Services for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services

Bristol, BaNES, North Somerset and South Gloucestershire Transforming Care Partnership

PLANNING FOR THE FUTURE

NHS Bath and North East Somerset Clinical Commissioning Group
NHS North Somerset Clinical Commissioning Group
NHS Bristol Clinical Commissioning Group
NHS South Gloucestershire Clinical Commissioning Group

North Somerset Council
Bath & North East Somerset Council
South Gloucestershire Council
Bristol City Council

1. Mobilise communities

Governance and stakeholder arrangements

This plan covers the needs of those individuals with learning disabilities and/or autism across Bristol, BANES, South Glos and North Somerset. This plan includes children and adults with a learning disability and/or autism who have or display:

- A mental health condition
- Self-injurious or aggressive behaviour, not related to severe mental ill-health
- A specific neurodevelopmental syndrome, with complex life-long health needs
- Behaviour which may put themselves or others at risk
- Other health or social care needs and disadvantaged backgrounds (e.g. social disadvantage, substance misuse, troubled family background), who display behaviour that challenges
- Those individuals who are currently in inpatient care

For the purpose of this plan, unless specified, when we refer to people this includes children, young people and adults.

Although the plan concerns itself with our ongoing commitment to improve services for a specific group of individuals (as described above), the transformation programme should not be considered in isolation and sits firmly within a wider system change programme across the health and social care economy. This plan is set within the context of a whole-system approach of service redesign and reconfiguration to continue to improve life opportunities for all people with learning disabilities and/or autism.

Historically the TCP area had a high number of old long stay hospitals, NHS Detained provision and Assessment & Treatment services for people with learning disabilities. During the mid 1990's, the then Avon Health Authority embarked on a hospital closure programme on a significant scale. Over the following years the TCP area deregistered all local NHS detained provision and finally decommissioned local Learning Disability Assessment & Treatment provision in 2011.

The TCP has a strong track record in working collaboratively to drive better outcomes for people with complex support needs and as such the TCP area has already decommissioned Assessment & Treatment and LD specific inpatient beds. People with learning disabilities and/or autism are supported via a range of community services, and where indicated, as appropriate, have access to mainstream physical and mental health inpatient care. This includes access to specialist commissioning placements for those individuals who may be subject to forensic pathways and Ministry of Justice restrictions.

The TCP area commissions a broad range of community services from the independent, Voluntary and Statutory sector via a range of contractual methods, including the use of personal budgets. The majority of packages are commissioned on an individual spot purchased basis, which allows for bespoke, person centred support arrangements. People with learning disabilities and/or autism are not seen as a homogenous group and our commissioning arrangements reflect a person-centred needs-led approach to service delivery.

The TCP has a proven track record of working collaboratively with the Independent and Voluntary Sector, commissioning a wide range of community support services from over 100 providers, including residential care, supported living, independent tenancy support, community outreach, day opportunities (educational, employment, social & leisure). Having such a wide Provider market is not without its challenges, but it does allow for greater flexibility, choice and control, a crucial ingredient when delivering person centred and bespoke support options for the wide range of individual need people with learning disabilities and/or autism present. Housing and accommodation issues are often a significant contributing factor when developing and delivering appropriate community based support options. The TCP has an innovative partnership between local authority housing department and social care. People with learning disabilities who are living in Residential Care are identified as priority through the Homechoice scheme and are considered as priority 1: they are offered their own Local Authority tenancy and voluntary sector provide support arrangements. Nonetheless, the TCP area recognises that there is a huge amount of work to do in order to address the housing and accommodation needs of people with learning disabilities. In order to deliver the ambition of our plan, housing and accommodation will underpin our strategic intentions.

Across the TCP area Community Health Services for adults with a learning disability (CLDTs) are provided by Sirona Care and Health and Bristol Community Health. These are not for profit NHS Providers. Services include specialist learning disability community nursing, physiotherapy, occupational therapy, speech and language therapy, psychology, psychiatry, positive behaviour support pathway and intensive response for people experiencing episodes of crisis (which includes working with community providers to implement intervention plans to minimise the risk of placement breakdown), art therapy, music therapy and hydrotherapy. The service also provides Learning Disability Liaison Nurses in the acute Trusts. In addition MH learning disability nurses have been embedded in CLDTs directly, an approach which has been recognised as good practice by the National Development Team for Inclusion (NDTi). Sirona Care and Health and Bristol Community Health are also the contract holders for mainstream Community Health Services in South Gloucestershire and Bristol.

Social care services for people with a learning disability are provided by the respective Local Authorities, with Bristol and South Gloucestershire delivering a 0-25 integrated service.

A new partnership of healthcare providers has been selected to submit a full proposal to deliver part of the community health services for children and young people in Bristol, South Gloucestershire and North Somerset. Following the pre-qualification questionnaire stage of the re-procurement process, one bidder has been invited to submit a proposal as part of the invitation to tender stage.

The services that fall within the scope of this contract include; health visiting, school nursing, child and adolescent mental health (CAMHS), speech and language therapy (SALT), occupational therapy and physiotherapy, community paediatricians, community nursing and a range of dedicated services for vulnerable children including children in care, children with learning disabilities, children with life limiting conditions and children with drug and alcohol problems. The partnership is made up of local, not for profit NHS providers; Bristol Community Health CIC, Sirona care & health CIC, North Somerset Community Partnership CIC, Avon and Wiltshire Mental Health Partnership NHS Trust and University Hospitals Bristol NHS Foundation Trust.

Two other services are being commissioned separately as part of the overall re-commissioning of Children's Community Health Services. These are CAMHS Tier 4 specialised services, which provide assessment and treatment for children and young people with more complex needs usually requiring inpatient treatment, and the GP with a Special Interest (GPwSI) in Community Paediatrics service.

Bristol, South Gloucestershire and North Somerset CCGs, Bristol City Council, South Gloucestershire Council and NHS England commenced the re-procurement process for children's community health services at the beginning of February 2016. Evaluation of the full proposal will take place during May and June 2016. Subject to the evaluation, a contract will be awarded by the end of September 2016 and services under the new contract will commence in April 2017.

Adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition are supported by multi-disciplinary teams which are co-located through partnership arrangements between Local Authorities, CCGs and Avon & Wiltshire Mental Health Partnership NHS Trust (AWP). The Forensic Intellectual, Neuropsychiatric and Developmental (FIND) team provides case management for service users with relevant disorders. The FIND team's role is to case manage the care of service users in out of area placements who have a forensic history and a learning disability or significant cognitive difficulties. Case management is about ensuring they are placed in the best possible care and that while in those locations all their needs - including rehabilitation - are being met.

The TCP has a well-rehearsed approach to supporting people with learning disabilities and/or autism within the community and the effectiveness of our service model is reflected in our performance against the national trajectory target to be achieved by 2019. Whilst the TCP plan starts from a position of bed usage being lower than the national planning assumptions this, of course, does not mean the TCP can afford to be complacent. The delivery of a robust service model that supports the ambitions of the Transforming Care Programme remains a high priority and this plan intends to go beyond these initial planning assumptions.

The TCP has one shared vison and this plan specifically covers the whole Unit of Planning. The TCP is well supported by local governance arrangements and local implementation plans and seeks to deliver a coherent and joined up approach to supporting people with learning disabilities and/or autism. Throughout this document the TCP has taken the opportunity to highlight areas of strategy development and service delivery that is currently taking place across the entire TCP area. These strategy developments and service delivery areas are considered opportunities for learning and good practice sharing and serve to strengthen the overall TCP plan and approach.

Describe governance arrangements for this transformation programme

Bristol CCG is the co-ordinating organisation for the TCP area. The Programme Director, Community & Partnerships/Deputy Operations Director is the named Senior Responsible Officer and the TCP is represented by each of the CCGs, Local Authorities and Specialist Commissioning. The TCP has sign up from each organisation for collaborative governance arrangements, including sign up of all Chief Officers of each of the CCG areas.

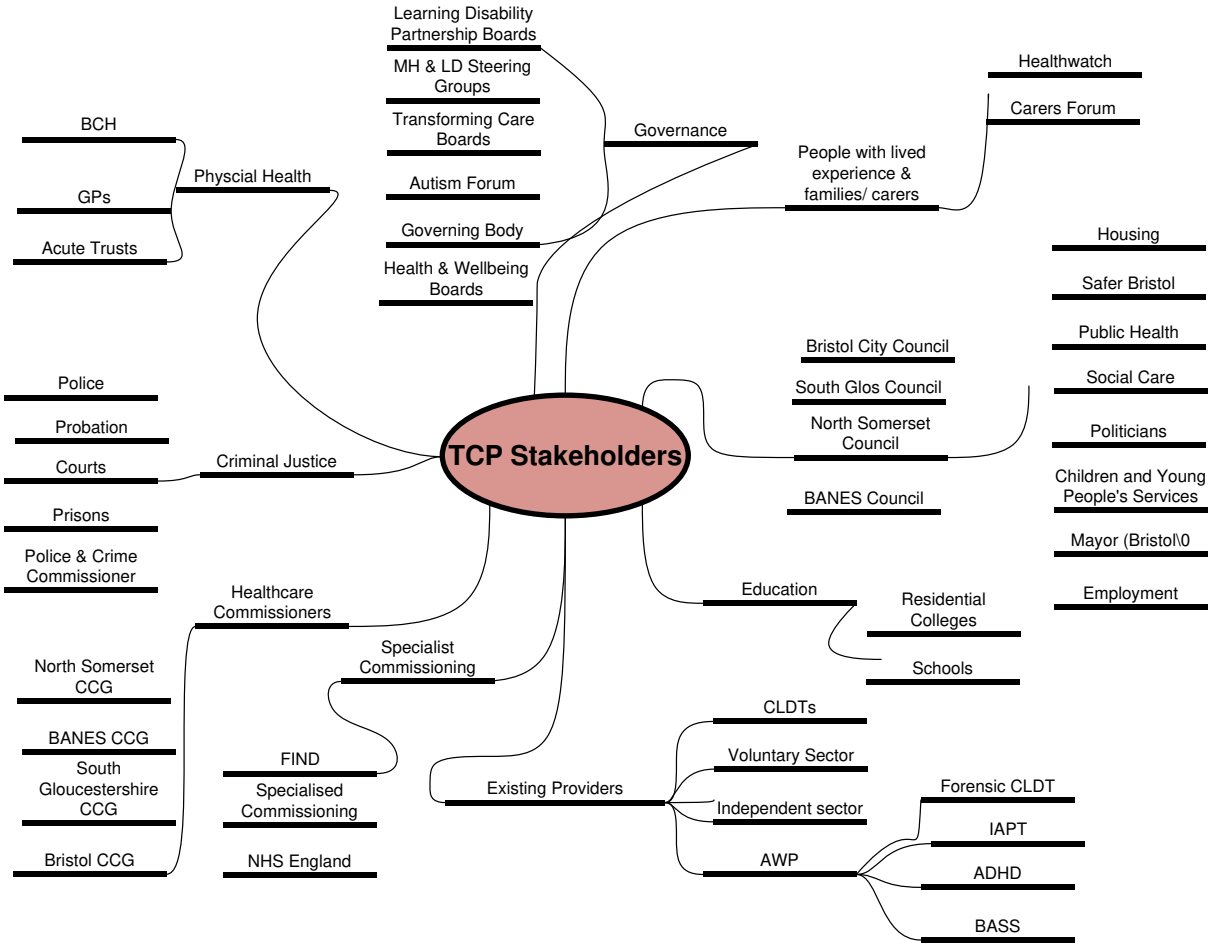
As the co-ordinating CCG for the TCP, updates on the Transforming Care work are received at the Mental Health and Learning Disabilities steering group. This group is chaired by Jill Shepherd the Chief Operating Officer for Bristol CCG. The Chief Operating Officer sits on the Governing Body as does the lead GP for the steering group, and they escalate any concerns as appropriate. Regular updates are also provided at the NHSE Assurance meeting, which Governing Body are sighted on.

CCGs, as membership organisations ensure that the local General Practices are all involved in making decisions about how funding is invested. Our Governing Body includes clinicians, managers and lay representatives, ensuring that decisions are made fairly and transparently. We aim to ensure that we maximise the agreed outcomes. The following principles help to inform this process:

- The need to meet mandatory and statutory requirements
- Affordability: the CCG must work within its budgets and each intervention must be cost-effective.
- Capacity: the intervention will be sufficiently resourced to enable delivery of appropriate services.
- Clinical effectiveness: resources should be directed towards to the most effective services to meet patients' needs; right care, right place, right time.
- The CCG considers ethical and social factors when decision-making including the need to ensure equality.

The TCP has strong governance and partnership arrangements via the Health and Well Being Boards. We will use the Learning Difficulties Partnership Boards, local Autism Forums and Children and Families Boards to consult and feedback on the TCP plans progress – these boards have representation from people with lived experience, their families and carers.

Wider governance, stakeholder and engagement is described in the following diagram:



Describe stakeholder engagement arrangements

Since the exposure of the abuse of people with a Learning Disability at Winterbourne View in June 2011, the TCP area have worked together to assure the safety and quality of services for people with a Learning Disability and/or autism. There were no residents from the TCP area in Winterbourne View at the time of the hospital closure. The TCP area, however, have continued to improve and monitor the provision of local services, applying the principles of transforming care to individuals living both in and out of area.

