pathways will focus on supporting people within their own community and reducing reliance on inpatient services.

Specialist services will help prevent problems from arising in the first place, help to support an individual to use mainstream services and or participate in their local community e.g. employment, education, housing , friendships, relationship, leisure etc. People with learning disabilities who only have a mental health need will use mainstream mental health services. We will ensure that we make the most appropriate help available in a timely manner.

As a result of the changes described in this plan:

- choice and control will be at the heart of ALL service provision and planning
- people will be identified and supported much earlier to improve their quality of life and outcomes
- care and support services will always be well coordinated, planned jointly and appropriately resourced
- people will be supported to avoid crisis and if they do occur, crisis situations will be well managed
- people will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System
- there will be a highly skilled, confident and value driven workforce who support people with learning disabilities
- people will always receive high quality, evidence based care in the most appropriate setting.

Personal experience

People with learning disabilities will live in their own home, in their local community supported by people who know them well. If in a staff supported living arrangement their staff team will be the right people, with the right values, knowledge, skill and competence to support them. People with learning disabilities and their families will

know what support is available to them, have advocacy and support when they need it and will always receive well-coordinated, planned care. Community based care and support will help support families of people with learning disabilities to maintain close relationships and links with their relatives and avoid people being supported a long way from home. This will provide greater opportunities for enriched relationships with family members. People with learning disabilities will also have increased opportunities to live fulfilled lives.

The regional ADASS learning disability work stream has informed local authority commissioning. A wide range of new accommodation options is being developed across the region, including individual service design, small-scale and bespoke developments, property refurbishments and larger scale core and cluster models. Capital funding for housing delivery is being drawn in from the Homes and Community Agency, from social investors, private capital and from providers using their own assets to fund new developments. The preferred model of support is independent supported living, which offers the highest level of security of tenure appropriate for any tenant. Where there is a need for specialist residential care, for example where high levels of restrictive practice are required, local authorities are actively engaging with the provider market to ensure that high quality service options will be available locally.

To embed this work, across the region local authority housing strategies are being refreshed to reflect the requirements of the Transformation agenda, with a number of authorities establishing “complex needs” housing task groups within that work. Such partnership working and progress on housing strategy implementation is reported to local Health and Wellbeing Boards.

Health outcomes for individuals

The evidence shows that having a learning disability increases the likelihood of developing physical and mental health problems. We want to ensure that services support people and their families to:

1. Maintain good physical and mental health wellbeing
2. Know when mental health and behavioural issues are developing at the earliest point and get the right support
3. Reduce (50%) the in inappropriate use of psychotropic medication
4. Respond to and promote indicators of good physical health including obesity, immunisation, diabetes, dental health. We would be looking to support reduction in A&E attendance and increased uptake of NHS cancer screening.

Specialist Learning Disability services

While our ambition is for people to access mainstream services we also need to ensure that when a person needs specialist learning disability services these are clearly defined and provided by skilled and competent staff who are flexible and respond quickly to need. Care will be provided in a community setting by multidisciplinary teams the key components of this are described in the diagram below. We recognise that there is an ongoing need for access to specialist inpatient services for a small number of people with Learning Disability and/or Autism who have a mental health condition or display behaviour that challenges, however the

admission would be part of the wider community pathway and the focus would be to return people to their home as soon as possible.

People Living and Supported to Live in the Community

- ✓ Holistic multi-disciplinary assessments.
- ✓ Individual person centred plans that support across the life course and inform ISDs
- ✓ Prevention and early intervention to increase people's quality of life and prevent the need for more intensive support in the future.
- ✓ Core services respond to meet people's needs.
- ✓ Specialist services respond quickly as required with the aim of maximising independence and quality of life.
- ✓ In reach and integrated approach.
- ✓ Care provided in or as close to the individuals home as possible. Home includes residential care, supported living and independent living.

Sustainability
This model will be sustained as a result of people living fulfilled lives and participating in their local community (a society that enables participation will inevitably have a healthier population reducing reliance on health and social care services). By ensuring people have their physical health care needs met fully there will likely be a reduction of behavioural issues that require significant intervention. We also know that having a learning disability increases the risk of developing ways of responding that others find challenging.

A key part of our aspiration is the need to invest in the skills of the local community to ensure that the people within it feel competent, confident and supported to meet the needs of complex people who present with challenging behaviour. This will be delivered through skills training and proactive prevention but also through timely access to support when needed. This will help to keep people within their communities and prevent unnecessary hospital admissions.

4.1.2 What principles are you adopting and how will you know if you have succeeded?

The North East and Cumbria Transformation Programme have agreed to adopt the principles outlined in the *National Service Model* but have also collectively developed 11 regional standards and principles. There has been multi organisational partner

agreement to adopt these standards and principles, which are closely aligned to the standards outlined within the national model of care.

Principles and Care Standards.pdf

9. NEC Principles and care standards 28081

The embedded document demonstrates how each of the North East and Cumbria learning disability standards and principles aligns to those within the national model of care and demonstrates our metrics for measuring success.

10. NE&C Principles & Standards aligned t

4.1.3 What outcomes will change and what will the change be?

The outcomes that will change as a result of this transformation programme can be grouped into four broad categories:

- **Reduced reliance on inpatient care**
- **Improved quality of care**
- **Improved quality of life**
- **Improved service user experience**

We will see a significant reduction in people needing to be in an in-patient hospital setting and placement breakdowns, ensuring stability for a person living in their home of choice. In addition improvements will be seen across a wide range of other measures.

What outcomes will change?	*What will the change be? / comments*
Reduced reliance on inpatient care - Reduced admissions to inpatient learning disability services - Reduced learning disability inpatient beds - Reduction in Length of Stay - Increased use of individual budgets	50% reduction in admissions to inpatient learning disability services 28 days / in line with MHA for Mental health admission Year on year increase
Improved quality of care - *North East &Cumbria Care Principles and Standards* contain a variety of quality measures across key aspects of specialist and	See NE&C Care Principles and Standards

mainstream care - Improved individual clinical outcomes - Compliance with pre-admission and discharge best practice processes/CTRs - Frequency and quality of care reviews - Medicines optimisation - Compliance with NHS Improvement and CQC learning disability targets/standards Primary care outcomes - Continue year-on-year increase in % of people with health checks and health action plans - Increased uptake of screening and immunisations - Improved management of long term conditions (including diabetes and epilepsy management) - Improvements in healthy lifestyle indicators (e.g. smoking status, BMI, etc.) Secondary/Acute care outcomes: - Reduced A&E attendances - Reduced avoidable emergency admissions	Further work required to agree individual clinical outcome measures Regular review of current treatments / prescribing in line with best evidence Further work is being completed to establish all baselines and ensure trajectories are also broken down to CCG/LA level to ensure that quality of care is improved across all areas in the North East and Cumbria
Improved quality of life - Reduction in avoidable and premature deaths - Increased placement stability - reduction in unplanned respite - Improved safeguarding outcomes - Number and % of people in settled and secure accommodation of their choice - Number and % of adults in employment - Individual measures of improved quality of life - Reduction in placement breakdown	NE&C Learning Disability Network working alongside the National Mortality Review Body to test processes Year on year improvement & equity across localities (ASCOF measures) Outcomes star / eHEF / Transforming Care: Quality of care measures

Improved service user experience
- SAF measures
- Feedback from Patient forums
- Individual provider surveys, exit questionnaires and feedback
- Adherence to quality checker standards
- Increase in reasonable adjustments:
  ○ Improved accessibility of information
  ○ Increased length of time for appointments
  ○ Flagging systems for people with additional needs
	SAF – provides a highly inclusive mechanism to measure improvement/change
	
	Across health and social care

Other measures to show that the new system has been successfully implemented - Workforce competence in PBS - Reduction in unplanned respite – development of respite options in the community - Access to Learning disability awareness training - Access to parenting programmes	

A number of outcome measures have been trialled or are in development across the North East and Cumbria on a small scale:

- eHEF - while this framework measures outcome activity and improvement in service provision/lifestyle it does not identify other influencing factors, such as mental health on physical health outcomes. We would like to explore the options of developing this more widely to see if is sensitive to outcomes at an individual level. While we recognise that it is not intended to replace existing outcome tools for specific settings or for specific interventions; it does provide a clear and transparent overarching framework to look at planning around social, biological, behavioural, communication and service related factors and include those involved with an individual. This would be particularly helpful with commissioning and service provision and across health and social care settings.
- Joint work with Bangor University to look at Quality of Life measures linked to Positive Behavioural Support and workforce development
- Outcome Star - Work has already been undertaken with TEWV looking at this personalised outcome measurement tool. The use of such a tool supports integration with mainstream mental health services
- Education, Health and Care Plans for children and young people with Special Educational Needs- we need to ensure that we build on and enhance the information and outcomes contained in these plans as children and young people transition in to adulthood
- Assessment tools for service providers to ensure that they are providing quality services – this is an area that we need to work on collectively going forward and would link with the work around contracting and developing the provider market.

The North East and Cumbria has been actively involved in the Learning Disabilities Currency Development Project which aims to describe the needs of patients requiring input from NHS funded specialist health services traditionally labelled as "adult learning disability services". The first phase of data collection led to the development of nine learning disabilities-related needs groupings based on complexities in physical health, challenging behaviour, autism and level of learning disability. Approximately 25% of people with a learning disability were allocated to existing mental health and dementia needs groupings. The second phase of data collection and analysis will help understand how these needs groupings are used in practice (e.g. how service provision varies on the basis of need). There are also plans to use the data from the groupings to inform implementation of the national learning disabilities service model and workforce development (in collaboration with the Transforming Care Programme and Health Education England).

The North East and Cumbria Fast Track has linked with NHS England to consider further development of outcome measures around treatments in line with the developing evidence base. We are excited about the work being proposed by the Transforming Care: Quality of Care Measures and will be identifying key individuals from across North East and Cumbria who can will be involved and contribute to this work.