In 2014 the National Audit Office included parts of the TCP area as the location of Winterbourne View as one of the areas for in-depth audit about the support and provision of safe and effective services to people with a learning disability. The findings of the audit were produced in a report for the Health Select Committee. People with a lived experience of having a learning disability and carers were included in the focus group discussions. There was a significant amount of learning from this process. Unfortunately the group found the audit focus

group a difficult and distressing experience. This was fed back to the National Audit Office Team to ensure the experience informed future engagement events.

Learning Difficulties Partnership Boards (LDPB) and engagement with Parent Carer Participation groups have provided the reference stakeholder group for this to progress. The Boards are co-chaired by a person with lived experience of a Learning Disability. The LDPB also includes representation from people with lived experience and their families/carers. It also includes representatives from providers, education, housing, criminal justice, carers group, youth group, safeguarding and CQC. The LDPB has a rotating themed agenda to cover core service delivery, health, housing, personalisation, being safe, Learning, employment and the Learning Disabilities Development Fund. The LDPB is administered by each of the Local Authorities within the TCP area.

In addition to the LDPB engagement activities, Sirona Care and Health have held roadshows going out to existing groups and organisations that support people with a Learning Disability to learn about what is important to them. Within the TCP areas independent sector support is commissioned to facilitate and support a local Community Interest Company (CIC) comprising local people with learning disabilities. The CIC in turn supports a wider network of people with learning disabilities to engage with their local communities, and input into the work of CCGs and Councils. The CIC meets regularly with the commissioner to review ongoing consultations and priorities. Quality Checkers, a team of people with lived experience who assist with contract reviews and inspections of local services, is to be extended to include universal services such as the local acute hospital and GP practices.

A major participative showcase event took place in North Somerset in January 2016 with a range of representatives from providers, service users, carers and key local partners. The outputs from this are still being collated, but enabled lots of different parts of the system (eg housing, public health etc) to be properly linked up.

See Appendix 1: Diamond Exercise Results

On an individual level, people who are subject to detention under the Mental Health Act, and their families/carers are invited to be fully involved in the CPA and Care & Treatment Review (CTR) processes. The CTR process is a mechanism which ensures that people with learning disabilities and/or autism and their families:

• know their views will be listened to and be able to challenge decisions about them and about their care;
• have clearly-stipulated rights within the Mental Health Act;
• are able to exercise control over the support they receive with a personal budget, and expect that different health and local services will organise themselves around their needs.

Care co-ordination teams work closely with individuals, their families and advocates and other agencies on all inpatient cases to ensure that those with complex learning disability needs are living in the least restrictive settings.

For children's services there has been a significant amount of patient & public involvement (PPI) with families and young people as part of the reprocurement of Children's Community

Services across BNSSG. This is ongoing and will continue throughout the procurement process. PPI findings have been important in developing the procurement 'Lots'. Public Health South Gloucestershire Council have been leading on a Children's Mental Health Needs Assessment and Bristol has completed a Children's Mental Health Needs Assessment PPI findings have been shared with the TCP area as a key part of the procurement process.

Ongoing engagement will occur with children's parent carer forums.

See Appendix 2: Voice of children, young people and families: what they told us

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

Whilst the local health and social care economy fully engage with families and carers, this assurance template has not been co-produced. However, this draft has drawn on and taken account of pre-existing sources of patient and public feedback on existing learning disability services. This has included looking at the JSNAs, PALS and Complaints data, Healthwatch reports, draft children's needs assessment and adult mental health needs assessment and relevant items and public submissions taken to Health Scrutiny Committees for South Gloucestershire, Bristol, B&NES and North Somerset.

The TCP has completed an extensive number of engagement processes with service users, families, carers and public in relation to a wide range of commissioning activities and commissioning strategies that support and crosscut with the wider transforming programme. We have also taken into account relevant feedback received as part of the consultation on the re-commissioning of Children's Community Health Services and Bristol Children's Change Programme.

See Appendix 3: Recommissioning of Children's Community Health Services Consultation Report

The twelve-week consultation on the future of children and young people's healthcare services across Bristol, North Somerset and South Gloucestershire (BNSSG) closed on November 25, 2015. During the consultation we sought the views of children and young people, their parents and carers as well as professionals, in order to gather as much feedback as possible on what they expect from children's healthcare services from 2017 onwards.

The consultation was developed as an innovative and unique website, one of the most original and user friendly approaches to be used in an NHS consultation. It featured a range of animations, caricatures and different response mechanisms and was designed with the full involvement of children and young people from across BNSSG. Input was sought to ensure the information was accessible to people with learning disabilities and other user groups with specific access needs.

More information on the background to the consultation can be found by visiting the Your Healthy Future website: https://www.bristolccg.nhs.uk/get-involved/cchs/childrens-community-health-services-overview/#sthash.bpoVwfTm.dpuf

Throughout the journey since Winterbourne View regular presentations and discussions have been held at the LDPBs. Recent papers on the Transforming Care Programme and Partnership have been presented to the Boards to keep representatives up to date with developments. The LDPBs have agreed to continue to be involved in the process and be part of the Transforming Care Partnership. The LDPB reports to the Health and Wellbeing Board. Both the CCGs and Councils have provided regular reports to their respective Governing Bodies. Partnership Boards and user led advocacy organisations, alongside specific engagement events will be our main vehicle for securing engagement from this group.

People with learning disabilities, their families and carers have told us about how it can feel in the health and care system. They have told us how they want more choice and a stronger say in their own care and to be closer to their family. Empowering people with learning disabilities and their families to have greater rights and say in their care underpins the wider TCP. The TCP has been working with partners across the health, local authority and voluntary sectors to strengthen the collective voice of individuals with learning disabilities and their families, to ensure greater personalisation, increased choice about care, and greater influence over service design and delivery.

Clearly, ensuring robust on going stakeholder engagement and involvement will be a critical success factor in the ultimate realisation of the TCP three year plan. In order to feel positive about service changes, people need to feel they have been represented in making decisions about who will provide the services and how. To work effectively with new services, people need to understand what the model looks like, how it will work and how they can best interact and integrate with the new system.

The TCP has a clear set of values:

- We put patients at the heart of our decisions
- We embrace the diversity of our communities
- We are clinically led
- We work with partners across boundaries
- We are open and responsive.

The TCP area launched two major Public and Patient initiatives during the year as it began the process of re-commissioning both adult and children's community health services. The co-ordinating TCP CCG developed the ability of its clinical steering groups to integrate the patient and public voice in service development. For example, both the cancer and mental health and learning disabilities steering groups now have patient/service user representatives as full members of the two groups, and Bristol Parent Carers joined the children's steering group.

2.Understanding the status quo

Baseline assessment of needs and services

Population and Demographic Trends:

The White Paper, *Valuing People*, defined a learning disability as: a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); along with a reduced ability to cope independently (impaired social functioning).

Learning Disabilities can be grouped into four main levels of severity:

- Likely to result in some learning difficulties at school. At this level, many adults will be able to work, maintain good relationships and contribute to society.

- Likely to result in marked developmental delays in childhood but most can learn to develop some degree of independence in self-care and acquire adequate communication and academic skills. Adults are likely to require varying degrees of support in order to live and work in the community.

- Likely to result in severe developmental delays and a continuous need for support throughout the life course.

- Likely to result in severe limitations in self-care, continence, communication and mobility. Requires a high level of constant care and support.

(Department of Health, 2001)

There is no definitive record of the number of people with learning disabilities in England. It is, however, possible to estimate the number of people with learning disabilities in England by combining information collected by government departments on the presence of learning disabilities among people using particular services, overall population predictions for England and the results of epidemiological research. We estimate that in England in 2010 1,198,000 people have learning disabilities. This includes:

- 298,000 children (188,000 boys, 110,000 girls) age 0-17;
- 900,000 adults aged 18+ (526,000 men and 374,000 women), of whom 191,000 (21%) are known to learning disabilities services.

People with learning disabilities and/or autism have poorer health than their non-disabled peers. They have higher levels of mental illness, chronic health problems, epilepsy, and sensory problems. Life expectancy of people with learning disabilities is significantly lower than the rest of the population. People with learning disabilities are more likely to be exposed to the social determinants of poor health such as poverty, poor housing conditions, unemployment, discrimination and social isolation. Nationally the number of adults with learning disabilities is increasing and is predicted to increase by 1% each year for the next 15 years.

Learning Disabilities amongst children and young people:

- It is estimated that there are 298,000 children (188,000 boys, 110000 girls) age 0-17 in the UK with a learning disability.
- Approximately 200,000 children in England are at the School Action Plus stage of assessment of SEN or have a Statement of SEN and have a primary Special Educational Need (SEN) associated with a learning disability. Of these, four out of five have a moderate learning difficulty, one in twenty have profound multiple learning difficulties.
- In very early childhood, only severe learning disabilities are likely to be apparent
- Children from poorer families are more likely to have a learning disability
- Moderate and severe learning difficulties are more common among 'Traveller' and 'Gypsy/Romany' children. Profound multiple learning difficulties are more common among 'Pakistani' and 'Bangladeshi' children
- Overall, 89% of children with moderate learning difficulty, 24% of children with severe learning difficulty and 18% of children with profound multiple learning difficulty are educated in mainstream schools (Source: People with Learning Disabilities in England 2011)

Autism:

- The prevalence rate of autistic spectrum conditions is higher in men (2%) than women (0.3%).
- 60-70% of people who have an autistic spectrum condition will also have a learning disability.
- The prevalence of autism increases with greater severity of learning disability or lower verbal IQ. (Source: NHS Report - 'Estimating the prevalence of autistic spectrum conditions in adults', 2012)
- 4.5% of single men have an autism spectrum condition
- Autism spectrum conditions are associated with educational qualification. The rate is lowest among those with a degree level qualification (0.2%) and highest among those with no qualifications (2.1%).
- The likelihood of a positive assessment for an autism spectrum condition varies with tenure and the level of deprivation in the local area. Those living in accommodation rented from a social landlord were the most likely to have an autism spectrum condition. This is strongly evident among men - 8.0% of men in social housing are identified with an autism spectrum condition (Source: Autism Spectrum Disorders in adults living in households throughout England, 2007)

Between 25 and 40% of people with learning disabilities also suffer from mental health problems:

- Children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments. All these factors are positively associated with mental health problems.

- People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities The prevalence of dementia is much higher amongst older adults with learning disabilities compared to the general population (21.6% vs 5.7% aged 65+) (
- People with Down's syndrome are at particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population Prevalence rates for schizophrenia in people with learning disabilities are approximately three times greater than for the general population (3% vs 1%)
- Reported prevalence rates for anxiety and depression amongst people with learning disabilities vary widely, but are generally reported to be at least as prevalent as the general population and higher amongst people with Down's syndrome
- Challenging behaviours (aggression, destruction, self-injury and others) are shown by 10%-15% of people with learning disabilities, with age-specific prevalence peaking between ages 20 and 49

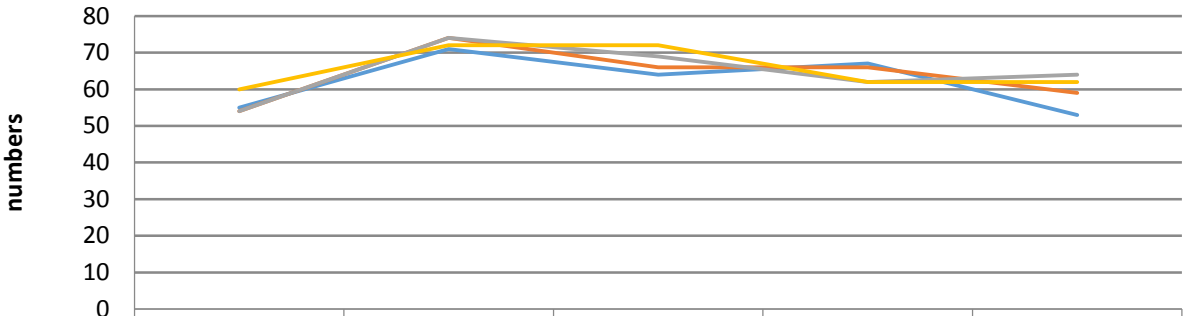
% of total resident population								
Source: QOF		England	South West region	Bath and North East Somerset	Bristol	North Somerset	South Gloucestershire	
Indicator	**Period**							
Learning disability: QOF prevalence	2013/14	0.5	0.5	0.5	0.5	0.5	0.4	
Adults (18 to 64) with learning disability known to Local Authorities per 1,000 population	2013/14	4.3	4.8	3.8	3.8	3.8	4.6	
Children with Moderate Learning Difficulties known to schools	2013/14	15.6	10.2	11.4	7.9	5.8	9.9	
Children with Severe Learning Difficulties known to schools per 1,000 pupils	2013/14	3.73	3.8	3.45	3.06	3.42	2.7	
Children with Profound & Multiple Learning Difficulty known to schools per 1,000 pupils	2013/14	1.27	1.22	1.02	1.34	0.77	*	
Children with learning disabilities known to schools per 1,000 pupils	2013/14	20.6	15.2	15.9	12.3	10	*	
Children with Autism known to schools per 1,000 pupils	2013/14	9.1	8.3	9.7	8.7	5.7	7.5	
Compared with benchmark:		Better	Similar	Worse		Lower	Similar	Higher

Learning Disability QOF prevalence

Area	Value	Lower CI	Upper CI
England	0.5	0.5	0.5
South West region	0.5	0.5	0.5
Bath and North East Som...	0.5	0.4	0.5
Bristol	0.5	0.5	0.5
North Somerset	0.5	0.4	0.5
South Gloucestershire	0.4	0.4	0.5

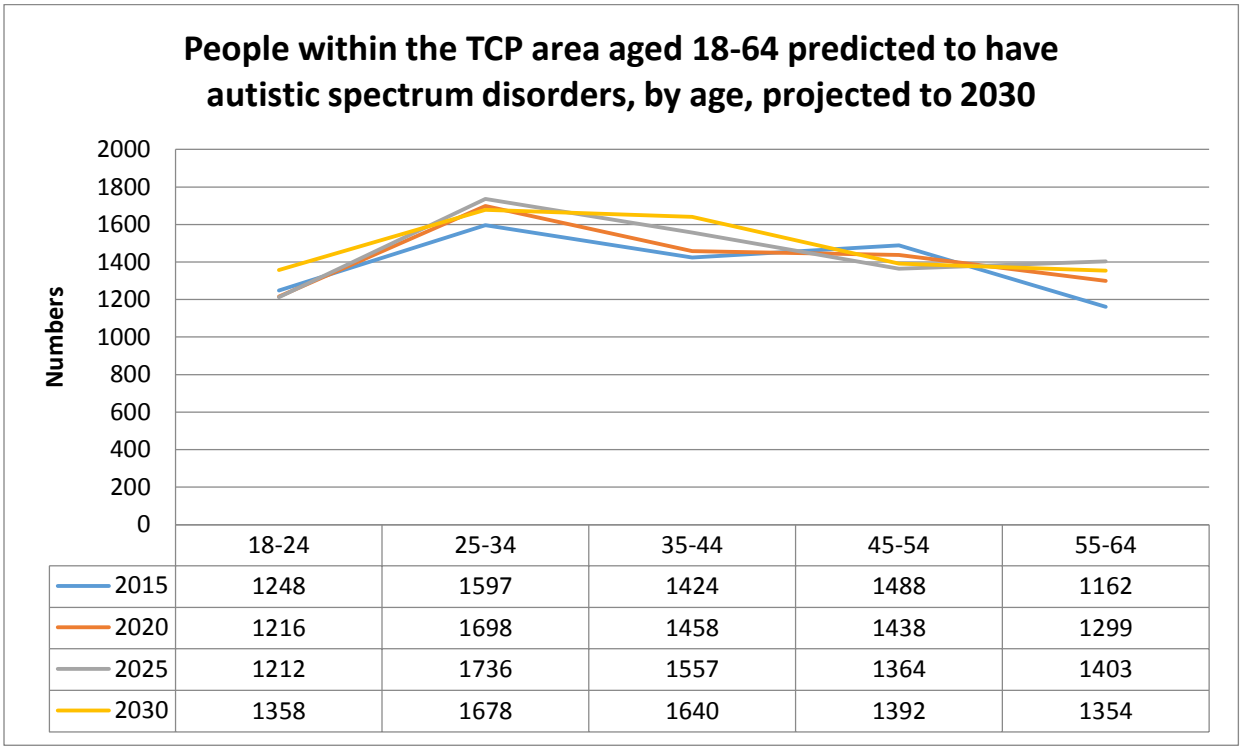
People with Learning Disabilities Registered with a GP

Area	Count	Value	LCI	UCI
Bath and North East Somerset	746	0.5	0.4	0.5
Bristol	1,939	0.5	0.5	0.5
North Somerset	821	0.5	0.4	0.5
South Gloucestershire	878	0.4	0.4	0.5



	18-24	25-34	35-44	45-54	55-64
2015	55	71	64	67	53
2020	54	74	66	66	59
2025	54	74	69	62	64
2030	60	72	72	62	62

- The prevalence rate for people with a learning disability displaying challenging behaviour is 0.045% of the population aged 5 and over.
- The prevalence rate is based on the study Challenging behaviours: Prevalence and Topographies, by Lowe et al, published in the Journal of Intellectual Disability Research, Volume 51, in August 2007.
- In total, 4.5 people per 10,000 of the population aged 5 and over were rated as seriously challenging (representing approximately 10% of the learning disability population). The most prevalent general form of challenging behaviour was 'other difficult/disruptive behaviour', with non-compliance being the most prevalent challenging behaviour.
- The prevalence rate has been applied to ONS population projections to give estimated numbers with a learning disability predicted to display challenging behaviour, to 2030.



	18-24	25-34	35-44	45-54	55-64
2015	1248	1597	1424	1488	1162
2020	1216	1698	1458	1438	1299
2025	1212	1736	1557	1364	1403
2030	1358	1678	1640	1392	1354

- The information about ASD is based on Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey 2007 was published by the Health and Social Care Information Centre in September 2009.
- The prevalence of ASD was found to be 1.0% of the adult population in England, using the threshold of a score of 10 on the Autism Diagnostic Observation Schedule to indicate a positive case. The rate among men (1.8%) was higher than that among women (0.2%), which fits with the profile found in childhood population studies.
- The report Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP), Baird, G. et al, The Lancet, 368 (9531), pp. 210-215, 2006. found that 55% of those with ASD have an IQ below 70%.
- The National Autistic Society states that 'estimates of the proportion of people with autism spectrum disorders (ASD) who have a learning disability, (IQ less than 70) vary considerably, and it is not possible to give an accurate figure. Some very able people with ASD may never come to the attention of services as having special needs, because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents. Other people with ASD may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence.
- The prevalence rates have been applied to ONS population projections of the 18 to 64 population to give estimated numbers predicted to have autistic spectrum disorder to 2030.

There has been a period of unprecedented population growth across the TCP in the last decade. Since 2001 the population of the Bristol Local Authority area is estimated to have increased by 42,400 people (10.9%) because of an increase in net-international migration and a significant increase in the numbers of births and a decrease in the number of deaths.

Learning Disabilities: The national average of people with learning difficulties is 2% of the population. Studies suggest that the numbers of people with learning disabilities are increasing, with estimates in the area of 14-15% by 2021. Overall, this is a comparable rate of increase to

that of the wider population. Recent evidence suggests that older people are one of the fastest growing groups of the learning disabled population (Emerson and Hatton 2011).

Emerson and Hatton have identified three significant factors leading to changes in prevalence for adults with learning difficulties; the increase in proportion of younger people who belong to South Asian minority ethnic communities; increased survival among young people with severe and complex disabilities; reduced mortality rates among older adults with learning disabilities. The changes within specific age groups are much more marked. While there is very little change within the 15-49 age range, within the 50+ age range Emerson and Hatton predict very marked increases in both the numbers of people with learning disabilities known to learning disability services, 48% over the two decades 2001-2021) or the estimated 'true' number of people with learning disabilities in England 53% over the two decades 2001-2021).

Other factors influencing demand and the shape of future services - Autism, autistic spectrum disorders and Aspergers

Between the 1940's and early 1990's the reported prevalence of autism remained relatively stable at around 5 per 10,000 of the population. Autistic Spectrum Disorder, where individuals displayed three major characteristics of autism, in communication, social interaction and communication together with repetitive stereotypical actions was reported at about 20 per 10,000. More recent surveys have shown a sharp increase. In 2006 amongst 9-10 year-olds, the respective figures were 39/10,000 and 77/10,000 – taken together means that approximately 1 in every 100 9-10 years olds either has autism or ASD.

Joint Strategic Needs Assessment (JSNA) 2014 updates - bristol.gov.uk

http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics

http://www.southglos.gov.uk/community-and-living/stronger-communities/community-strategy/joint-strategic-needs-assessment-jsna/

http://www.n-somerset.gov.uk/community/partnerships/Pages/Joint-strategic-needs-assessment.aspx

1) Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.

- The TCP area is waiting for the first return on the CAMHS minimum data set from the current providers. We will use this over Q4 15/16 and Q1 and Q2 16/17 to provide a benchmark to support this analysis for children and young people.
- CLDTs have assessed everyone on their caseload around needs which may escalate and present as behaviour that challenge. Each individual plan has mitigations and de-escalation plans. Individuals scoring red on the plan are discussed at the monthly case discussion forums.

2) Children and young people have access to a range of specialist and targeted short breaks including direct payments. In Bristol this is jointly commissioned with a pooled budget allowing flexibility in response to need. Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.

- For adults these people will be represented on a risk register of individuals at risk of admission at the case discussion forums.
- Children and young people have access to a range of specialist and targeted short breaks including direct payments. In Bristol this is jointly commissioned with a pooled budget allowing flexibility in response to need.

3) Bristol and South Gloucestershire commission Positive behaviour support services for children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).

- Within the TCP area 'Be Safe' services are jointly commissioned from Sirona consortia– working with young people with sexual harmful behaviour including those with a learning disability and / or autism. Paediatric and CAMHS teams support young people with risky behaviours and independent bespoke psycho-educational support is commissioned on an individual needs led basis
- Positive Behaviour Support Service is provided in Bristol and SGlos to provide intensive support in schools/ homes for those at risk of social breakdown.
- CLDT psychology and psychiatry teams are commissioned to support work with children and adults who have present with risky behaviours.
- Both CLDT and Social Care work closely with individuals subject to Ministry of Justice licence or Mental Health Act Section.
- Intensive Response Nurses are a team of Registered Learning Disability Nurses and support workers who support adults who have a learning disability. Some have additional training in Positive Behaviour Management (PBM). The team assess individual service users who display behaviours that may be perceived as 'challenging,' have deterioration in their mental health, or support individuals who are at risk of placement breakdown/admission to hospital. The team utilise and develop proactive strategies, Positive Support Plans (PSP), Comprehensive Risk and Management Plans (CRAMP) and provide support until crisis situation is resolved. The team also develop reactive strategies, de-escalation techniques and breakaways with service users, carers and families. The use of intensive response teams significantly reduces placement breakdown and indication for inpatient admission.
- Avon Forensic CLDT is a small specialist team who work with adults who have Learning Disabilities who are at risk of committing offences. This includes people who are convicted or who have had allegations of offending made against them. The service provides forensic risk assessment, consultancy and advice and

psychological assessments and interventions aimed at reducing the risk of offending. The team are also able to provide training aimed at raising awareness of people who have learning disabilities and their particular needs in the criminal justice system.

See Appendix 4: Annual Forensic CLDT Report 2015

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

- This is a challenge for all age groups. Case finding has been identified as an area for further exploration for both avoiding involvement with criminal justice but also for the vulnerability of this group to poor health and social care outcomes. The CIPOLD report identified individuals who are usually outside the scope of services as being particularly vulnerable to poor health outcomes. NHSE have started a review across the South West for children and young people in any type of secure setting this includes health and social care provision.
- Early Help/ Troubled Families provision is available for children and their families

5) Parent support programmes relating to adolescents with autism is available in Bristol from the 0-25 integrated service. Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

- Stepping down from hospital placements has been a core focus of the TCP area since 2011. The joint focus has been ensuring that transfer from inpatient to community placements are appropriate, robust, person centred and delivered in the best interest of the individual, therefore avoiding further placement breakdown and movement back into hospital.

People with learning disabilities and people with autism have a higher prevalence of mental health needs than the wider population, but may find it difficult to access mental health provision due to perceptions regarding eligibility, historical patterns of provision, diagnostic overshadowing, and lack of reasonable adjustments to make services more accessible. Although some people may have their needs more appropriately met in specialist learning disability or autism services, this is not always the case. The TCP area is working with our local mental health trust to ensure our mainstream services are reasonably adjusted to meet the mental health needs of people with learning disabilities and people with autism.