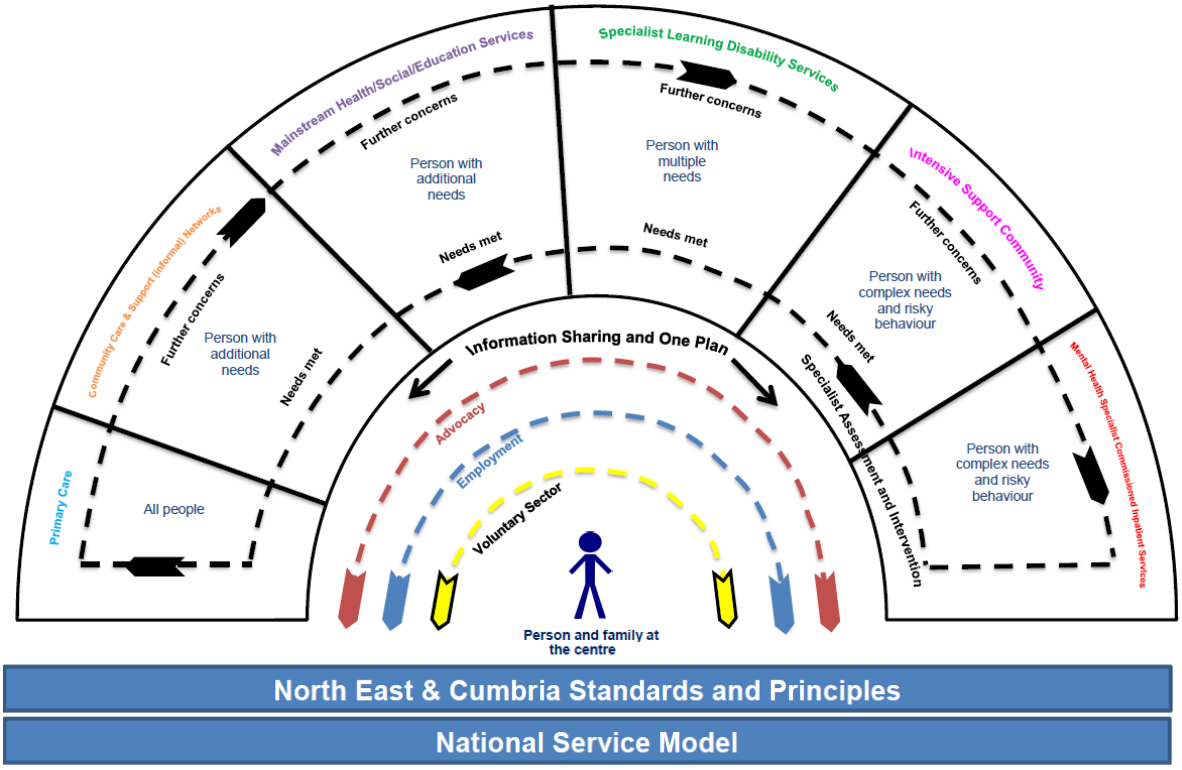
5. Define your model of care

5.1 Proposed service changes

5.1.1 What will your future system look like?

The proposed model is based on the principles described in the national service model and is developed across the life span taking into consideration the changing needs and requirements of people with learning disabilities. Key themes for implementing the Transformation Programme:

- **Choice and control at the heart of ALL service provision and planning**
- **Systematic Early Identification and Intervention**
- **Planned, proactive and coordinated care in the community**
- **Effective Prevention and Management of Crisis**
- **Helping people to stay out of trouble and supporting people who enter the Criminal Justice System**
- **A Consistently Highly skilled, confident and value driven workforce**
- **Equitable service provision and high quality evidence based care in the most appropriate setting**

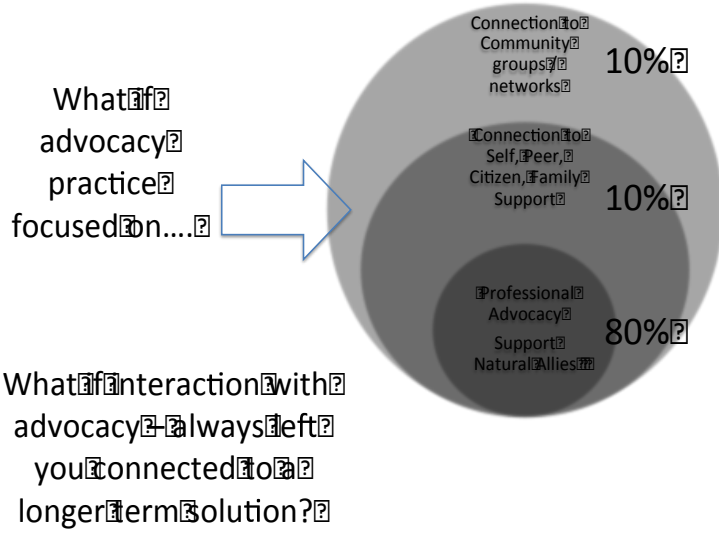


Choice and control at the heart of ALL service provision and planning
This includes a new model for the way advocacy support is commissioned and developed. Improved systems and mechanisms to enable choice and control such as personal budgets and access to accessible information.

Having worked with people with Learning Disabilities, family carers, commissioners and providers in health & social care and advocacy providers, we now have a model that changes the way advocacy support is commissioned and developed. The new model includes:

- **Rethinking Advocacy Commissioning -** to take into account preventative aspects of supporting local communities and the need to invest in people's capital to invest in a longer term vision of individual autonomy in all aspects of people's lives as well as fulfilling statutory advocacy requirements.
- **Rethinking the practice of Professional Advocates** - to rethink how professional advocates practice to ensure they contribute to building people's capital. There are various ways that we could do this including:
    - Developing and investing in natural allies
    - Standard and routine connection to long term preventative approaches
    - Building and investing in people's capital

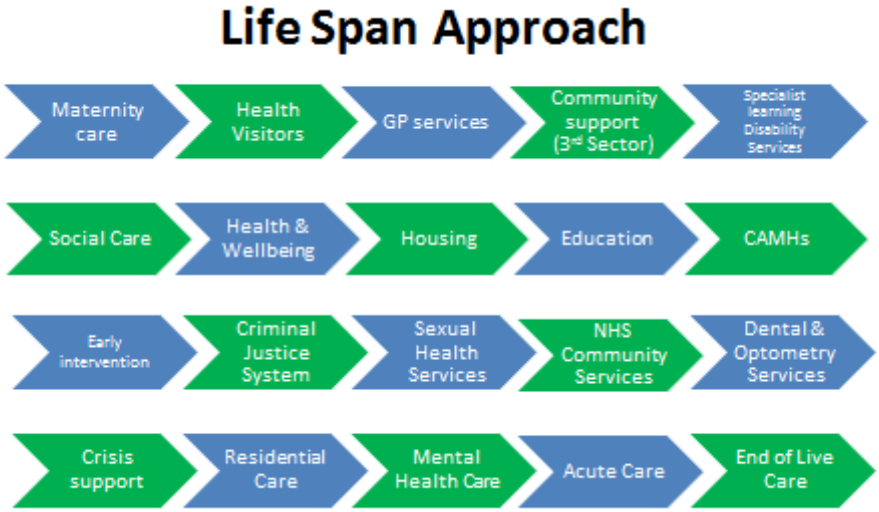
For example, using funding allocated which would ordinarily fund a Professional Advocate whilst utilising that money differently i.e. to support 80% of a Professional Advocate model and the other 20 percent to support the development of self or citizen advocacy.



Personal budgets - By extending the use of personal health and social care budgets and supporting people to use and manage these effectively, people will have increased choice and control over all aspects of their life. To support the increased use of personal health budgets systems need to be easy to use and people need good information and will have access to independent advocacy and advice. Many of these support requirements are detailed in the 2014 Care Act.

Systematic Early Identification and Intervention

- New systems will be developed to use information from health (information from a wide range of sources, primary care, maternity services, community services, secondary care), social care, schools, criminal justice system) to systematically identify those people at risk of poor outcomes.
- A risk stratification tool will be part of the system to help community based multidisciplinary teams to prioritise the people who require targeted interventions.
- Proactive, preventative, individualised care will be provided by multi-disciplinary teams. Holistic assessments will be undertaken which will result in a co-produced personalised plan. These holistic assessments and preventative plans will consider all of the wider determinants of health impacting upon the individual.
- Families are part of the workforce development strategy to ensure that they are also upskilled in Positive Behaviour Support and opportunities for family leadership. This will also raise expectations and hold the system to account.
- Personal budgets will be utilised to provide a wider range of short breaks to both people with a learning disability and families.



Planned, proactive and coordinated care in the community

- Everyone will have a co-produced person centred care and support plan (for children and young people with special education needs this will be an Education, Health and Care plan).
- Care coordinators will be assigned to every individual
- Multidisciplinary community teams will support people with learning disabilities of all ages in the community. These teams will support people on two pathways of care: Targeted early intervention and crisis avoidance and management
- Robust mechanisms will be in place to monitor adherence to the plan
- Pre-admission checks and CTRs are the norm for people as part of an appropriate escalating response which is mobilised to support the individual. In response to increasing complexity a multi-disciplinary CTR should be undertaken in the community. A physical and mental health assessment

should be included to provide an holistic assessment for the individual to minimise the need for admission.

- If on discussion within the MDT it is agreed that it is in the individuals best interests that an admission is appropriate then the MDT are responsible for setting goals for admission and discharge. The person will be at the heart of the decision making process alongside input from families and carers as appropriate.
- People with learning disabilities will be living in their local community in housing of their choosing and with people they want to live with
- Physical health needs will be robustly met through reasonably adjusted health and social care services. We will continue to increase year on year uptake of annual health checks for all people aged 14 years and above
- Early indications of deteriorating mental health or behaviour labelled as challenging will be identified very quickly and specialist health learning disability providers will scaffold social care providers to appropriately support people until stability is achieved.
- Joint health and social care commissioning arrangements will be used, pooling of budgets and joint personal budgets will ensure the system can provide flexibility to respond during times of instability in the person's mental/physical health enabling them to remain in their own home as far as possible.
- Resettlement plans for long stay patients (forensic or health based). Care packages will be person centred and delivered in line with the agreed service standards.

Effective Prevention and Management of Crisis

The intensive response to crisis and alternative to admission pathway is a relatively new model in some areas across the North East and Cumbria Fast Track and further work is required to test out, evaluate and refine it. Our model builds upon the Mental Health Crisis Care Concordat.