Analysis of inpatient usage by people from Transforming Care Partnership

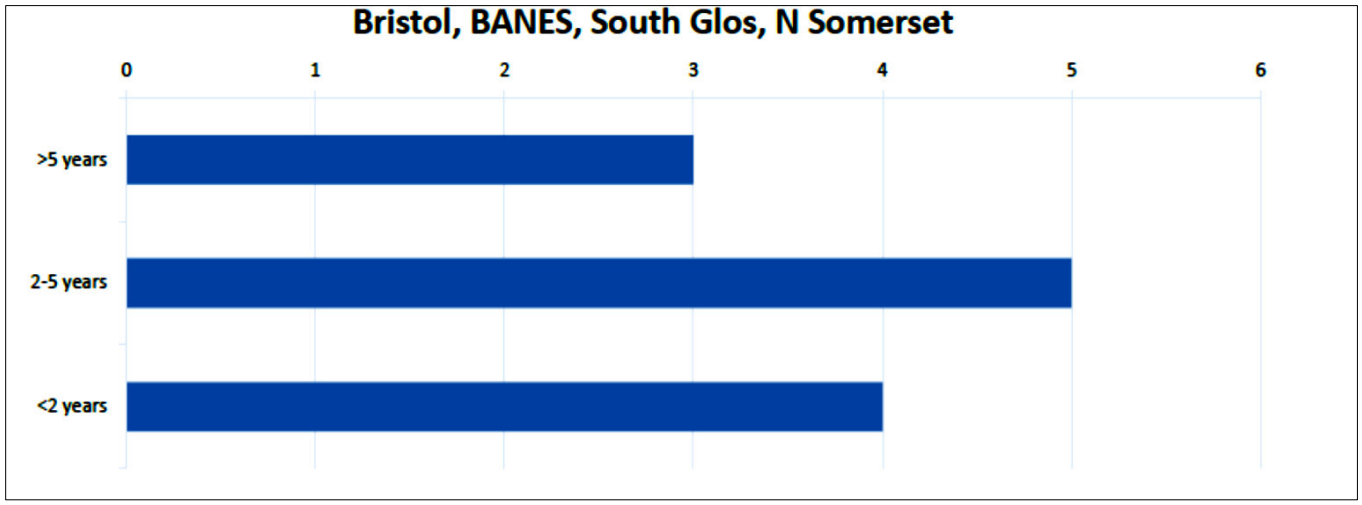
TCP Area: Bristol, BANES, S Glos and North Somerset

Commissioners: Bristol CCG, South Gloucestershire CCG, Bath & NE Somerset CCG, North Somerset CCG

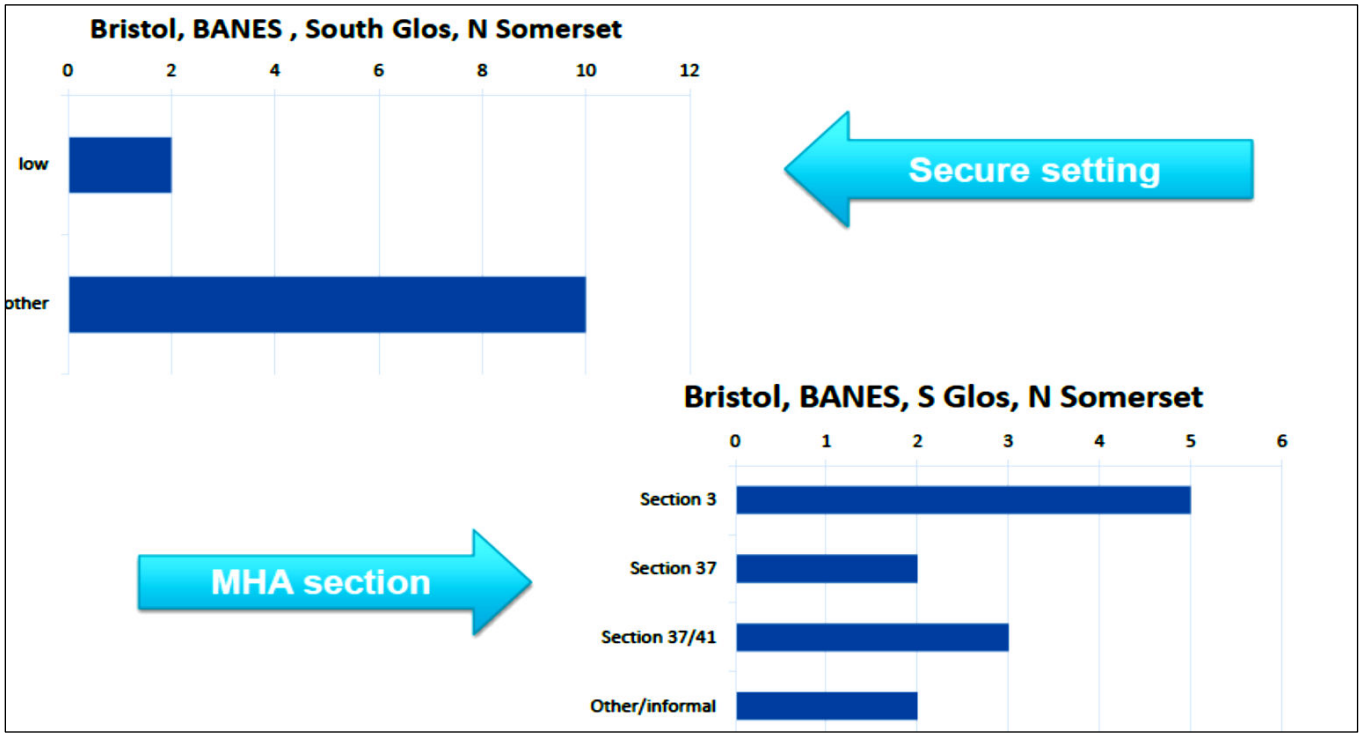
Number of inpatients: 12

Number treated outside the South region: 14* Midlands & East (7), Wales (4), North (3)
**Note – discrepancy arises as source of out-of-area data is HSCIC Assuring Transformation – further data reconciliation to regional data required*

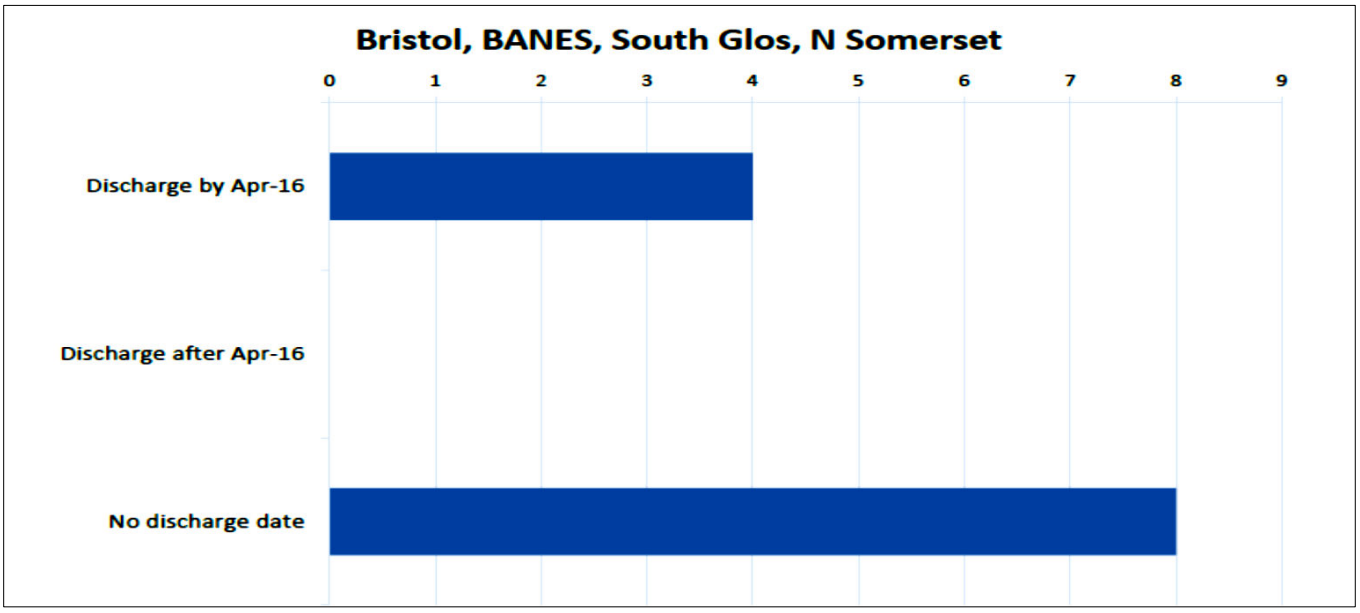
Inpatient length of stay: This table shows an analysis of the distribution of Length of Stay for the TCP area.



Secure setting and MHA section: This table shows which level of secure setting patients are in and whether the person is detained under the MHA.



Discharge status: This table sets out how many patients have a discharge date planned either before April 2016, after April 2016, or as yet have no planned discharge date:



Across the TCP the inpatient rate operates below the projected range of 20-25 inpatients per million population for NHS England commissioned services and 10-15 inpatients per million for CCG commissioned services to be achieved by March 2019. Over the three year plan we are

likely to see the number of CCG commissioned inpatient services fluctuate. Discharge plans for the majority of people who are subject to Ministry of Justice restrictions will most likely necessitate step down arrangements from secure services to locked rehabilitation before moving back to the community. In these instances the CCG will be required to pick up commissioning responsibility for these individuals.

The current system

There are no specialist in-patient facilities for adults with learning disability and or autism within the TCP area. Following the events at Winterbourne View considerable investment has been put into the development and growth of robust community teams and services in order to minimise the need for inpatient admissions.

If an individual with a learning disability and/or autism requires an inpatient admission for mental health treatment and interventions then the individual is admitted to an acute inpatient ward within the Avon and Wiltshire Mental Health Partnership NHS Trust. The admission takes place close to home whenever possible and appropriate. NHS England commissions Cary Ward at Fromeside which provides secure inpatient services for men and the service is able to accommodate individuals with a Learning Disability/ Autism. Elizabeth Casson provides PICU facilities for women. Multi agency care co-ordination support individuals whilst an inpatient on the mainstream unit, this ensures that discharge processes allow for changes to community support packages before discharge.

FIND - provides case management for service users with Forensic Intellectual, Neuropsychiatric and Developmental disorders. FIND is also based in Fromeside but its role is to case manage the care of service users in out of area placements who have a forensic history and a learning disability or significant cognitive difficulties.

Care Co-ordination - All individuals have allocated care coordinators and a health professional from the Community Leaning Disabilities Team and individual's Care Programme Approach (CPA) reviews are up to date and attended by the care co-ordinators or health professionals. All of these cases are regularly reviewed and bought back to case discussion forums which are made up of a team of multi-disciplinary professionals from both Health and Social Care. In addition, as part of the Transforming Care commitment made by NHS England, Care and Treatment reviews are to be offered to all people with learning disabilities and/or autism in in-patient settings.

- **Elements of effective management of acute mental illness – mainstream mental health provision**

- Weekly input into Ward CPA meetings.
- CPA Care co-ordination from mental health nurses and BIRT
- Face to face input from Consultant Psychiatrists at CPA's and with service users
- Close liaison between Social Workers, the ward and CLDT
- Close liaison between support agencies and accommodation providers as part of CPA process.
- CPA meetings after discharge

- Nursing interventions shared across disciplines including facilitating BIRT visits and sharing of Positive Support Plans (PSP's)
- Involvement of carers as meaningful partners in a triangle of care.
- Medication management including setting up depots

➢ **Areas of development**

- AWP bank office have identified Learning Disabilities nurses prepared to work within inpatient acute wards

Community Learning Disability Teams - The CLDT provide specialist health services directly to people with learning disabilities. They are a centre of expertise, linking and liaising with other services and offering support and training on how to work with people who have a learning disability and how to make reasonable adjustments. They work closely with GPs to make sure that people with learning disabilities are offered annual health checks and health screening.

Case Discussion Forums - The process of avoiding admissions and seeking discharge at the earliest opportunity is coordinated at the LD case discussion forums. Initially this panel focused on the discharge of individuals in hospital. As this process has continued and individuals have been successfully placed the focus has expanded to ensure that current placements remain the best place for the individual and that the transition from hospital to community is carefully supported. The agenda now includes individuals who are rated red on the traffic light system for positive behavior support. Case discussion forums have the authority to adjust care package and levels of funding for packages delivered in the community.

IAPT - Improving Access to Psychological Therapies is provided through an Any Qualified Provider contract with 14 contracted providers. Many of these providers have particular expertise in working with different need. The AWP AQP provided psychological therapies with the Autism social worker at post diagnostic support sessions. Other providers work well with socially isolated people.

Complex health needs service and Bristol intensive response team - provide a range of specialist health assessments, intervention and treatment for people with learning disabilities and people with autism, including Asperger's. The teams support mainstream services to provide reasonable adjustments to ensure that people with learning disabilities can access mainstream services; this is through the provision of information, training and development opportunities. Key tasks of the teams include:

- Assessment, diagnosis and treatment of psychiatric and neuropsychiatric disorders in people with learning disabilities and people with autism. Case management of people who have complex mental ill health needs including those whose behaviours challenge services, or those service users who have offending behaviours.

- The development of appropriate behavioural management plans and interventions which ensure the safety of the service user and those around them and maximise their independence. The team work jointly with service users, their families, carers, community teams and other agencies including the CMHT and forensic service.

- Key focus on timely intervention and prevention of behaviours escalating by mobilising

appropriate resources in response to the presenting crisis.

Community Health Services for children and young people - From April 2016 community health services in Bristol and South Gloucestershire will be provided by Sirona Care and Health consortia with Bristol Community Health, CAMHS services will be provided by AWP. This is an interim contract for one year before substantive providers are appointed through a full procurement process. There are significant activity pressures in the current children's services. The autism waiting list in the paediatric team is long in South Gloucestershire . Waiting list initiatives are being explored to support this. Commissioners have also funded additional clinicians for 16/17 to support the current levels of high demand. This is a priority area of change for commissioners and is reflected in the CAMHS transformation plans and CCG commissioning intentions.

Positive Behaviour Support (PBS) - The jointly commissioned PBS service is part of the Specialist Service for Children with Learning Disabilities (SSCLD) in Bristol and South Gloucestershire and provides an intensive school and community-based therapeutic service for children and young people with moderate-severe Learning Disability whose behaviour is highly challenging for services and places them at high risk of social exclusion (school, home, short breaks/respite breakdown). The PBS service works with and supports the family by developing a plan which the family and others involved in the care of the child or young person can deliver to improve outcomes in relation to:

- Overall psychological well-being, including improved independence skills and quality of life; increased school participation leading to increased engagement in play and learning (time in school, reaching academic goals);
- Maintaining and improving family/school/respite relationships and placements. Improved community participation;
- Reduction in severity and frequency of 'challenging' behaviours;
- Reduced risks to self/others and reduction in physical restraints; and
- Reduced need for residential school and residential home placements.

Be Safe - provision for young people with LD who need intensive support around sexually appropriate behaviours. This also supports families and carers.

Short Breaks for children and young people- a range of targeted and specialist short breaks including access to direct payments are available. In Bristol this is jointly commissioned with a section 75 pooled budget allowing flexible response according to need.

0-25 Integrated Services for children with disabilities and special education needs are established in Bristol and South Gloucestershire to enable improved experience of care through integrated delivery of care and support.-

Attention Deficit Hyperactivity Disorder (ADHD) Service - The function of the ADHD Service is to provide specialist assessment and shared prescribing for Adults over the age of 18 years with Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder. It will be informed by NICE Guideline CG72, and aims to improve ADHD related outcomes for each service user, promoting active and full engagement of service users in their own care. The

service will also offer consultation to other services and agencies regarding the management of Adult Attention Deficit Hyperactivity Disorder.

The service is commissioned to provide initiation of treatment, follow up appointments (including prescribing and associated physical monitoring) until treatment is stabilised. The Service provider can then request that the GP takes on prescribing responsibility and relevant monitoring. However the service user must return on a yearly basis for an annual review.

BASS Service - The function of the Bristol Autism Spectrum Service (BASS) is to provide a specialist assessment, diagnostic and post diagnostic support service for adults with autism. The BASS service is commissioned across the TCP. The service is be informed by NICE guidance, promote active and full engagement of service users in their own homes, help adults with autism to access a range of mainstream social care and independent sector services to meet their needs, including employment support, IAPT, housing & welfare rights. BASS also acts as a consultation service to other services and agencies regarding the management of adults in this group to improve the ability of mainstream providers to meet their complex needs and to improve outcomes for each service user. The components of the service are outlined below:

- Assessment – conducted over a number of appointments tailored to the needs of the patient, with a full clinical interview, pre-assessment measures and administration of the relevant social reasoning and cognitive assessments as required.
- Post diagnosis – detailed feedback to the service user with implications of this, with onward referral/signposting to other services as required. Opportunity to attend a 6 session psycho-educational group for those with a positive diagnosis. A full and holistic needs assessment will be offered including employment, housing, benefits, physical an mental health.
- Advice and Information – both for patients, their families and carers (specifically including partner support groups), supporting other health & social care professionals or providers working with adults with autism.

Autism case management service - provides assessments and support planning to people on the autistic spectrum this includes people with Asperger's. The autism service is co-located with the complex health needs service. The transition service is based in the learning disability and autism service teams. There is a clear referral pathway with identification of young people in year 9 who may be in need of services.

Forensic Community Learning Disability Team (FCLDT) -The function of the FCLDT is to help offenders who have Learning Disabilities reduce the frequency and severity of their offending behaviours and therefore reduce the number of offences and the harm to victims. The team provides a tertiary service to people with learning disabilities who have been convicted of an offence, have had allegations of offending made against them or who are considered at risk of offending. The service provides timely and responsive assessment, treatment and advice to service users, referring teams and other professionals or carers involved, in a range of community settings including residential care, supported living and local prisons. The service also undertakes preventative work, thorough and specialist risk assessment and risk management advice, assessment and intervention for specific offending behaviours, training, clinical supervision, consultancy, advice and research. The team works in

close liaison with the local CLDTs and criminal justice personnel in Avon (Bristol, Bath, Keynsham, Kingswood, Thornbury and North Somerset).

Learning Disability Psychiatry Service - The function of the Learning Disability Psychiatry service is to promote and provide a range of high quality, responsive and effective psychiatric assessment and therapies to local residents with Learning Disabilities, in order to assist them to attain and maintain their optimum quality of life. This will be achieved by a variety of interventions and activities including, but not limited to:

- Attending at CPAs
- Developing and maintaining close working relationships with other professionals including GPs, the CLDTs, Service Users and their families/carers, other mental health teams, and other agencies involved in delivering care to people on their caseload
- Providing expert opinion to other services regarding clinical needs of Service Users
- Facilitating access for people with LD to generic health services
- Assuming clinical/medical responsibility for the treatment of service users who may be detained under the Mental Health Act, and to refer service users who may require inpatient assessment, treatment, rehabilitation or respite care where appropriate to the relevant service.
- Providing training for other clinicians
- Leading on implementation and monitoring of best practice clinical guidance for people with LD
- Proactively supporting the development of LD services and relevant care pathways.
- Carrying out Mental Health Assessments in a range of community and hospital settings across the TCP, including where appropriate in an individual's home

Men's Crisis House - This Bristol based service is for men (including men with learning disabilities and/or autism) experiencing acute mental health crisis where hospital admission might be the only other alternative available.

Women's Crisis House - This Bristol based service is for women (including women with learning disabilities and/or autism) experiencing acute mental health crisis where hospital admission might be the only other alternative available.

Bristol Sanctuary - is an innovative new service, the first of its kind in Bristol. It opened in April 2015 and offers a welcoming place of safety and comfort and where people who are experiencing severe emotional distress can go for help out of normal working hours. It is open from 10pm – 2am, Thursday – Monday.

Bristol Community Rehabilitation - Service opened in April 2015 to support people with long term mental health and complex needs, including people with learning disabilities and/or autism to gain the skills and confidence to live as independently as possible. The service is recovery focused and offers step up and step down to avoid hospital admission as well as facilitating discharge care pathways. Providing specialist assessment, treatment and interventions, the majority of its work takes place in the community rather than on hospital wards. The service is psychologically informed and recovery focused; and is led by a clinical psychologist.

The Community Rehabilitation Service has high expectations of recovery for everyone it supports. The staff team is diverse and includes people with their own experience of mental health services. The service is voluntary sector led together with its partners the women's mental health organisation Missing Link and AWP and will run alongside AWP's ward-based rehabilitation service. Specialist staff provide a range of interventions to help people manage their mental health problems more effectively and to live as independently as possible.

The TCP is working closely with individuals, their families and advocates, partners and other agencies on all in-patient cases to ensure that those with complex learning disability needs are living in the least restrictive settings, in line with the requirements of the from both Health and Social Care. Comprehensive information is available about the number of people with PMLD (profound and multiple learning disabilities) allowing us to develop, reconfigure and redesign the local market to meet current and future needs of people with more complex needs.

We have co-produced joint strategic plans to support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs, e.g. Accommodation strategy, Autism Strategy, Residential and Care Home strategy, Home Care Strategy. Each of these strategies reflects the need to deliver a re-provision programme for existing service users, and the need to substantially reduce future hospital placements. We have also completed an initial assessment of commissioning requirements to support people's move from assessment and treatment/in-patient settings. These have been shared with the local market in order for a person centred and bespoke approach to delivering individual community support packages.

The TCP is committed to promoting and encouraging the use of Personal Budgets and Personal Health Budgets, particularly combining the two to deliver Integrated Personalised Commissioning. Bristol CCG and Bristol City Council, under the better Care programme are piloting the Integrated Personalised Commissioning approach for 10 people with learning disabilities.

Integrated Personal Commissioning consolidates a shift in power to people who use these services to help them shape care that is effective and meaningful to them in their lives. It builds on and brings together work that has already started to explore new funding models and places that have taken the lead in implementing personal budgets in the NHS. It aims to bring health and social care together, identifying the totality of expenditure at the level of the individual, giving people more control over how this is used and enabling money to be spent in new ways to achieve the three programme goals

- People with complex needs and their carers have better quality of life and can achieve the outcomes that are important to them and their families through greater involvement in their care, and being able to design support around their needs and circumstances.
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care by keeping them well and supporting self-management as measured by tools such as 'patient activation'– so ensuring better value for money.
- Better integration and quality of care, including better user and family experience of care.

The programme is aimed at groups of individuals who have high levels of need, who often have

both health and social care needs, where a personalised approach would address acknowledged problems in current care provision, help prevent people from becoming more unwell, and enabling people to retain their independence. This will include:

- People with learning disabilities with high support needs, including those who are in inpatient settings or at risk of being placed in these settings.
- People with significant mental health needs

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

We do not have any property or existing interest in property for this particular cohort in the TCP area. There are some historic legal charges on estate from PCT/Avon days. These are now managed through a grant with local housing alliance.

South Gloucestershire CCG has been involved in a project with the council to use existing LD capital receipts to build extra care housing and Bristol City Council are currently developing plans with Knightstone Housing Association to redevelop and reprovide from their current residential care estate that was developed when local long stay hospitals were closed. The specification for these redevelopments is to support the Transforming Care Programme by increasing the range of community services that can offer step and step down provision in order prevent hospital admission, as well as facilitate hospital discharge. In view of this agenda we are working with colleagues in NHS England and the local Commissioning Support Unit to identify charge issues and ensure a smooth transition in the care and accommodation provided for service users.

Both Bristol and North Somerset has recently been successful in its application for a grant/capital investment funding to secure suitable housing for people with Learning disabilities who are currently in hospital placements. Work is ongoing to facilitate these discharges.

The TCP acknowledge that there is limited housing stock suitable for people with challenging behaviour, either because of the fundamental estate or because of the proximity to other properties. In response, Bristol has developed a Joint Accommodation Strategy.

The vision of this strategy is for Health and Social care service users to be able to live in a place of their choice and with the support that they need to live their lives. The strategy has been developed to guide the delivery of this vision. It sets out the local and national context around accommodation, the issues that have been identified for service provision in Bristol and a plan of how the outcomes will be achieved.
This strategy is a high level indication of our future intentions over the next 5 to 10 years. It is not a detailed plan, but actions will continue to be developed to map out the how the strategic outcomes will be delivered.

Principles
The key principles on which the strategy is based are: -

- People should be able to live in the place or home that they choose to, with the support

that they require to live there. Support is based around their needs and is not attached to the accommodation they live in, so that if their needs change they do not have to move.

- Self-directed support: this includes:
-
    - Transparency – involving service users, service providers and other stakeholders working together to promote independence, recovery, resilience and wellbeing.
    - Support that is person-centred, inclusive and relevant to need.
    - Support that offers choice, opportunity and is ageless.
    - Support that is of a high quality and meets the diverse needs of Bristol's population.
    - Support that represents good value for money.
    - Support that is focused on outcomes rather than activities.

Outcomes

The key strategic outcomes expected from this strategy are:

- People are supported to remain independent, for as long as possible.
- People's choice and control over how they are supported to live their lives is maximised.
- People are supported to access high quality and varied services.
- To contribute towards the building of resilient communities for positive health and wellbeing.
- To support the delivery of a financially sustainable health and social care system.
-

To meet these strategic outcomes it is suggested that the following issues are addressed:-

- To look at what is happening for people in services now; through quality assurance and effective contract management of the services that are purchased.
- Improve outcomes for service users through workforce development.
- To increase the range of services available, providing a range of accommodation and accommodation support will be required; with clear pathways into and out of it.
- Work in partnership with all stakeholders to achieve desired outcomes.

As we plan in a person centred way then the housing solutions for individuals will inform and shape their individual plan.

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

We share and fully endorse the national vision of a new beginning for people with learning disabilities and/or autism. As local partners serving the diverse population we are united in the ambition of the National Plan to improve services for this group of people. Although there is still much work to be done to improve services for adults and children with learning disabilities and/or autism, we also believe that the TCP starts from a position of relative strength compared to many other areas.

Following events at Winterbourne View Hospital in May 2011, the Department of Health set out the minimum action Local Authorities and CCGs were expected to take to improve quality locally. The events which took place at Winterbourne View have reinforced the importance of good quality service provision for people who may have complex needs, behaviours that

challenge services and mental Health needs. Services for people with these overlapping conditions are often high cost and require a comprehensive integrated care pathway. It is therefore essential for commissioners and service providers to find high quality, outcome focussed and cost effective service solutions to support this group of individuals, with a particular focus on person centred approaches that minimise the risk of community placement breakdown, which can lead to expensive and unnecessary out of area placements or inpatient admissions.

The events at Winterbourne View were tragic, unacceptable and avoidable. The offences committed at Winterbourne View Hospital shone a spotlight on how our local services ought to prevent mental health problems among people with learning disabilities and/or autism. The Winterbourne View Serious Case Review identified a number of systemic service failures as well as a multi-agency failing in respect of robust commissioning and quality and performance monitoring arrangements. In response to these findings and the subsequent recommendations, the local TCP area embarked on a systematic review of the learning disability care pathways to ensure that our models of care and support reflected national policy and good practice guidance. As a result the local TCP has developed care pathways that have seen a consistent and sustained reduction of our reliance on inpatient care.

Post Winterbourne View, and in line with national requirements, there is a necessity to implement an enhanced and more rigorous framework for placement reviews, particularly for people with challenging behaviour and/or complex needs.