People will have access to intensive 24/7 multi-disciplinary health and social care support to help prevent family or support package breakdown. It is suggested that as an alternative to admission there are broadly 4 types of 'crisis' response required for those people known to services in addition to the support they would be receiving from the local community teams.

1. The social care placement is breaking down due to staffing issues/burnout etc. previously this has often resulted in an admission as a place of respite/safety. In this situation we would be advocating the release of unqualified but PBS trained staff to support short term while the provider resolves the staffing situation. May be additional 12 or 24 hour support required for 7 days max. A co-produced crisis contingency plan will be agreed with the provider when the service is commissioned.
2. The person's behaviour is deteriorating and staff are struggling to manage the situation. Under direction of qualified staff, unqualified experienced PBS trained staff would be deployed to check that the care plan/behaviour support plan was being adhered to and would provide advice/ guidance and modelling as per the behaviour support plan. This may last up to 4 weeks 24/7 similar to

crisis home treatment teams. Further support and training may be provided by the wider multi-disciplinary team as required.

3. The individual's presentation has changed significantly and they are at risk of harming themselves or others e.g. physical health decline/ change to environment. An assessment is required in situ where qualified staff are deployed to carry out observations and assessments within the patient's own environment (assuming that is possible in multi-occupancy tenancies and they are safe). This may last up to 4 weeks 24/7 similar to crisis home treatment teams. Clinical leadership and decision making are key and daily review by senior staff will take place with senior staff contactable 8-8 or 24/7 to provide support guidance and direction. The agreed treatment plan would be overseen by person who is agreed as the most suitable to lead the assessment process (for example Consultant Psychiatrist and psychologist oversight where appropriate).
4. As in 3 but the risk is too high to the person, health staff and /or the person's staff in their home environment and this cannot be safely managed in any community setting and therefore requires access to specific intervention in an inpatient setting
    a. There are safeguarding issues that cannot be safely managed. This could be around other residents who may be vulnerable adults or it could be that there are children or other vulnerable family members in the household
    b. There are specific historical risks in the community that mean that it is unsafe to treat them at home
    c. It is not possible to implement assessment/treatment without causing significant distress/disruption/intrusion to others who share the home with the patient
    d. There are legal implications that prevent treatment of this kind being quickly implemented within the home.

For scenarios 1 & 2 the team working with the individual need to put in place positive behaviour and crisis response plans, including detailed challenging behaviour escalation response and emergency management plans that do not focus solely on moving the person elsewhere . The plans will also need to support access when times get hard, and staying in the community setting is not possible, to short term flexible extra practical assistance and a wider spectrum of support resources (with pathways that reduce the length of time people spend in in-patient settings and better manage crises.

Helping people to stay out of trouble and supporting people who enter the Criminal Justice System

11. Specialised Commissioning Fast T

This strand of the model focuses on:

- The need for brief admissions in the early stages of treatment
- Reduced in-patient beds

- Reduced in-patient length of stay
- Better service level discharge planning
- Working with a different community client group
- Enhanced Community Services offering new community treatment and care packages delivered by an enhanced forensic community outreach team who provide:
    - Comprehensive and rapid assessment (given risks managing in the community) , encompassing:
        - Offending and criminogenic need
        - Mental disorder / comorbidity
        - Risk assessment
    - Active community offender treatment
        - Offender treatment programmes
        - Mental disorder / comorbidity
        - Trauma support
    - Addressing social, educational and vocational needs
    - Direct input to support crisis
    - Support and training of adult learning disability and/or AMH teams
    - Primary and secondary prevention
    - Intense home support e.g. if sudden increase in risk and/or reduced ability of home staff to support the service user
    - Promoting resilience in service users and/or carers (family or paid)
    - Complex case management
- CTO recall
- Flexible range of providers of housing and social care support in the community
- More robust transfer pathways
- Prevention:
    - Secondary prevention – identifying those near to offending / reoffending and doing intensive support work.
    - Primary prevention – for example working in to schools etc. alongside CAMHs identifying those at particular risk. Access to a range mainstream preventative services such as drug and alcohol services.

A Consistently Highly skilled, confident and value driven workforce

Positive Behavioural Support will underpin all care and support services - The health and social care workforce will demonstrate competence in positive behavioural support at all levels of organisations measured through the use of the PBS competency framework and contractual arrangements.

PBS training will also be offered to families as part of the early intervention approach. The model will be delivered through the workforce proposals which are described in more detailed on the attached document.

12. Workforce Development Plan.do

Equitable service provision and high quality evidence based care in the most appropriate setting

All organisations and will adopt the 11 North East and Cumbria principles and care standards which describe the standards and the metrics that will be developed to ensure delivery & measure success. These standards are aligned to the national model and will ensure that care and support is delivered and monitored consistently to the highest levels of quality. Medicines optimisation is also included in the North East and Cumbria care principles and standards and is described in more detail in the enablers section below.

9. NEC Principles and care standards 28081

The table in the attached document begins to describe how care will be different and what we will measure in relation to each standard.

Key components of our model to ensure that people with learning disabilities can access reasonably adjusted mainstream NHS services:

- Every Acute Hospital Trust has a learning disability liaison nurse that delivers strategic and direct support
- Learning disability primary care liaison is available across the region and will be further enhanced
- Health 'Quality Checkers' have also been trained in all localities and this will continue to be strengthened
- Mainstream and green light toolkit

What enablers need to be in place for this system to operate?

Estates	Community based facilities need to be identified and commissioned for assessment, support and development of individual treatment plans. Quality of housing that is flexible to meet individual requirements. Recognising that buildings need to have the potential to be adapted based on the changing need of individuals. They need to be positioned in the community in a place that the individual can access local facilities and become part of the community.
IT	Information Sharing protocols in place and being followed, to allow the sharing of information between organisations providing the different Tiers of service, to support service delivery to individuals and future service planning. New information system / database.
Finances and Commissioning	Processes in place to enable joint CCG and Local

Arrangements	Authority commissioning, including pooled budgets and risk share arrangements to facilitate commissioning of joint care packages. Financial and Resource agreements in place to facilitate the transition of clients from inpatient to community support. A high quality of information is needed to enable commissioning decisions to be made.
Workforce	See specific workforce section.
System to systematically identify and stratify at risk population	System in place to use data form multiple health and social care records to identify and risk stratify those people most at risk of poor outcomes.
Outcomes framework	A shared outcomes framework will be adopted to measure system and individual outcomes.
Agreed areas for improvement for the use of medicines in people with learning disabilities	The Local Professional Pharmacy Networks (Northumberland, Tyne and Wear LPN, Durham, Darlington and Tees LPN and Cumbria LPN) have agreed to work collaboratively to undertake analysis and identify areas for improvement (recommendation 3 of NHS Improving Quality Winterbourne Medicines programme) in relation to use of medication by people with learning disabilities and behaviour that challenges.  13. Use of medicines.docx
Reasonable Adjustments to mainstream services	All people who have learning disability will receive the majority of their care from universal services, with reasonable adjustments. To this end all providers of mainstream health and social care services must understand the variable and varying needs of this group, to communicate well with this population and their carers, and to provide care that is co-ordinated with other agencies.
Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks	Work with CQC to ensure the new models of care and provision will meet the required inspection frameworks. People will be supported in safe places that enable them to thrive and maximise opportunities through flexible and resilient models supported by relevant CQC regulations.

5.1.2 How will this be different for people with a learning disability and their families

North East & Cumbria will be the best place in England for people with learning disabilities to live- individual/family perspective

Current State

- Limited resources across the board
- Left feeling like they are holding and co-ordinating things
- Poor access and support out of 9-5 hours- want somebody there
- No alternatives to admission- hospital or out of area
- Leads to placement breakdown
- Limited access to training and support
- Multiple care plans and meetings
- Not very responsive so things become crises- arranged too late
- Variable intervention

Early intervention future state

The new model of service delivery ensures that the whole system works to support the individual and their family. To ensure this there is a specific focus on early intervention in a child or young person's life.
Offering individualised interventions and a response at the earliest opportunity when a person has an emerging need relating to their health and wellbeing.

Early intervention requires:
Timely/ access 24/7

- 'Hands on' response if required
- Skilled and experienced workforce
- Clarity of what will happen and what people will do and the anticipated outcomes
- Positive partnerships with people families and paid carers
- Collaborative working with all partners
- Positive alternatives to hospital

Peter's Story

Peter is 28 years old and has significant learning disabilities and some physical health problems. He had a difficult upbringing with a number of failed school placements due to challenging behaviours and a series of support workers with no continuity. Since leaving college at 23 he has had limited daily activities and stays at home with his mum. He is on a lot of medication from the GP which he has always been on but mum is not sure what it is for. Mum and Peter have recently moved into the area and have not been known to services locally.

Mum has started to see her GP quite regularly as she is finding it increasingly difficult to cope with Peter and is finding his behaviours more challenging and limiting what she can do as she is socially isolated and has minimal support. Peter has not been to the GP, he has just received repeat prescriptions since the move. He has always struggled to go to the GP.

Peter's mum really loves him and has always cared for him however she is at the end of her tether and worries about what will happen to Peter. She worries that he will hurt her or himself and end up in hospital and not come home. She is desperate for advice and information and to be told how she can help. She wants to be included and to be heard.

Request for help

Mum is given advice and support while Peter is at school

She has a named person that she can contact who knows her and Peter well

If they are not there she knows she can ring a number for help **24/7**

Peter and his mum are offered a range of services and choose ones that seem to meet their needs best

Mum is also offered some training so she can understand why Peter is behaving the way he is. It also looks at general strategies to help manage Peter's behavior

Peter finds these meetings very hard so his mum will meet with his nurse or social worker and try and get Peter's views or ideas.

An advocate is not needed at the moment

Assessment

It is not always appropriate for mum and Peter to go out together and Peter needs his own space. Some support is identified for Peter via social care and he is involved in selecting & choosing the staff who will work with him

Peter is prone to periods when he feels very unwell and will 'lash' out when mum asks him to do things. Previously he has had a medication increase to help but the team would like to work with mum and Peter to see if there is anything else they can do

This forms part of the co-produced care plan, which includes funding and was agreed by all, including Peter

Plan

Peter will receive treatment in line with NICE guidance or good practice guidance to support his behavior and also for his moods

He is supported to go to his GP and 'well man' clinics.