In addition, there has been a significant increase in Safeguarding activity for people with learning disabilities, in part due to increased awareness and more rigorous implementation of local safeguarding procedures, and also a raising of standards of practice post Winterbourne View. A number of open Safeguarding cases which are very complex and high risk involving a range of professional and other agencies; these cases are on-going and require constant social work intervention, planning and support.

There has also been additional activity around evidencing mental capacity decision making in particular accepting safeguarding risks, and more Best Interest decisions. In addition a number of service users require social workers to make applications to the Court of Protection (i.e. around financial decisions) this is believed to have increased with the increase in funding through personal budgets and implementing personalisation with this particular client group. Furthermore, the overall population of adults with learning disabilities and the level of complexity of needs has increased year on year, for a number of reasons including:
a higher number of younger adults with complex and profound health needs living into adulthood; a rise in the population of older age adults with learning disabilities as people are living longer.

Implementation of the Care Bill will also impact on the learning disabilities social work service with the potential for an increase in assessments and carers assessments and new demands on social work time. Investment into the Learning disabilities social work function is required to ensure that Health & Social Care can meet its statutory requirements i.e. around completing a minimum annual assessment/review, comply with the commissioner requirements around quality assurance and safeguarding, and ensure that the most vulnerable service users are not only supported to keep safe and well but can develop and maintain good health and

independent living skills which will reduce the need for the over use of services

Implementation of the Children and Family Act with Education, Health and Care Plans supports a much clearer focus on outcomes for the child and family through integrated assessment and delivery of care including the use of personal budgets.

Key outcomes for the TCP will include:

- Increase in the total number of adults with LD supported to live in their own homes, including those with complex needs/challenging behaviours
- Evidence of individual personal care and support evidenced by a reduction in challenging behaviours and the use of non-aversive interventions
- Increase in the number of adults receiving minimum annual assessment and/or review
- Increased compliance with Safeguarding procedures and in particular closing cases as a result of successful outcomes following alert/investigations

TCP Objectives:

- Improving mental health and wellbeing of the population
- Improving access and consistency of care
- Promoting Independence and positive lives for everyone: people most in need are supported to live full active lives

The TCP will aim to ensure good support for people of all ages across the spectrum. This ranges from low level, targeted support for large numbers of people to highly specialist support for those with complex needs.

There are opportunities for service improvements through developments in the way health and care will be commissioned in the future, particularly through the Health and Well-Being Board, greater integration of service provision and using the Joint Strategic Needs Assessment and other data to inform commissioning intentions. Contract monitoring can also be an important tool for holding providers to account in terms of quality and safeguarding and as a lever for improvement but the importance of providers taking personal responsibility is emphasised and it is essential to build up an atmosphere where openness and partnership between providers and commissioners is considered a good thing.

A considerable amount of work, at a national level, is taking place to describe ‘what good looks like’ in terms of community support services, particularly in response to the Transforming Care Programme. We have drawn this information together in order to review and further develop our local service model and a quality standard, which not only responds to the Transforming Care Agenda, but ensures all people with learning disabilities and/or autism will have access to high quality, value for money service provision.

Engaging with service users, their families, carers, clinicians, providers and other experts, and building on the body of existing work in this area, will be key to describing:

- outcomes to be achieved, with associated performance indicators,
- what kind of services should be in place
- standards that those services should meet

Our TCP community service model will include a strong emphasis on personalised care and support planning, personal budgets and personal health budgets, building on a range of recent moves by the Government, NHS England and local government to ensure individuals can exercise greater choice and control over the services they receive, and how they are delivered. The Integrated Personal Commissioning (IPC) programme, jointly led by NHS England and local government representatives, will for the first time, blend health and social care funding for some of the people with the highest care needs and allow them to direct how it is used.

People with learning disabilities will have access to universal (mainstream) health services in the same way as the general population, but there will also be an option to access more LD-specific specialist services where required/relevant. Services will be delivered closer to home, in mainstream provision wherever possible, and any move between mainstream and specialist provision will feel seamless to the individual in receipt. This model of healthcare delivery will ensure that people with learning disabilities are afforded the same equality of access to mainstream healthcare as the general population, whilst also recognising that this group may require more specialist professional health input. The purpose is:

- to ensure that people with learning difficulties have equal rights to access equally effective treatment
- to commission a comprehensive range of integrated modern high quality community health services for Bristol which are fit for purpose and highly responsive to the needs of individuals
- to create a service model that will facilitate innovation within services across the TCP area, and maximise opportunities for future service integration through working collaboratively with key strategic partners, particularly in relation to the Better Care Programme work.

We are undertaking work to ensure that a range of quality support services are available for those in need of social care. We also want to commission services that can adapt and change as Service Users' expectations and needs change. This requires us all to think and work differently and collaboratively to design new ways of working e.g. as a response to the Care Act 2014. The "Three Tier mode" (set out below) advocates the need for quality support services to prevent or delay the need for Service Users to access more intensive forms of care.

3.Develop your vision for the future

Aspirations for 2018/19.

Our vision for the future is that people with learning disabilities and/or autism will live in their own homes, on their own or living with the people they want to live with, whether family or friends, supported by staff who they have chosen, and with access to employment/ education and a choice of things to do during the day evenings and weekends, in the same way as any other citizen within the TCP. Over the period of this plan, there will be major shift in the way services are delivered, and family carers will be able to choose whether to arrange support for their family members themselves or to use other services.

Doing things differently - Commissioners and providers will need to find new ways of delivering support that give people the space to expand their horizons beyond what has been called 'serviceland', or 'careland', to learn through experience by taking control and taking risks. The role for commissioning will be less to specify detailed services or packages of care, and more to ensure that a range of support services is available to allow people with learning disabilities/and or autism to have choices about types of support and who will provide it and that quality of support is checked and sustained. Commissioned services will be based on the aggregation of needs identified in people's person-centred plans.

Moving from care and treatment to support - For everyone, service users, family carers, statutory services, independent providers it means a change in culture and examining attitudes, from that of providing 'care', with the focus on the individual's needs and dependencies, to providing support with its focus on the capacities of the individual to learn and achieve competence, and their ability to make a contribution. This plan challenges everyone working with and for people with learning disabilities/and or autism to focus on how they can change to ensure that people are as independent as they can possibly be.

This means, for example, that the option for the majority of individuals should be in supported living in all its variety, ranging from people who receive a very small amount of support as a preventive measure, to people who have very complex needs and may need support from exceptionally skilled staff in all areas of their lives. It also means there will be a need for less 'standard' residential and nursing care and new types of services. We will need service providers who can support people in a wide range of accommodation, their own rented accommodation, or shared ownership options that are now available. We will need to make relationships with a greater range of accommodation providers.

Acquiring new skills - The skills and attitudes of staff, rather than the location or design of buildings will be the key to delivering the plan. We shall be investing more in people and services who can be the navigators or bridge-builders and investing less in buildings-based services.

Partnership - Providing fulfilling lives can never be the responsibility of just one agency. People with learning disabilities will need to use universal, mainstream services that are open to the rest of the population. We need to make stronger alliances, for example with colleagues

in Transport, Housing, the Learning and Skills Council, and Leisure Services to enable them to ensure that they are equipped to respond to the needs of people with learning disabilities and/or autism who want to use their services as citizens, rather than as people with special needs.

Effective use of resources - Implementing this plan will involve changing the way we approach funding, negotiating more effectively and being clearer about the outcomes we expect to be delivered. Evidence shows that investing in community-based supports results in better use of resources. We will need to negotiate with providers of all services, both internal and external about finding ways to make the most of our financial resources, so that we can create new forms of support for individuals, rather than thinking in terms of services. We can then build on this to develop a programme of personalised budgets and integrated personalised commissioning to build appropriate community supports.

Personalisation – ordinary lives - The emphasis on day activities will continue for the majority, and amplify the trend towards accessing the range of leisure, employment and learning opportunities that are available across the TCP. When people need specialist services they should be firmly rooted in local community centres and places where other members of the public go, to give people with learning difficulties the opportunity to be part of their local communities and to identify with them as much as they identify with other people with learning difficulties. We recognise that some people, particularly those with profound and multiple learning difficulties, may still rely on a base with specialist support or equipment, but this should be the option they have specifically chosen as best meeting their needs and aspirations rather than because it is the only option available.

Focussing on outcomes - Both commissioners and providers will develop an outcome focussed approach, so that we become less concerned about level of activity or the route to delivering the outcome, but more concerned with the outcome(s) being achieved. We will need to learn how to allow people to determine what is the way they want to tackle areas of their lives rather than prescribing a 'service' to meet the 'need'. This will require commissioners, providers and other agencies to advocate positive risk management approaches.

We will only work with providers who can demonstrate that they:

- Encourage people to be independent and to exercise choice and control over their own lives
- Follow a person centred approach
- Keep people safe
- Support people appropriately according to their needs
- Meet national and local standards in quality and business practice
- Support people to be part of their own communities
- Support people to have meaningful relationships
- Play their part in meeting the health needs of people with learning difficulties
- Have a robust approach to equalities issues and work competently across all equalities groups
- Are competent to support people with complex needs
- Work collaboratively with family carers
- Ensure the TCP gets good value

- Enable access to mainstream services
- Are willing to work in partnership to get the best outcomes
- For children this will also include a focus on attainment.

The Better Care Fund is a key enabler supporting the TCP's plans for whole system integration. It is ambitious and ground-breaking, reflecting and building on the established integration of our commissioning and service provision. Our plans encompass not only learning disabilities and autism but mental health, physical health, social care, public health and housing but also further alignment of the resources, services and partners that influence the wider determinants of health and wellbeing. We aim to look beyond service and organisational boundaries to ensure community connectivity, mutual learning and support.

How will improvement against each of these domains be measured?

We will measure our success not only by our reduced reliance on inpatient services but by achieving the following high level outcomes:

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- Prevent unnecessary inpatient admissions
- Reduce the need for out of area placements.
- Improved outcomes for people who challenge services and whom have complex needs and mental health needs i.e. more people in crisis cared for within own homes, reduced incidents of mental crisis engagement through proactive integrated support packages.
- Fewer people in high cost placements away from home
- Integrated care pathway
- Align with Personalisation agenda.
- Work in accordance with the principle of VFM
- Develop robust person supported living models to offer a wider range of choice to people who challenge services and those with complex needs, increasing their opportunity for control to meet their individual support needs in a more flexible and creative way.
- Improved service user experience and improved care pathway.
- Outcome focussed service delivery
- Commitment to work in partnership to deliver personalised, local, high quality and innovative community services.
- Improved uptake of people with learning disabilities and/or autism using personal budgets and personal health budgets
- Improved uptake for people with learning disabilities and/or autism supported by an integrated personalised commissioning approach

In addition, the TCP will assess itself on:

- NHS Outcomes Framework 15/16: 1.7 Reducing Premature deaths in people with a Learning Disability. Excess under 60 mortality rates in adults.
- CAMHS Transformation KPIs
- NHSE inpatient matrix for adults in secure services and CYP tier 4 and secure.

- Autism diagnostic pathway waiting times
- CAMHS waiting times
- CLDT waiting times psychology and psychiatry

The principles we are adopting in our offer of care and support to people with a learning disability and/or autism who display behaviour that challenges.

The local context for future planning of learning disability services:

- Basing all decisions on a clear vision and set of values
- A commitment to achieving outcomes based on 'ordinary life' principles
- Working in partnership with individuals and their families
- A local understanding of evidence based practice
- Taking a medium to long term approach to progress and not expecting unrealistic short-term gains
- All partners being willing to do 'whatever it takes' to achieve positive outcomes, even when the going gets difficult

Strong, knowledgeable and empowered leadership:

- Active involvement and leadership from commissioners
- Identifying and supporting innovators and risk takers
- Strong clinical leadership that is committed to the vision and to partnership working

Strong relationships:

- Individuals and their families being at the centre of decision making
- Commissioners (including care managers) and clinicians working together well and using each others' expertise
- A trusting relationship between commissioners and providers
- Providers and clinicians seeing themselves as partners
- The NHS and local authority bring their resources together to take shared responsibility

An evidence-based Service Model:

- Starting with proper person centred planning and individualised services
- Service design for individuals being a shared responsibility – including providers
- The use of positive behaviour support and non-aversive techniques by staff
- The ready availability of clinical leadership

Skilled providers and support staff:

- Providers with a positive attitude
- Providers that are outwards looking
- Providers willing to work multi agency
- Providers that are in there for the long haul
- Strong Leadership

- Staff being recruited on the basis of their attitude
- Non use of agency staff
- Investment in training that is tailored to the needs to the individual being supported

1. Providers with a positive attitude - to partnership and to people labelled as challenging and their families
2. Choosing providers that are outwards looking – always willing to learn and seeking out community focused support options
3. Providers following advice of appropriate professionals whether from a clinical or social care perspective.
4. Finding providers that are in there for the long haul and not giving up in difficult times
5. There being active senior management involvement in service delivery and working relationships.
6. Staff being recruited on the basis of their attitude, in particular towards positive risk taking, at least as much as their formal skill base
7. Or certainly a minimal/emergency only policy to the use of agency staff
8. Investment in training that is tailored to the needs to the individual being supported

Evidence Based Commissioning:

- Local outcomes framework - Developing a local outcomes framework to evidence progress
- Measuring the efficiency of services - Tracking changes to the cost of services over time
- Up-front investment - Starting with up-front investment to ensure the risk skills and resources are available from the outset
- Flexibility - Having flexible ways of choosing providers that enables long term relationships to be developed and adopting flexible contracting systems that can rapidly respond to changes in the needs of people being supported
- Shared financial risk - Sharing financial risk betweenCCG and local authority
- Targeting financial savings over time - based on evidence of improvements in people's lives

4.Implementation planning

Overview of your new model of care

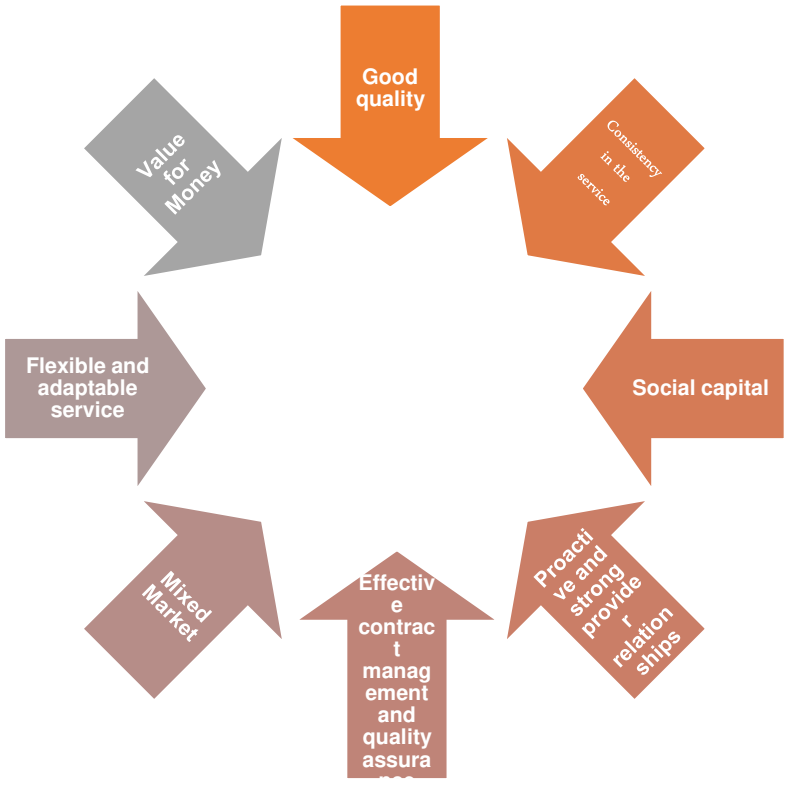
As we have already described earlier in this template The TCP has a strong track record in working collaboratively to drive better outcomes for people with complex support needs and as such the CCG area has already decommissioned Assessment & Treatment and LD specific inpatient beds. People with learning disabilities and/or autism are supported via a range of community services, and where indicated, as appropriate, have access to mainstream physical and mental health inpatient care. This includes access to specialist commissioning placements for those individuals who may be subject to forensic pathways and Ministry of Justice restrictions.
Our model of care is underpinned by the NSF nine overarching principles for people with a

learning disability and / or autism who have a mental health condition or display behaviour that challenges (including behaviours which may result in contact with the criminal justice system).

- My care is planned, proactive and coordinated.
- I have choice and control over how my health and care needs are met.
- I live in the community with support from and for my family and paid carers.
- I have a choice about where I live and who I live with.
- I have a fulfilling and purposeful everyday life.
- I get good care from mainstream NHS services.
- I can access specialist health and social care support in the community.
- I am supported to stay out of trouble.
- If I need assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

The model will be achieved by the ongoing application of the local principles described in the previous section:

- A local context for future planning of learning disability services
- Strong, knowledgeable and empowered leadership
- Strong relationships
- evidence-based - Service Model
- Skilled providers and support staff
- Evidence Based Commissioning



Our plan identifies the need for work to take place in two respects. First there are the infrastructure changes that will allow us to work in a truly person-centred way, and second is the development of services to fill gaps that mean that people have access to all the services they need to lead their lives to the full. The plan will have achieved its purpose if it leads to fewer people with learning disabilities and/or autism require the services of inpatient facilities and having better lives through having access to:

- wider range of opportunities and more choice and control for people with learning disabilities/and or autism
- the full range of good quality services that are affordable and flexible and that respond to individuals' changing needs
- support systems that change over time in response to changing needs so that more people with learning disability and/or autism who display behaviour that challenges, including those with a mental health condition and who are at risk of offending, so they are able to play a full part in society and have opportunities for inclusion in the mainstream

What new services will we commission?

- The TCP will scope provision for specialist Autism support for adults to prevent escalation and avoid admission to hospital.
- We are in the process of Recommissioning Bristol City Council Community Support Services (CSS) – CSS covers a range of community based service provisions, such as supported living, accommodation based support, day opportunities, employment, education and leisure, that health & social care commission to support a service user to live as independently as they are able in the community. (CSS does not cover residential and nursing care).
- We recognise as a TCP there are current gaps in relation to accommodation based support for people whose behaviour might present as a challenge. We will look to increase the support and accommodation available to this service user group. We are also aware we have limited specialist housing and support for people with autism and similarly will look to develop this area of the market of the next few years.
- There is a gap in local provision of young people typically with borderline learning disabilities and/or autism diagnosis, previous diagnosis of ADHD as a child, history or risk of offending.
- Case manager for people with autism with complex needs and at risk of admission
-

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

- inpatient services
- It is likely that we will commission less residential care for this cohort of service users. Although it is unlikely that we would seek to have no residential care as this would not

enable us to remain person centred – people need choice in the type of care and support they buy.
- Additionally, the implementation of the TCP plan will undoubtedly highlight additional areas for consideration in terms of redesign, reconfiguration or decommissioning.

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

- HSE/CAMHS/MH/ CLDT services further work to support the 0-25 service delivery.
- Currently exploring local options for commissioning 'all age' learning disabilities services as part of wider review of community health and care services.
- Review existing contracts outcomes and criteria as we move towards more outcomes based contracts.
- Collaborative working across the Unit of Planning.
- We will explore the option for a learning disability 24/7 crisis team? This is a gap across the TCP and a UOP wide approach could prove an effective way to manage this. We will scope the need and potential impact of this in line with our Crisis Care Concordat plans.
- Improved joint working with MH services
- We are looking at the existing NHS Capital grants funded stock to consider how best to reprovide this. It is likely that we will retain some residential care but move to the majority being accommodation based support and support to live in independent tenancies where appropriate.
- NHS England is planning to undertake a national procurement exercise in respect of both CAMHs and adult secure services. This is due to commence in 2016. The South West have agreed to consider the population along with South Centre and South East to form a regional decision to work across the south, in respect of LD CAMHS low secure and adult low and med secure LD. The decision to combine the 3 hubs is to accommodate the low numbers of beds required for each hub. Local units would not be considered viable for such a small population. Basing this on a regional footprint will allow the unit to be big enough to accommodate the required beds for all 3 hubs, thus making a regional unit more sustainable both in running the unit and employing the workforce
- Community children's health services including mental health will be recommissioned across BNSSG and BaNES with improved focus on early intervention, information and support in response to service user consultation.

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

Co-production and changing the conversation

One of the central aims of personal health budgets is to enable people to play an active role in managing their health. This can also be described as co-production - working together with health professionals as an equal partner, deciding together how best to achieve goals.

In order to enable people to play an active role in managing their health this requires a change in conversation –

Personal health budgets see people:

- as “whole” people not only as one “broken part”
- in their whole life context - as part of a family and community; and
- as unique individuals with strengths, aspirations and ambitions.

The person with the personal health budget (or their representative) will:

- know upfront how much money they have available for healthcare and support;
- be enabled to choose the health and wellbeing outcomes they want to achieve, in dialogue with one or more healthcare professionals;
- be involved in the design of their care plan;
- be able to request a particular model of budget that best suits the amount of choice and control with which they feel comfortable; and
- be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

Each CCG within the TCP has signed up to the NHS England support programme for developing a PHB local offer and expanding PHBs beyond NHS Continuing Healthcare. Local Authorities have developed a person centred approach to assessing individual needs and developing a care and support plan that meet the requirements of the Care Act. This includes the provision of personal budgets to all eligible service users.

Personal health budgets and personal budgets can be managed in three ways, or a combination:

- Notional budget: the money is held by the NHS/Local Authority and services are commissioned by the NHS/Local Authority according to the support plan agreed.
- Third party budget: the money is paid to an organisation that is independent of the individual and the NHS/Local Authority, manages the budget on the person's behalf, and arranges support by purchasing services in line with the agreed care plan.
- Direct payment for health care: A direct payment for health care (referred to from now on as a direct payment) is a monetary payment to a person (or their representative or nominee) funded by the NHS/Local Authority to allow them to purchase the services that are agreed in the care plan.

The following data provides the numbers of **ALL** personal health budget and social care direct payments as of November 2015 across the TCP:

Bristol

Population: 499,242	
Personal Health Budgets	Social Care Direct Payments
36	545

North Somerset

Population: 220,424	
Personal Health Budgets	Social Care Direct Payments
9	280

BaNES

Population: 200,511	
Personal Health Budgets	Social Care Direct Payments
22	400

South Gloucestershire

Population: 265,718	
Personal Health Budgets	Social Care Direct Payments
5	625

(Figures obtained from South West Integrated Personal Commissioning Finance Director, November 2015)

Building on personal health budgets and personal budgets, Integrated Personal Commissioning consolidates a shift in power to people who use these services to help them shape care that is effective and meaningful to them in their lives. It builds on and brings together work that has already started to explore new funding models and places that have taken the lead in implementing personal budgets in the NHS. It aims to bring health and social care together, identifying the totality of expenditure at the level of the individual, giving people more control over how this is used and enabling money to be spent in new ways to achieve the three programme goals:

- People with complex needs and their carers have better quality of life and can achieve the outcomes that are important to them and their families through greater involvement in their care, and being able to design support around their needs and circumstances.
- Prevention of crises in people's lives that lead to unplanned hospital and institutional care by keeping them well and supporting self-management as measured by tools such as 'patient activation'– so ensuring better value for money.
- Better integration and quality of care, including better user and family experience of care.

All of the CCGs and Local Authorities as well as a number of voluntary and community sector organisations across the TCP form part of the only regional demonstrator site for IPC in England.

PHB Local Offers:

The TCP is developing mechanisms for offering PHBs more widely than those eligible for NHS Continuing Healthcare and will be using their involvement in the South West Integrated Personalised Commissioning (SWIPC) Programme to assist with this, in particular, finance, contract and commissioning support. Each CCG is responsible for developing their own local PHB offer that is required to be published by 1 April 2016 that will explain how they will be expanding PHBs beyond NHS Continuing Healthcare.

As highlighted earlier the TCP is committed to promoting and encouraging the use of Personal Budgets and Personal Health Budgets, particularly combining the two to deliver Integrated Personalised Commissioning.

Bristol -
Bristol CCG is undertaking a detailed analysis to understand how it can support people with learning disabilities and/or autism to take greater control of their own care and in the future hopes to increase the numbers of patients controlling their own personal health budgets. This, we hope, will lead to people using their budgets in innovative ways rather than relying on services that the NHS would normally provide.

Bristol CCG and Bristol City Council, under the better Care programme are piloting the Integrated Personalised Commissioning approach for 10 people with learning disabilities during 15/16 and 16/17. To support the implementation of this approach, Bristol CCG and Bristol City Council have implemented Section 75 budget arrangements to support funding of S117 aftercare. It is anticipated that following the evaluation of our local cohort pilot the IPC model will be embedded as business as usual during the 2017/18 and subsequent years.

BNSSG is currently undergoing a reprocurement of children and young people's community services. Included within this specification is a comprehensive section focused on Integrated Personalised Commissioning, Choice and Personal Health Budgets (PHB) to ensure that these future services support the delivery of the Five Year Forward View. This will provide for delivery on person led care and support planning and a service that is primed to be able to deliver budgets to those who would benefit, which will include children and young people who have a learning disability and an Education Health & Care (EHC) plan. Bristol CCG and Bristol City Council, are piloting the Integrated Personalised Commissioning approach for 10 children & young people during 15/16 and 16/17
.

https://www.bristolccg.nhs.uk/your-health-local-services/help-and-support/personal-health-budgets/

Bath and North East Somerset –
Bath & North East Somerset Council and NHS Bath and North East Somerset CCG are currently undertaking a large scale joint review of community health and social care services – Your Care Your Way. More information on this review can be found at the

following link: www.yourcareyourway.org. This review will completely redesign the delivery of community health and social care support, with a focus on personalisation, person centred planning and developing community and individual resilience. A key element of the subsequent support on offer will be integrated personalised assessments, plans and budgets, including both health and social care needs.

The council and CCG are also currently reviewing the direct payments and personal health budgets policies and support services, with a view to streamlining the policies into one and having a suite of complementary support services for budget holders of all ages and needs. The new policy will include IPC.

A project manager has been appointed to oversee the IPC programme within BaNES. Their remit will be to develop the local PHB offer that is required to be published by 1 April 2016 (identifying the cohorts to be included).