He receives a treatment package tailored to his needs including support from the local pharmacist to look at all his medication

Peter and his mum will have access to social care to help them with social issues

Peter or his Mum can request a **Review** at any point

Managing crisis

As part of the care plan all have agreed what is best to help Peter **'stay well'**

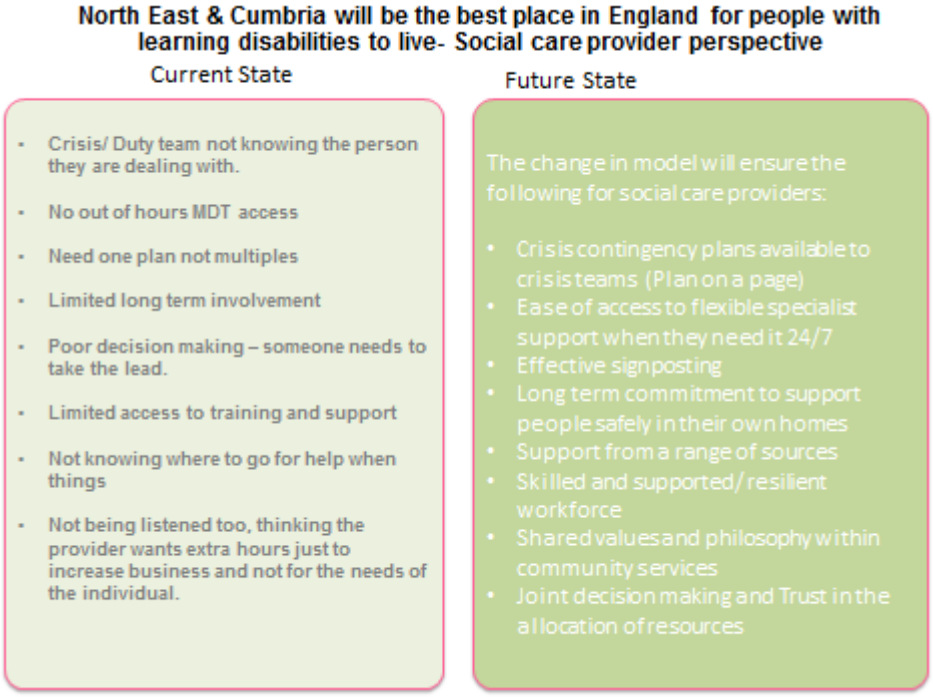
The crisis contingency plan has been used once. Mum phoned out of hours and while the person on the phone did not know Peter they had all the information to hand so could get some additional support from the social care provider which allowed mum to stay at a new friend's house giving Peter and his staff some space which allowed things to calm down. Previously Peter might have had to go in to hospital

Peter's **GP** will also receive a copy of this plan along with any early warning signs and initial management plan

Copies will also be made available to relevant people in Peter's care plan with his agreement if possible

5.1.3 How will this be different for staff and providers

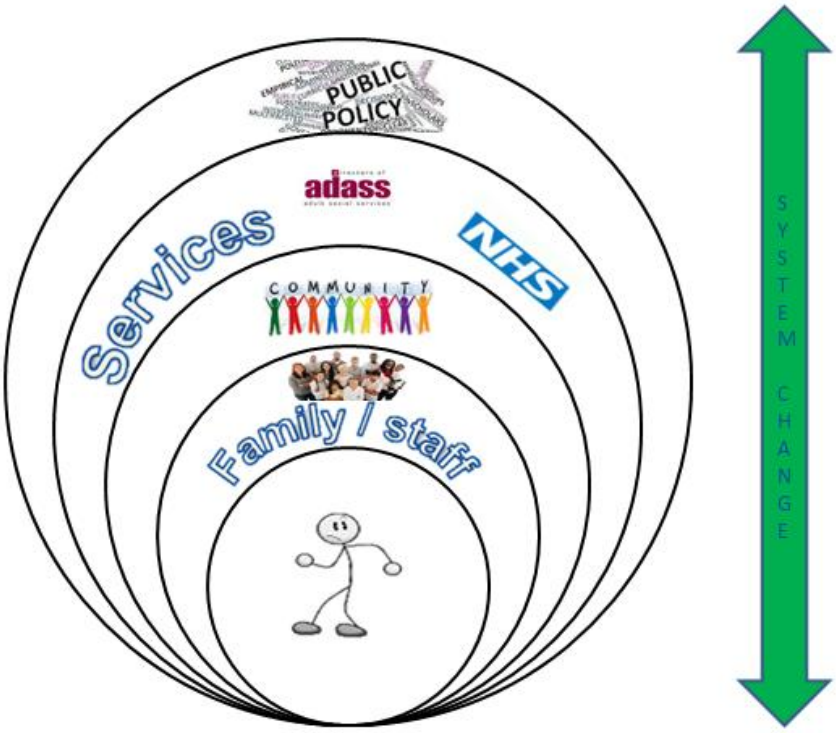
- Joint planning, decision making and allocation of resources
- Ease of access to a range of professionals and specialist support when they need it 24/7
- Being part of a multi-disciplinary team focused around the needs of individuals
- Clarity on roles and responsibilities
- Shared values and philosophy with the multi-disciplinary team supporting an individual
- Effective signposting
- Long term commitment to support people safely in their own homes
- Supporting from a range of sources
- Skilled, supported, and resilient workforce



5.2 Strategic alignment

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

This plan has been developed based on the regional vision and local strategies in line with national guidance.



The North East and Cumbria principles and standards have a focus on early intervention and this is embedded throughout our plans. These address the recommendations made within the “Winterbourne View: Time for Change”, recommendations by Sir Stephen Bubb in “Winterbourne View-Time is Running Out” and other published national guidance.

We have worked with our locality Clinical Commissioning Groups and Local Authorities to develop targeted local plans. This ensures alignment with our regional model of care and the service recommendations outlined within the NHS England National Service Model.

Crisis support is another main focus within our plan. We have developed a regional principle to improve this area of health care to ensure every locality in the North East and Cumbria has a 24/7 community based admission avoidance and crisis intervention service. This aligns with the standard within the NHS England National Service Model of access to specialist Health and Social Care support in the community. There is also alignment to the Mental Health Crisis Care Concordat.

Our regional plan specifies commissioning intentions that will deliver enhanced development of the workforce. This will provide improved support for people with learning disabilities, which aligns to guidance published by NHS England – Ensuring Quality Services regarding the provision of accredited training that is up to date with best practice.

An important aspect of our regional plan and commissioning intentions is that of joint NHS and social care planning is to be undertaken for every individual with joint funding mechanisms in place. This is to commission individualised packages of care

and support. This addresses recommendations in the Sir Bubb report and the Transforming Care Concordat.

Our plan addresses recommendations in the Sir Bubb report relating to advocacy, wherein we will ensure the provision of advocacy services for people and their families in their community and within services.

We will continue to align our plans with the development of joint health and wellbeing strategies, housing strategies, development of vanguard models of care and local mental health strategies. We will utilise joint strategic needs assessments and local and national tools to inform future plan developments.

14. Key policy and guidance references.

5.2.2 What will these changes depend on from other strategies / plans?

Strategies / Plans	Dependencies
Transforming Care • Empowering individuals • Right care in the right place • Regulation and inspection • Workforce • Data and information	Changes will depend on continue to ensure that the appropriate steps are in place to deliver transforming care. Embedding of the new approach to Care and Treatment reviews as standard will support ensuring that we develop services in the right place at the right time. This will ensure that patients who are admitted to hospital are there for only the time required before returning home. Upskilling and improvement in training for providers of care to people who have a learning disability so high quality care in the NE&C is the standard. Ensuring that there is effective and secure multi agency data sharing arrangements and that these are in place.

NE&C CCG 5 year Plans – Common Characteristics • People directing elements of their care • Primary care at the centre • Deliver the needs of our population in an integrated way • Access to services 7 days per week • Closer working with providers • Winterbourne View • New models of care	**People directing elements of their care** - People will be involved as much as they want to be in every decision about their care, what care they want and how and where they want it delivered. Patient choice will direct how we continue to commission services in the future. **Primary Care at the centre** - Primary care will be at the heart of the community, coordinating peoples care. Every contact will count. **Deliver the needs of our population in an integrated way** - Deliver the needs of the population in an integrated way with a credible alternative to hospital care, with a focus on wrap around support. Requirement for proactive and flexible community provision. **Access to services 7 days per week** –Access seven days a week to the most appropriate urgent and emergency care, with Primary Care at the centre. Matching capacity to demand. **Closer working with providers** - Work with providers closely to innovate and develop new ways of working to ensure the adoption of seven day clinical quality standards and the development of efficient and productive services. **Winterbourne View** – Time is Running Out, Sir BUBB report (6 month independent review of the Transforming Care and Commissioning Steering Group **Vanguards & Integrated Care Pilots -** Proposed changes to the way health and social care will operate will have an impact on the commissioning of services for people with a learning disability. As the locality plans for transforming learning disability services are further developed alignment to Vanguards and Integrated Care Pilots will be included and learning shared.
Better Care Fund	By April 2020, it is expected that after 5 years of investment from the BCF there is to be improvements in care and outcomes and these will be felt by users across the health and social care community. Impact on funds being transferred to local authorities to manage budgets, especially with schemes and projects which are under way with BCF funding and to ensure they continue and are sustainable.
Joint Health and Social Care Self- Assessment Framework	Actions and improvements as directed from the self-assessment to support and enable people who have a

(JHASCSAF)	learning disability to: • Stay healthy • Keep safe and • Live well A key element of the self-assessment identified was the need to improve access to general practice and update of annual health checks.
Draft Service Model for Commissioners	The guidance will be seen as the go to guidance as will incorporate all NICE guidance going forward and this will need to be factored into changes we will make in the NE&C. The 9 standards of 'what good services look like'. The NE&C regional standards are aligned to these so we can work towards 'what good looks like'. The development and implementation of joint commissioning teams and arrangements (e.g. through S75 pooled fund arrangements) to pool skills and resources to develop high quality coordinated services.
Mencap - Death by Indifference	Ensuring that all sections of the health and social care services have awareness of learning disabilities especially: • Capacity and ability to consent • Key role of carers in interpreting distress cues • Consult and involve families throughout • To be more suspicious when investigating potential health problems to ensure the person receives the correct care and treatment This needs to be at the centre of the patients care and adjustments made to ensure that the person who has a learning disability receives the same high standard of care.
NICE Guidelines Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11) Challenging Behaviour and Learning Disabilities Overview (Pathway) Proposed Guidelines	Current guidelines focus on general principles to which NE&C plans are aligned and depend on key steps occurring: • Partnership working • Understanding the individual and their specific needs • Organise • Deliver • Promotion of annual health checks • Support for families and carers • Training for staff There are several guidelines being prepared which will

Challenging Behaviour and Learning Disabilities (October 2015) *Mental Health in people who have a Learning Disability (September 2016)*	need to be reviewed when published in the future to ensure the NE&C continue to provide effective services to continue to meet the needs of our population.

6 Plan for success

6.1 Workforce, Education and Training Considerations

6.1.1 What are the programmes of change to deliver this new model?

The system-wide transformational change described in this plan requires a robust programme approach to support delivery. The implementation plans are working documents and are being further developed and refined. The following task and finish groups have been identified to take forward the key areas of change:

- IT (Data sharing agreements between health and social care, summary plan for people developed (systems in place to flag and share summary information about individuals between services) and create a system to systematically identify and stratify at risk population)
- Finances and Contracting Arrangements (agreed decision making and specifications)
- Workforce Development (competence framework, Workforce Hub)
- Medicines Optimisation - agreed areas for improvement for the use of medicines in people with learning disabilities
- Market engagement
- Outcomes framework (implementation of standards)
- Pathway development:
    - Early intervention (assessment and care planning)
    - Crisis response (assessment and care planning)
    - Preventing admission (and re-admission)
    - Facilitating timely discharge
    - Children and Young people including transition services
- Rethinking advocacy
- Reasonable Adjustments to mainstream services
- Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks.

Some of the high level milestones are described in the attached documents.

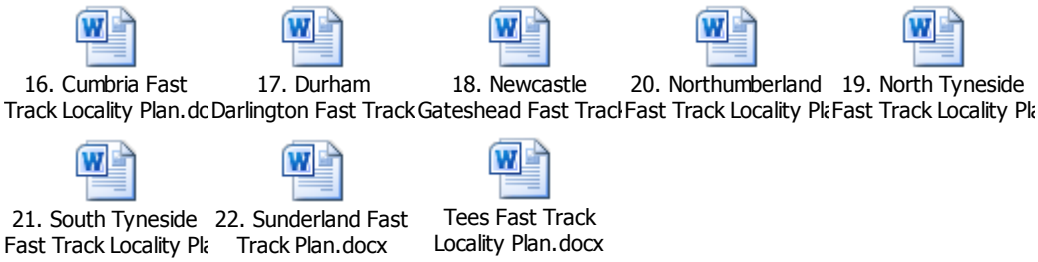
15. Implementation plan Learning Disabilit

15a. Route Map - Fast Track C and NE.:

Each Clinical Commissioning Group and Local Authority in the North East and Cumbria have developed locality implementation plans identifying key actions

required to deliver the vision and embed the care principles and standards. Each locality plan closely aligns to the collective principles and standards of the programme and sets out the following:

- What needs to be in place in the locality to deliver the model of care and ensure the North East and Cumbria service and care principles and standards are achieved
- Identification of risks and issues with mitigation plans
- Details of any assumptions and dependencies
- Stakeholder engagement plans
- Proposals for investment



Planned changes will also be considered at a provider level, with clusters of commissioners working collaboratively to ensure optimal service configurations are achieved.

New services will be designed as part of the shift of services to a community setting. The stage of development of these services varies across the region depending on historical commissioning of services. Areas are sharing best practice and learning across the region and adopting best practice seen nationally. Community based service will see the greatest change as set out in the local implementation plans.

New capacity will be required within the community setting; a high level of this is expected to come from existing capacity within the inpatient services shifted to community based settings. Delivery of local plans will need to be supported by robust HR processes to identify staffing requirements and ensure appropriate staff engagement to realign resources. Cultural change needs to be managed with staff within the provider organisations. Capability changes will be needed to reskill and retrain staff and support them taking on new roles as necessary. See the workforce section (7.2) for further details.

Process changes (e.g. pathways) will need to be undertaken to ensure services are designed with the individual at the heart of the pathways. Lean methodology will be one of the tools used to facilitate this. Pathways will be standard where possible providing a single, transparent pathway between all providers. All providers, individuals and their families will understand the pathway and be involved in the design process. The pathways identified for development are as set out above.

System and IT changes will be needed to support the implementation of the new services. Data sharing agreements between health and social care will be developed to ensure key elements of the individuals care are appropriately captured and shared to improve the delivery of their care and outcomes for them as individuals. A summary plan will be created and agreed to share information within

the whole system so that staff can proactively manage the care for the patient using accurate and timely information from other partners.

As part of the initial scoping work for the Transformation programme a Driver Diagram was created to help understand the current system and how it needs to be developed to deliver the vision. The diagram is attached below for reference.

24. Driver diagram scoping work.pptx

6.1.2 Who is leading the delivery of each of these programmes, and what is the supporting team and governance to deliver it?

Key leads / accountabilities, Resourcing and Programme governance

Key accountable leads (as detailed in the locality plans) have been identified for each locality, CCG and Local Authority to provide the main point of contact for their organisation throughout the development and implementation of the programme. The document below sets out the Programme organisation and Structure that includes the key leads roles and responsibilities. The Programme Governance structure and Transformation Programme Board Terms of Reference are presented in section 3.1.

NHS North of England Commissioning Support Unit has provided support to the North East and Cumbria Fast Track throughout the development of their transformation plan. This has included support on:

- Data analysis, intelligence and modelling
- Establishing robust programme structures and establishing a Programme Management Office
- Supporting the North East and Cumbria Learning Disabilities Transformation Board
- Communication and stakeholder engagement
- Sharing best practice and lessons learned
- Supporting development of Service and Care Standards
- Developing funding and commissioning options

6.1.3 What are the risks, assumptions, issues and dependencies?

Are there any material assumptions not already captured elsewhere?

The attached document provides a list of assumptions that underpin the plan and delivery.

25. Assumptions.docx

25a. Trajectory Rationale_v2.0(23.09

6.1.3.a Key Dependencies

Organisations that are not part of this unit of planning?

There are other partner agencies that need to be more involved in discussions and they will be included within the stakeholder engagement plan:

- Criminal justice system as we recognise that they will need to be involved in the transfer of people being placed in the community. Need to be aware that there will be some people living in the community that may need additional support and resource.
- Primary care as there will be individuals being supported in the community accessing mainstream services. Raise awareness of the individuals and their circumstances. They may need more intensive support and care management.
- Police so that we raise awareness of the individuals living in the community and provide additional education to the workforce. Police could potential be involved in MDT discussions.
- Council services to raise awareness with them that include housing and leisure providers to ensure people are supported to access services.

External policies / external changes?

Interdependences have been described throughout this plan. The Transformation Board are sighted on these and actions to ensure these are factored into local developments.

The shift of responsibilities from NHS England to CCGs needs to be understood and factored into commissioning arrangements. NHS England and all CCGs are represented within the governance structures for the programme of work.

Education and Health Care plans need to be considered as they are created for individuals and the links with the teams managing people from children to adult services.

6.1.3.b Key Risks

All local plans include the risks and issues that have been identified to date. These and Programme level risks and issues are included within the attached log below. A key risk and concern is that an individual that has been supported in an inpatient setting and moved to a community setting may become more vulnerable. There is a potential higher risk to the individual and people in the community if they are not supported and care for effectively. The mitigation to this is to ensure the individuals do have robust care plans and that they have access to early intervention and a responsive crisis service within the community.

A risk that has been identified is that current providers of inpatient facilities may not be viable with the reduction of beds that are being planned for. There will be a shift of people who step down from specialist commissioned services into mainstream inpatient facilities and community based services. This additional demand will create additional pressures on services that will need to be considered and managed as part of the change programme.

Having high quality service providers that meet the standards and expectations of what a good service looks is a challenge/risk that a number of organisations have identified. The planned market engagement and provider development will address this but the pace of change needs to be timely enough to respond to the demands on community based services.

The attached risk and issues log has the following sections identified within in to ensure all of these elements have been considered and mitigating actions detailed to address these:

- Reputational
- Legal
- Safety
- Financial
- Programme Delivery

26. Learning Disabilities Risks and]

6.1.3.c Key Enablers for Success

As set out in section 6.1.1 there are a number of enablers that need to be in place for the system to deliver high quality services:

- Estates
- IT
- Finances and Commissioning Arrangements
- Workforce
- System to systematically identify and stratify at risk population
- Outcomes framework
- Agreed areas for improvement for the use of medicines in people with learning disabilities
- Reasonable Adjustments to mainstream services
- Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks

Requirements for procurement of new services?

Some services will be commissioned by existing providers. There will be some elements of the service that will need to be procured.

Individual Service Designs will need to be responsive to meet the individual packages of care within tight timeframes. The plan is to commission with a range of high quality providers so that they can be utilised as individual plans identify the services of specific provider services are required.

There needs to be reasonable adjustments to mainstream services so that individuals are supported to live successfully in the community.

Workforce development and organisational development?

The workforce needs to be fit for practice and purpose with integrated care models understood by all grades of staff across the disciplines. Local plans also include elements of the developments needed for the local workforce.

6.2 Workforce, Education and Training Considerations

6.2.1 Question A

Does the plan require reconfiguration of existing workforce where provider(s) are remaining the same?

The workforce development plan recognises the need for reconfiguration of services and the development of new and existing staff within existing provider organisations. Workforce development is identified as a major priority and key theme for the north east and Cumbria. The learning disability sector across the region is in agreement about the need to develop capacity and competence in local services. Workforce development within the Transformation Programme will ensure we have the right people with the right skills and knowledge and behaviours to deliver personalised, preventative and safe support.