South Gloucestershire –
South Gloucestershire Council and CCG have implemented processes to offer personal budgets and personal health budgets.

Council has developed a person centred approach to assessing individual needs and developing a care and support plan that meet the requirements of the Care Act. This includes the provision of personal budgets to all eligible service users. Details of the Council's and CCG's approach to personal budgets is available at:

http://www.southglos.gov.uk/health-and-social-care/care-for-adults/support-at-home/self-directed-support/

https://www.southgloucestershireccg.nhs.uk/your-health-local-services/help-support/personal-health-budgets/

North Somerset –
North Somerset CCG is working in partnership with North Somerset Council, community health and mental health providers, and the voluntary sector to deliver increases in the level of personalisation in health and social care.

In line with the Bubb Report and the Forward View into Action, in 16/17 the CCG will be offering PHBs / IPC budgets to people with people with learning disabilities and/or autism. Working groups focussing on long term conditions, mental health and learning disabilities are developing approaches to ensure that people are offered greater choice and control in how they received care. Initial work is being focussed on those individuals for whom the CCG and Local Authority retain joint funding responsibility as a result of Section 117 aftercare. These efforts support the overarching aims to increase the numbers of PHBs, personal budgets in social care and IPC budgets in use across North Somerset in a coordinated way to maximise the available resources.

With reference to development of greater personalisation of care for children and young people, North Somerset is part of the commissioning process detailed above by Bristol CCG,

which will provide greater focus on IPC, choice PHBs within future commissioned services.

An element of the mental health and LD budgets has been included within the Better Care Fund and, via Section 75 agreement, now held by North Somerset Council, with a view to supporting the further development of IPC jointly funded budgets.

https://www.northsomersetccg.nhs.uk/your-health-local-services/help-support/personal-health-budgets/

Supporting growth of uptake of more personalised care and support packages –

- The regional programme for IPC will make available ongoing support to the TCP to ensure a person led approach in care and support planning is delivered, the principles outlined in the South West Integrated Personal Commissioning Care (below) will be relied upon as a measure.

See Appendix 5: Principles of Person Led Care and Support Planning

- For those services that are commissioned via spot purchase arrangements it is our ambition to offer all individuals a notional budget based on assessed health needs. Eligibility for a PHB is determined by national legislation, along with local health needs, financial constraints and other factors. The TCP have identified the following groups of people to be eligible to apply for a personal health budget at this time:

- Children's NHS continuing care (CC), including children with special educational needs and disabilities as part of their EHC plans (EHCP)
- NHS continuing health care
- Joint Funded adults including Mental Health and Learning Disabilities
- Those eligible for S117 Mental Health Act Aftercare Those with complex Learning Disabilities and/or autism, including all those in inpatient care and those living in the community but at risk of being admitted to inpatient care. –

Further work to support the delivery of PHBs

- Workforce development and training – i.e. Care coordinators, PHB Elearning

- Within the TCP we have the benefit of developing commissioning strategies and service specifications which include an expectation that Provider's begun to look at development of a model to support expansion of PHBs outside of CHC and integrated budgets.

- The TCP, alongside its involvement in the SWIPC, will encourage the market growth of third party budget/individual service funds. This is a key area that has been identified as a gap in social care and CHC budgets to date. In support of further development of third party budget options/individual service funds, the TCP will utilise the SWIPC brokerage support standards to set out the quality expectations from organisations providing brokerage support services. For clarity, this will not circumvent individual contract

specifications where existing brokerage is commissioned.

See Appendix 6: Brokerage Support Services South West Standards

- Work to develop robust integrated governance arrangements of budgets across the TCP

Through the above work it is anticipated that this will support year on year growth across TCP in the number of personalised care packages, personal health budgets, personal budgets and integrated budgets being accessed, whether they be notional, third party budget or direct payment.

What will care pathways look like?

- Care pathways will be front ended with emphasis towards maintaining good physical and mental health, with early, and where appropriate, intensive intervention when care needs change. There will be a seamless access into services which should be integrated, responsive and co-ordinated.
- Positive behaviour support pathway in place for adults with a learning disability has been implemented.
- Positive behaviour support pathway for children and young people has been implemented. Scope potential to widen benefits of this approach to a wider cohort.
- Positive behaviour support pathway for adults with autism to be implemented.
- Case finding work with NHSE. This includes multi-agency working for CYP with multiple disadvantages.
- In Bristol we have developed a 0-25 service for people with learning disabilities and/or autism. We have recognised that the transition to adulthood can be challenging and time to develop robust plans through to adulthood is of significant value. The current review of services for children with social communication and interaction needs will inform an integrated clearer pathway.
- People with learning disabilities and people with autism have a higher prevalence of mental health needs than the wider population, but may find it difficult to access mental health provision due to perceptions regarding eligibility, historical patterns of provision, diagnostic overshadowing, and lack of reasonable adjustments to make services more accessible. Although some people may have their needs more appropriately met in specialist learning disability or autism services, this is not always the case. The TCP area is working with our local mental health trust to ensure our mainstream services are reasonably adjusted to meet the mental health needs of people with learning disabilities and people with autism.

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

- We have a local transition pathway that identifies all young people who may require support and/or be eligible for care and support in accordance with the Care Act 2014, and a local process for offering Transition care assessment
- The 0 -25 Service is in place with a Local Offer which outlines how the move from Children's to Adult services will be supported.
- We are currently reviewing our autism care pathway in Bristol for children and will ensure that the transition to adult services is part of that pathway.

How will we commission services differently?

- TCP has current co-commissioning arrangements in place for some services. Changes to contracts will be dependent on further exploration of local priorities.
- North Somerset is considering a pooled budget with local authority for learning disability funded placements and learning disability services. This is in early stages of development at present.
- Exploring options for capitated budgets with providers as part of Your Care Your Way review of community health and care services
- Bristol has S75 agreements in place under Better Care Programme to support a programme of re-commissioning. This Better Care Programme has a number of crosscutting priorities with the Transforming Care Programme.
- Bristol has just established a S75 agreement for support services for parent/ carers of children with autism and is using the S75 agreement for short breaks to commission more flexibly in response to need.

*How will our local estate/housing base need to change***?**

As described earlier, the TCP acknowledge that there is limited housing stock suitable for people with challenging behaviour, either because of the fundamental estate or because of the proximity to other properties. In response, Bristol has developed a Joint Accommodation Strategy.

The vision of this strategy is for Health and Social care service users to be able to live in a place of their choice and with the support that they need to live their lives. The strategy has been developed to guide the delivery of this vision. It sets out the local and national context around accommodation, the issues that have been identified for service provision in Bristol and a plan of how the outcomes will be achieved.

This strategy is a high level indication of our future intentions over the next 5 to 10 years. It is not a detailed plan, but actions will continue to be developed to map out the how the strategic outcomes will be delivered.

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

- Multi agency /professional care co-ordination
- Advocacy
- Working with families and carers
- Working with providers at an early stage to develop person centred bespoke packages of community support is a critical success factor - Delays in discharge are often the result of a lack of appropriate community setting options.
- Early conversations with MAPPA and safeguarding to ensure there is a shared understanding of risk and positive risk management, particularly for those individuals with a forensic history
- Wrap around services to manage risk
- Access to step up and step down community provision.
- Early engagement with MAPPA and safeguarding.
- Recognising that complex packages may require high level of resourcing at the outset with a view to reducing cost overtime.
- Skilled providers with a positive attitude to towards those individuals with a forensic history.
- Positive behavioural approaches

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

Although the plan concerns itself with our ongoing commitment to improve services for a specific group of individuals (as described above), the transformation programme should not be considered in isolation and sits firmly within a wider system change programme across the health and social care economy. This plan is set within the context of a whole-system approach of service redesign and reconfiguration to continue to improve life opportunities for all people with learning disabilities and/or autism.

This plan aligns itself with a number of key strategic priorities across the TCP area. It should also be noted that the delivery of these strategies and work programmes support the requirements of the Transforming Care:

- Bristol Mental Health
- Recommissioning of children's community health services
- Autism Strategy
- CSS Commissioning Strategy
- Accommodation Strategy
- Dementia Partnership
- Reprocurement of community health services
- Personal Health Budgets and Integrated Personalised Commissioning
- Better Care Programme

- Mental Health Crisis Concordat
- Redesign and recommissioning of IAPT services
- of Tier 4 CAMHS services
- Transformation Plans for children's and young people's Emotional Health and Wellbeing.

5.Delivery

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

Estates plan - Please note the TCP does not have any estate or existing interest in property for this particular cohort in the TCP area and therefore the plan does not require an estates plan.

See Appendix 7: Transforming Care Partnership: Communications Strategy and Plan

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

The TCP steering group will oversee the delivery of the programme but will feed into a range of governance forums to ensure wider oversight, agreement, assurance and sign off.
Shared vision but within the TCP there is recognition of the differing demographics and population profiles – the TCP provides the overview for the vision but achieving the vision will be underpinned by the delivery of local implementation plans.

What are the key milestones

We recognise that changes to the way in which Learning Disability services will not be achieved overnight and will require further engagement and detailed design with all key stakeholders. The changes needed to develop the TCP delivery model are likely to be incremental to ensure we do not inadvertently destabilise or undermine care pathways. Our approach to service change should be led by the principle of person centred values and best interest. The TCP also recognises that our plans should be flexible and responsive to individual need and choice. We acknowledge that the health and social care landscape is fluid and ever evolving, as such our plans should reflect the need for flexibility.

The following milestones are intended to serve as high level deliverables and will be refined during the development of the final draft of the TCP Plan.

TCP Plan

- Agree Units of planning-done

- Identification of SRO per Unit of Planning(UoP)/Transforming Care Partnerships –
- Preparation of Joint Transformation Plans -In line with Planning Guidance requirements- probably
- Mobilise the TCP
- Understanding the status quo – gap analysis.
- Develop our vision for the future and service model
- Develop an implementation plan that will provide innovation to the services in the cluster area, and to maximise opportunities for future service integration through working collaboratively with key strategic partners.
- To commission a comprehensive range of integrated modern high quality community services for the cluster area which are fit for purpose and highly responsive to the needs of individuals
- Monitor our progress against a set of agreed measures and principles:

    - a substantial reduction in the number of people placed in inpatient (hospital) settings
    - a reduction in the length of stay for all people in inpatient settings
      better quality of care for people who are in inpatient and community settings

LD Pathway

- Develop a range of community based provision, including additional support for those people who are at risk of admission.
- to commission a comprehensive range of integrated modern high quality community health services for Bristol which are fit for purpose and highly responsive to the needs of individuals
- to create a specification that will provide innovation to the services in Bristol, and to maximise opportunities for future service integration through working collaboratively with key strategic partners, particularly in relation to the Better Care Programme work
- Stimulating a market containing the right pool of providers to deliver the new model is critical to the success of this project, and there will be an expectation on BCC to work with service providers collaboratively in order to maximise the benefits of the exercise, both in terms of quality and cost.
- As part of this re-commissioning exercise, we will reconfigure the composition and leverage of the market, in the following ways, in order to more suitably reflect a revised model of delivering Community Support.

See Appendix 8: TCP Milestones

What are the risks, assumptions, issues and dependencies?

Risks and challenges:

1) Who pays guidance **-** NHS Who Pays Guidance places a risk on the receiving CCG if the local commissioning framework is not applied.

2) A programme of activity that destabilises the provider market forcing providers taking management decisions beyond commissioners' control. This can be to the detriment of delivering a planned and coherent care pathway, for example expedited hospital closures due to financial viability.
3) Financial pressures and reducing resources
4) Lack of market stimulation and lack of provider interest to develop new service models
5) CTR process – ensure that there is a joined up and coherent approach. Experience has shown that many CTRs under specialist commissioning are taking place without always been the opportunity for local care co-ordinators to attend and support the process.
6) MOJ – for those individuals who are subject to Ministry of Justice restrictions, discharge plans and pathways are subject to agreement and approval via MHRT processes. Discharge pathways can be delayed as a result of decisions which are beyond the control of CCG's and Specialist Commissioning.

What risk mitigations do we have in place?

Mitigations:

1) The TCP area to agree a local arrangement which clarifies clinical and non-clinical S117 aftercare arrangements to minimise the risk of delayed discharge due to aftercare disputes.
2) We will work with providers in a planned way to ensure the reduction in inpatient provision does not undermine care pathways and discharge plans. We need to recognise that existing providers may be part of the solution in respect of redesigned and reconfigured services.
3) The current financial climate has made effectiveness of Provider organisations all the more important. It is essential that we implement robust service models, which can evidence improved quality outcomes while making efficiency savings to meet the demands of reducing budgets. However savings will be set within the context of long term efficiency plans, targeting financial savings over time - based on evidence of improvements in people's lives and not financial "quick wins".
4) Starting with up-front investment to ensure the right skills and resources are available from the outset. Shared financial risk approach.
5) Improve dialogue and communication between specialised commissioning and CCG's to ensure those individuals in secure services under the CTR process are considered as a coherent and joined up care pathway.
6) Shared objectives and clarity of outcomes. Representation to the MoJ re wider context of delivering and achieving the ambition of the Transforming Care Programme to be made by NHSE.