Which providers will need to reconfigure the existing workforce:
The main commissioned NHS providers and others that are locally commissioned will be reconfiguring their workforce:

- Northumberland, Tyne and Wear NHS FT
- Tees Esk and Wear Valley NHS FT
- Cumbria Partnership NHS Trust
- South Tyneside NHS FT
- Northumbria Healthcare NHS FT
- Social Care providers in the community (independent and voluntary)

As part of the market development we will engage with wider provider organisations such as those within the independent, voluntary and private sectors.

Does the implementation plan specify competency frameworks to be deployed in support of workforce reconfiguration? Please Identify.
See embedded Workforce Development Plan.

Health and social care workforce commissioning will influence and shape the labour market including co-producing commissioning plans that are clear about financial investment and disinvestment, take into account the needs of different providers and are rooted in Positive Behavioural Support as a central thread. Developing innovative joint commissioning practice will be required to encourage providers to pool resources, work collaboratively and find creative solutions to learning and competency development.

Commissioners are key in articulating the workforce requirements within service specifications, and including metrics and specific funding for workforce development within contracts. The North East and Cumbria will ensure robust contract

management to support providers deliver a workforce with the right people with the right skills, values, culture and knowledge and behaviours to deliver personalised, preventative and safe support.

Does the implementation plan address Positive Behaviour Support/positive and safe related education and training needs?
Across health and social care, statutory and the independent sector the workforce plan specifies: the use of the Positive Behavioural Support Competency Framework that will underpin the development of the North East and Cumbria Positive Behavioural Support Hub; The North East and Cumbria PBS Hub will be co-ordinated, planned, network for the development and delivery of accredited training and bring together local expertise to develop full range of training, supervision and coaching for front line staff, their supervisors, managers and families. The plan states that initial scoping work will be carried out by a local university to undertake action research approach to scope, develop, test, implement and analyse the results of a mapping exercise of workforce development against regionally agreed PBS knowledge, skill and competencies required for all levels of staff.

The scoping work will identify the needs of the existing a future workforce including different roles not currently available. There will be a requirement to develop new education and training across the health and social care workforce. Health Education North East has agreed to lead this workforce development steering group supported by key stakeholders from across the system.

Does the implementation plan identify how Training Needs Analysis will be undertaken and how results will be employed to support effective education and training commissioning?
The initial scoping work will identify needs. This will be undertaken by a local University.

Does the implementation plan identify employment of apprenticeships, assistant practitioners, advanced practitioners and/or physician associates?
Once the scoping work has been completed this will identify the workforce requirements and the skill mix of staff needed to deliver the plans.

Does the implementation plan require the development of any new roles to support the new delivery model?
Once the scoping work has been completed this will identify the workforce requirements and the skill mix of staff needed to deliver the plans.

Is there a requirement to develop new education and training to support deployment of new roles? Please specify.
Please refer to the following Workforce Development Plan for details of the above:

12. Workforce Development Plan.do

6.2.2 Question B

Please refer to the Workforce Development Plan as above.

It is to be expected that workforce commissioning will need to influence and shape the labour market including co-producing commissioning plans that are clear about financial investment and disinvestment, take into account the needs of different providers and are rooted in Positive Behavioural Support as a central thread.

Developing innovative joint commissioning practice will be required to encourage providers to pool resources, work collaboratively and find creative solutions to learning and competency development. Commissioners are key in articulating the workforce requirements within service specifications, and including metrics and specific funding for workforce development within contracts. The scoping work to be undertaken will provide the capacity and capability across all providers to identify workforce, education and training needs. The nationally agreed Positive Behaviour Support Competency Framework will be deployed in our workforce development plans. We are investigating the advantages using the PBS competency framework to enable expansion of initiatives to incorporate broader workforce development programme similar to the same developed by Health Education West Midlands.

Learning disability leadership programme: The North East and Cumbria will proactively develop leaders who have both the skills and ambition to lead today and in the future across the health and social care systems especially with a focus on transforming services to redress the poor outcomes that continue to occur for many people with a learning disability.

The aim of the programme is to identify as a minimum, learning opportunities for 15 senior leaders and provide a comprehensive leadership joint health and social care development programme. An additional aim is to identify learning opportunities for at least 5 family carers within the cohort. Nominations will be encouraged from senior commissioners from a range of backgrounds across Local Government and the NHS who have experience and passion about learning disability.

6.2.3 Question C

- What is the estimate of costs for workforce, education and training elements within answers to Question A?
- What is the estimate of costs for workforce, education and training elements within answers to Question B?
- What is the estimate of total costs for workforce, education and training elements within answers to Question A and B?

£188,938 is sought from Transformation Programme budget to resource the following:

- PBS Training delivery team £101,500
- Workforce development in dentistry £17,438
- Learning disability leadership programme £70,000

Match funding arrangements are in place with Health Education North East who are fully supportive of the proposals and have agreed to lead the workforce development task and finish group. HENE has committed £100,000 initially to provide resource

for the scoping work (£30,000) and a contribution (£70,000) to the Learning Disability Leadership Programme.

The leadership Programme will cost £200,000 in total so discussions are underway to source funding from Health Education England, North East Leadership Academy and Academic Health Science Network for the outstanding resource required for the Leadership Programme which is £60,000.

6.2.4 Stakeholder Engagement

Who has a stake in this plan?

The key stakeholders that have been identified and we are actively working with include: the 13 Local Authorities across the North East and Cumbria, 11 Clinical Commissioning Groups across the North East and Cumbria, the North East and Cumbria Learning Disability Network, NHS England Specialised Commissioning, the NHS service providers including primary care, community services, acute care, specialist learning disability service providers, North of England Commissioning Support (NECS), people with learning disabilities, carers and their families, the voluntary and community sector, NHS England Learning Disability Transformation Team, wider stakeholders such as public health and the criminal justice system, private providers of services for people with learning disabilities and regulators.

The embedded diagram shows all stakeholders involved in the development and delivery of the programme at a high level.

27. Stakeholders with key roles and res

People, Families & allies will contribute to the development of the Transforming Care plans, actions & changes including the integration of the broader issues for people with learning disabilities in the North East & Cumbria.

As in section 7.1.3a there are some stakeholders we need to further engage with such as the criminal justice system, children's services, primary care and wider council services to ensure they are involved in developing services and/or aware of the impact they will have on individuals.

A Confirm and Challenge Group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A representative from the Confirm and Challenge Group attends the Transformation Programme Board, supported by Inclusion North. The role of the group is to make sure stakeholders have a way of working with local people on plans, decisions and checking, share the easy to understand information and make sure there are local updates and base their work on what people and families say is important.

This will be achieved by working with a small group of self-advocates & families with an interest in or experience of the issues to:

- Provide a confirm & challenge function to the regional group – offering solutions, ideas & questions
- Get to grips with the issues – understanding it and preparing for work with colleagues at the regional groups
- Identifying those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support.
- Agreeing one or two outcome measures from the regional groups' priorities that the group can create information on to help local leaders
- Linking to local & national ideas or debates
- Follow up actions agreed with the group between meeting
- Support the members to design (& then implement) a way of sharing their learning & work with other self-advocate & family leaders

We are in the process of establishing a working group relating to specialist services to begin this work programme and there is a well-established secure services forum to which representatives of all the key stakeholders are invited.

To make the plan work, the involvement of service users and carers will be essential. We already have good links with the national service user group and the service user group at TEWV have been leading on a number of national service user led initiatives like 'My shared pathway' which is a collaborative approach to care planning incorporating the implementation of service user audits of CPA processes. We would wish to continue with this relationship and would do this via the vehicle of the national recovery and outcomes group.

Please see embedded the communication and engagement plan. The easy read summary of the plan has been uploaded separately.

28. Fast track learning disabilities tra

How have they been involved?

There have been many stakeholder involved in the production of this plan. Preceding the Fast-Track work, for over 3-years, the regional Learning Disabilities Network, Local Authorities and Clinical Commissioning Groups with partners have been active in the North east and Cumbria. There have been a number of working groups including the Learning Disability Clinical Leads Forum that includes Local Authority and senior health colleagues working together on a wide range of service issues including post-Winterbourne / Transformation activity.

This work has fed directly into the regional ADASS learning disability work stream, chaired by Lesley Jeavons (Deputy SRO for the Fast track area),which features identified representatives from each Local Authority. Consequently, Local Authority representation and participation has been significant in a number of planning

workshops and seminars which have informed the Fast Track plan, playing a key role in relation to provider engagement and market management.
A number of engagement events have taken place as the vision and plan have been developed. A wide range of stakeholders were involved in a region-wide event in April which set the vision for transforming learning disabilities across the North East and Cumbria.

At the event and subsequently, stakeholder representatives have considered the evidence of key issues identified by people and families about local services to inform their transformation work. This includes work on advocacy in the North East and nationally (as previously stated). This work is informing locality plans in each area. This includes:

- issues identified by the North East Partnership between 2012 to date;
- themes of feedback around rights of people and their families connected to housing, choice and security of tenure in the Bubb report;
- the key points raised at the national event hosted by Change In the North East (a joint consultation event with people and families on the Green Paper);
- feedback from local groups and providers' involvement of groups in their localities;
- the kind of support, models and rights people expect being fed back through local reference groups linked to providers in and across the localities.

There has also been feedback from some people in the North east on Finding Common Purpose. http://www.local.gov.uk/web/lg-procurement/health-and-social-care.

The Confirm and Challenge Group has set principles they believe all stakeholders should adopt as part of the Transformation Programme and also recommended ways of working in a report to the Transformation Board as embedded in the next section.

The development of this plan has required a range of experience, expertise and skills including a breadth of clinical and social care expertise form across the system, to challenge and refine the model of care and pathways. Even wider engagement and involvement is required to develop the detailed plans that support this transformation programme and the involvement of service users and carers will be essential. Particular areas of focus for further engagement activity include, the Criminal Justice System, housing, children and young people's commissioners and providers, Healthwatch, public health and education.

How will they be involved in the future?

A wide range of stakeholders are represented on the Transformation Board. Further work is currently being undertaken to complete the detailed mapping of stakeholders for each area as part of the region-wide strategy for communications and engagement and a specific recommendation from the Confirm and Challenge Group.

Further work is needed to clarify future governance arrangements with all stakeholders to ensure they all know what the approach is going to be to oversee the

delivery of the Transformation Programme. The processes for decision making regionally and locally need to be explicitly understood and embedded.

There needs to be engagement of wider commissioning and provider teams not just the stakeholders who have already been working to produce the current plans. The clear rationale for service change needs to be communicated and the 'What's In It For Me' framework will be a good tool to build on the process of further engaging with stakeholders.

Co-production of the plans is important to all key stakeholders. A group of people with learning disabilities and family representatives supporting the transformation board work will provide 'confirm and challenge' support (the Confirm and Challenge Group who will report to the Transformation Board). They have recommended that detailed stakeholder mapping is shared for each of the localities and the Confirm and Challenge Group will, in turn, connect with other groups across the region (see embedded document 'working with people recommendations').

The North East and Cumbria are committed to engaging with people with Learning Disabilities and their families as detailed in the attached document that the Transformation Board are fully supportive of:

30. Working with people recommendati

The communication and engagement strategy and plan is being developed at a North East and Cumbria-wide level and will be aligned to each locality, and to national communications.

The communications lead will be part of the national communications group. These activities will make sure that the Transformation Programme Board can continue to gain the commitment for change and transformation. It is designed to sustain the commitment of key stakeholders and to drive the transformation of the care for local people, their carers and families with experience of learning disabilities. It will be tested with the Confirm and Challenge Group, which underpins the co-production approach.

A cascade communications approach will be used to align key messages through existing communications channels through each stakeholder organisation in accessible and easy read formats and align these with local engagement plans. There will be a regular process of review through a transformation programme communications and engagement 'virtual' sub group and the Confirm and Challenge Group led by the project manager and the communications and engagement support.

We will plan, and track, all communication and engagement to make sure that it is supportive and timely, avoiding information overload for stakeholders, at the same time continually/ regularly reviewing the level of engagement.

An iterative process will be used undertaken by a communications and engagement sub- group of the transformation board. Plans and delivery will be monitored to

gauge the effectiveness of messages with the Transformation Board and the Confirm and Challenge Group, as well in each locality with key stakeholders.
The general approach will be to gather input, develop the strategy and plan and execute it with the co-production of people with learning disabilities, through North East and Cumbria representatives supported by Inclusion North and through each of the localities.

We have already started to consider what works best for each of the localities as part of the stakeholder mapping and will build on this feedback. As part of the stakeholder mapping we are currently in an inquiry phase the "inquiry phase" to develop a community of practice; alongside what we already know. Through this we will be able to identify our audience, purpose, goals, and vision for this community and our strategy for communicating with it. Key stakeholders on the Transformation Board and wider are being asked about gaps (is everyone involved who should be) and key issues (learning and best practice, tasks, gaps, specific and recommended communications channels).

This community of practice will provide the shared context and support key messages, enable dialogue, stimulate learning between stakeholders as part of the Transformation Programme, capture and diffuse existing knowledge to help people improve their practice, introduce collaborative processes to groups and organisations, generally helping people organise around purposeful actions that deliver tangible results to transform local services.

A confirm and challenge group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A confirm and challenge checklist as below has been developed to help support the development and delivery of the Fast Track plan and this will be used throughout implementation by all partners in the programme.

31. Confirm and challenge checklist.dc

7 Financials

7.1 What investment is required and what are the programme costs of delivery?

The North East and Cumbria Region are requesting Transformation funding of £2,710,900. The funding requirement is made up of a revenue requirement of £2,240,900 and a capital requirement of £470,000.

In summary the Transformation funding will be used as follows:

Key area of Required Funding	Required Revenue £	Required Capital £	Total £

Strengthening and Developing Community Support	1,031,500		1,031,500
Workforce Development	256,400		256,400
Market Development and stimulation	44,500		44,500
Transitional placements/ emergency capacity and support for partial closures	623,500		623,500
Modifications, Refurbishments/ Capital works/ and provision of specialist Equipment		470,000	470,000
Project support and Development	135,000		135,000
Support to VCS and Community Groups	50,000		50,000
Rethinking Advocacy	100,000		100,000
Totals	**2,240,900**	**470,000**	**2,710,900**

Match Funding – Our Local Buy In - £2.711m

The North East and Cumbria Clinical Commissioning Groups and key stakeholders can demonstrate a serious commitment to transforming Learning Disability services having committed to investing over £2.711m between them in new or improved Learning Disability services in the 2015/16 financial year.

Key elements of this investment include

- £1.4m investment in a new service to support ADHD and ASD across Northumberland and Tyne and Wear commissioned from Northumberland Tyne and Wear Mental Healthcare Trust
- £800k investment in community services to improve provision for Learning disabilities across Teesside and Durham areas
- £150k investment in Advocacy, Co-production of plans and Carers support
- HENE have also committed £160k of funding to support and match fund workforce development included within the Transitional bid.

The region believes that if funding is approved for the bid it will:-

- Be deliverable in the timescales
- Support the development of a sustainable model to drive forward the Transformation of Learning Difficulty services
- Allow the shift in service delivery to become a reality
- Ultimately support the ambition and aims of the Region

Further detailed analysis and modelling is underway to develop the underpinning financial model, complete the NHS England finance template and further describe

the planning assumptions. A summary of the initial working assumptions is included in Section 6.1.3.


32. Bid Summary Transformation Fund.


33. Key areas within NE&C Bid.docx


34. Transformation Funding 170915.docx


NE&C Proposed Trajectories.docx

Learning Disability Fast Track Locality Plan

Developing new models of care for people who have learning disabilities and / or autism and / or behaviours that challenge who live in Teesside.

Locality Area(s): Hartlepool CCG, Stockton CCG, South Tees CCG

Who are the key Leaders to deliver this plan: Derek Birtwhistle- Redcar and Cleveland Council, Colin Holt Middlesbrough Council, Neil Harrison- Hartlepool Borough Council, Liz Boal- Stockton on Tees Borough Council, Donna Owens -for Hartlepool and Stockton CCG and South Tees CCG

What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?

The Tees Integrated commissioning Group (TIC) has been established since 2006 and brings together senior Health and Social Care Commissioning Leads for Learning Disability and Autism from the four Tees Local Authorities and two CCGs. The TIC has clear terms of reference and can demonstrate effective joint working with a number of existing interagency strategies that are in place to support best practice in supporting people with Learning Disabilities and Autism. The group has recently audited its local plan against the North East care principles.

The Tees area has effectively reduced its contracted inpatient assessment and treatment bed capacity through the closure of one site that provided 10 beds (6 beds agreed in the investment shift) and the mobilisation of a skilled workforce to support the community. The community infrastructure was supported through the delivery of an enhanced community support provision, shifting investment from bed based provision to the community, providing a greater degree of resilience to those people being resettled from long stay inpatient care who required a high degree of intensive support.

The Teesside Community Learning Disability Teams previously supported adults with a learning disability within a range of community settings, Monday to Friday, 09:00 – 17:00. Providing access to learning disabilities nursing advice and guidance. The pilot service, mobilised in April 2015, builds upon the existing community model, providing increased intensive support to people within their care environments. The enhancement to service has given the flexibility to operate extended hours, 08:00 – 20:00 over 7 days per week and intensify the level, type and duration of interventions within peoples home environment. The aim of the service enhancement is to work in partnership with independent sector providers, carer's and families in the delivery of timely,

bespoke response to individual needs via specialist health treatments and interventions and to reduce the need for inpatient admissions.

The community pilot has supported the discharge of a cohort of highly complex and challenging individuals to the community, which also saw the double funding of both receiving and discharging provider through lengthy and detailed transitions plans, some up to 20 weeks, with staff working into the inpatient units from the community provider and the inpatient staff working into people's new homes to ensure robust transition and support.

The TIC has identified three key areas to build upon the progress already achieved locally

- Crisis Care and Early Intervention
- Workforce development
- Community Infrastructure.

Crisis Care and Early Intervention

In 2009 the TIC set up a working group aimed at supporting the discharge of people from Inpatient Assessment and Treatment units. To date the working group has supported the successful discharge of over 40 people to return to community placements, providing care closer to home.

The success of this group is in no small part linked to the effective joint working arrangements across Tees. At present there is one specialist provider who supports some of the most complex and challenging people in the community. This community Interest Company was developed with the support of the Dept of Health former Valuing People support team and inspired by the Inclusion Glasgow model, and was 'grown' by the TIC. A recent review of the model has identified a need to develop a number of other providers who are currently being assessed for inclusion on a new PBS framework.

Cinnamon House is an 8 bedded building based step down facility situated in Middlesbrough, whilst it has been used as a Tees-wide resource the majority of people are from the South Tees of Tees localities, at present there is a waiting list of people and it is recognised that increasing the resource across Tees could facilitate improved outcomes for those people North of Tees and those people where victim issues prevent local provision being viable.

The existing model supports the facilitated discharge of people from Specialist Commissioning beds and local Assessment and Treatment provision. Previous cohorts of people returning to the area from Inpatient beds have made use of the service in place currently and this has facilitated a successful transition to the community, preventing re-admission or relapse. A further replication will widen the scope of both services to create 'time to think' beds, providing short term care for Family carer's, and act as an alternative in the event of a community crisis.

Our proposal is to support a replication of the model for North of Tees, but also to extend the remit of the service to offer the 'time to think' provision as well as specialist short break provision. It is envisaged that an additional 2 beds for North of Tees would meet the needs of people, free up resources within the South and would ensure proactive and coordinated care.

Community Infrastructure

The importance of a holistic approach to supporting people with a learning disability with complex and challenging behaviour is essential to preventing and mitigating as far as possible escalating behaviours that may result in admissions.

Although developing services and supporting people in progressing to and from inpatient services is supported by multi agency working, gaps have been identified in making this as resilient as possible
Consultation locally , aimed at identifying operational issues presented when supporting people with complex needs and behaviour that challenges, used the 'Working Together for Change' methodology, (what is working, what is not and what is needed for working in the future), raised a number of significant areas including;

- Lack of knowledge of the person the Emergency Duty team were dealing with
- Decision making, who takes a lead
- Co-ordination of approaches from different Health professionals
- Lack of clarity in some crisis plans – not clear when/how to intervene
- Communication barriers – too many pathways, eligibility and services geared to screen out rather than see the person as a whole
- Whole picture knowledge.

There is a clear need to address gaps in the infrastructure, essential for all individuals and organisations involved in the care and support of clients with complex needs and challenging behaviour.

In order to achieve this we propose to secure a time limited facilitator/project lead resource to unpick the current arrangements and pathways across key agencies supporting people whose needs and complex and challenging to services:

- Bringing together all key stakeholders, providers, local authority social worker teams, community complex needs teams, NHS and carers to
- Clearly identify roles and responsibilities within each of the stakeholders
- Identify barriers and solutions
- Identify knowledge and training gaps
- Develop and deliver a clear action plan to address issues
- Where appropriate deliver training
- Work with all parties to set up sustainable forums and processes of communication to ensure maintenance of the pathway and identification of clients at risk of admission and readmission to ensure plans are in place to prevent admission where appropriate
- Monitor and evaluate the Community Team approach

This will deliver clear interagency processes that will ensure the needs of individuals are identified and clearly understood to enable proactive support when required in the most appropriate environment. It will also provide the forum for any root cause analysis to support continuous improvement.

Community Infrastructure

An existing pilot has been developed with Tees Esk & Wear Valley NHS FT to support an enhanced 7 day working Community Learning Disability Team, the team operates 8am – 8pm 7 days per week, is locality based ensuring good local knowledge and links with Learning Disability providers. The service was set up to support the previous cohort of people moving from Assessment & Treatment and specialist commissioning beds and was directly linked to a reduction of 10 beds across the Tees Localities. During the transition from Inpatient to community provision a great demand was placed on the Local Learning Disability Social Work team in Hartlepool and whilst a Tees Emergency Duty Team was in place, they were not able to provide and sustain the level of support to placements at risk of breakdown. In most cases the teams only option being to use of the Mental Health Act therefore resulting in a potential avoidable admission. It is proposed that by extending the operating hours of the Learning Disability Social Work team in Hartlepool across 7 days it would be able to provide a local and timely response to providers and decrease the risk of emergency admissions. The team have a good local knowledge of provision are co-located with the existing community Nursing team and a major ambition is to move to a purpose built Centre for Independent living (CIL) in September 2016. The pilot would enable commissioners to explore interagency arrangements within the new CIL which will also host a number of

social care provider's including Advocacy, Assistive Technology and Allied Health professionals. Additional resources would be secured and the team would provide enhanced support to a number of people identified at risk of potential breakdown over the next 12 months (approx 25 people). The team in effect would be assigned specific individuals, homes or services to work with and would be responsible for ensuring problems were addressed at source and before issues escalated.

Workforce Development

Tees Commissioners are aware of the need for robust evidence based practice in supporting people in the community and wish to promote closer collaboration between agencies to develop seamless and consistent approaches to problem solving, and stronger community resilience.

Support services currently operate a number of models of behavioural intervention that may be supported by some organisational expertise, usually at a national level.

In practice this can mean a lack of local rigor in applying approaches and significant investment from the Foundation Trust to assist with addressing behaviours and implementing effective strategies. To assist with this a procurement exercise is nearing completion through the TIC to appoint a number of providers to a Tees Complex Care and Support Framework that will focus on delivering the consistent Positive Behaviour Support and Positive Health Support that is needed.

This work builds on the success in recent years of developing a new local provider to meet a gap in provision for people with a history in forensic services and also the development of an Autism Provider Framework and an Advocacy Hub & Framework.

There is a need to ensure the development and sustainability of continuity of approaches not only between providers on the framework, but also in the wider Care Home and Care at Home support services, including within education and home settings where possible.

Tees Commissioners welcome the proposal for a Regional Academy/Hub and would wish to develop a sub-regional community of best practice on Teesside that will support providers and families to develop consistent approaches throughout the support settings locally. This local Hub would link to the proposed Regional Academy and provide enhanced local support and networking. The aim would be to create more resilient provision across the major sectors of care to provide timely and appropriate interventions from

competent and confident staff teams who were able to access peer support from others locally and make best use of the Foundation Trust in more focussed work where difficulties arise.

Evidence to support this approach exists in direct service feedback from individual cases including: safeguarding referrals; placement breakdown; provider suspension, CTRs and RCA's.

RISKS, ISSUES & MITIGATIONS

Risk that…	Caused by…	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Proposal 1: People nearing the end of their treatment have a delayed transfer of care.	Inability to secure good quality Housing care and support	H	H	Tees PBS provider framework, good links with Housing providers.	Tees Integrated Commissioners
Proposal 1 : Hospital re-admission, Community treatment order, recalls.	Personal relapse, mental health deterioration, criminal offence	M	M	Skilled and competent workforce, community presence and participation, access to employment	Tees Integrated Commissioners
Proposal 2: Avoidable escalation in behaviours and admissions.	Lack of co-ordination of key resources and people	H	M	Co-ordinated approach to client's needs – clear understanding of roles and responsibilities, with eligibility criteria that enables flexibility in provision	Tees Integrated commissioners
Proposal 2&3: People experience inconsistencies in support as they move through transitions and support models in the community.	Providers operating different behavioural and health support models.	M	M	Closer working relationships and collaboration between providers.	Tees Integrated Commissioners

Proposal 2&3: People are placed at risk of breakdown in support arrangements.	Lack of adherence to consistent evidence-based approaches with support available.	H	M	Provider collaboration in partnership with Trust professional.	Tees Integrated Commissioners
Proposal 3: People do not have a range of appropriate local provision to meet their needs.	Lack of local provider development.	H	H	Tees PBS/PHS provider framework	Tees Integrated Commissioners
Proposal 3: Foundation Trust resources are used to substitute provider capacity rather than supplement and enhance it.	Lack of investment by some providers in training and application of behavioural support.	H	M	Development of consistent expectations and development of more robust contract specification and monitoring.	Tees Integrated Commissioners
Proposal 4: Increased risk of placement breakdown during the weekend	Pressures on existing Tees Emergency Duty team, limited social care response on a weekend	H	H	Extend the Learning Disability Social Work team to support the existing Community Nursing team.	Hartlepool Borough Council

ASSUMPTIONS AND DEPENDENCIES

62% of admissions to Hospital are as a result of placement or family breakdown. Anyone with a learning disability or autism who at any one point requires additional support should have access to good care and support closer to home. To help prevent family or support package breakdown, a new highly skilled building based service North of Tees will be established, this will require investment in services not just North of Tees but will require a similar scheme South of Tees to reconfigure and widen its remit.

The development and strengthening of the community infrastructure will provide the structure and support processes and pathway to enable the timely effective interventions in the most appropriate place preventing avoidable admissions and breakdown of care packages.

The step up and step down services should be seamless and support both people leaving Hospital as well as preventing admission and providing family carer's with a recognised break. This service will improve community resilience and can be included within care and support plans to give commissioners further assurance that all steps have been taken to prevent a hospital referral.

The enhanced collocated multiagency team would provide cover over the weekend as part of a 12 month pilot, the findings of which will be evaluated to support the evidence required to move to a new interagency centre for Independent living. The existing emergency duty team covers a population of almost 700,000 and responds to children's and adults issues, as a result it is only often able to provide advice to providers and is unable to provide a physical response in most cases. An enhanced 7 day social work and community nursing team would be able to provide a physical response, provide a robust check and balance for hospital admissions therefore ensuring that a response and solution was in the best interest of the person and was the least restrictive option.

PROPOSALS FOR BIDS

What funding is required to deliver? Please provide robust costings
How could they be financed in the short and longer term – Central £10 million pot (including match funding), CCG funding, redirection of funds from hospital to community care, dowries

Proposal 1: Crisis Care and Early Intervention

The development of a north of Tees 'Time to Think' provision is based on an estimated investment of £60,000 to support the development of an existing North of Tees facility.

- £30,000 would cover the costs to convert an existing North of Tees property and enable Cinnamon House to make adaptations to widen the scope of its provision (some physical alterations to the structure of the home)
- £30,000 would be an ongoing contribution from TIC to provide access to 2 emergency 'time to think' beds and create additional Health Respite for North of Tees.
- The care and support costs would be arranged on an individual basis in accordance with an individual's crisis plan.
- Providers would be approached from the current Tees PBS framework with intensive support from the enhanced community Learning Disability team.

Proposal 2: Community Infrastructure

In order to co-ordinate and develop the team it is estimated that £30k would be needed to provide a facilitator along with premises and non-staff costs to ensure there is a time protected resource to ensure a sustainable model is developed and embedded.

- £20,000 will cover the costs of a facilitator /Project lead to co-ordinate the stakeholders, support the implementation of the community infrastructure model, deliver development sessions and any training to develop the community team approach, with £10,000 to support organisational hosting, venues and associated production costs

Proposal 3: **Workforce Development**

It is estimated that £25,000 would support the further development of local support providers with match funding coming from LA's and CCG's in funding of Complex Care and Support packages and associated enhanced training costs..

- £25,000 would cover the costs to establish a local Hub to discuss and develop best practice through more consistent and collaborative approaches to training and support provision. Once established long-term continuity would be maintained through investment and pooling of provider resources.
- Early work would include facilitated workshops on current practice and progress towards a harmonised model.
- The care and support costs would be arranged on an individual basis in accordance with an individual's care and support plan.
- Providers would initially include those on the Tees PBS/PHS framework and other local 'specialist' services with intensive support from the enhanced community Learning Disability teams. Later this would be expanded to include providers on other frameworks to enhance consistency and promote early intervention and prevention with further future expansion to include family and informal carers.

Proposal 4: Community Infrastructure

The provision of a 7 day enhanced locality community nursing and social work team

- £20,000 would cover the costs to extend the provision of Social Work cover across 7 days

Match funding and current investment:

Hartlepool and Stockton CCG and South Tees CCG currently provide recurrent investment that is ring fenced to the Learning Disability and Mental Health Budget for the enhanced community pilot model. The investment is £640,000. An additional £40,000 is also recurrently invested to support the Tees Advocacy Hub, a post Winterbourne development established to give people a voice and access to independent support. This gives a total investment of £680,000 recurrently.

Match funding is therefore requested at £340,000 to support the above proposals.