

# Sussex Transforming Care Partnerships Plan

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for people with learning disability and/or autism

Brighton & Hove Local Authority

West Sussex Local Authority

East Sussex Local Authority

Brighton & Hove CCG

Horsham & Mid-Sussex CCG

Crawley CCG

Coastal West Sussex CCG

Hastings & Rother CCG

Eastbourne Hailsham & Seaford CCG

High Weald Havens and Lewes CCG

May 2016

This Plan details how Sussex will Transform Care Partnerships for people with a learning disability and/or autism, implement the New Service Model by March 2019 and reduce the number of in-patient beds for people with a learning disability in line with national targets set in 'Building the Right Support'

## 1. Objectives

The purpose of the Joint Transformation Plan is to demonstrate how Sussex plans to:

- Fully implement the national service model by March 2019
- Ensure inpatient beds for individuals with Learning Disability are in line with the national planning assumptions set out in *Building the Right Support*, that seek to ensure that no area should need more inpatient capacity than is necessary at any one time to cater to:
  - 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
  - 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium - or high-secure units) per million population

## 2. Mobilise Communities

### 2.1 Governance and Stakeholder Arrangements

#### 2.1.1 The Health & Social Care Economy in Sussex

Sussex is geographically diverse with an estimated total population of 1,609,500 people, widely spread across one city area (Brighton & Hove) and two large county areas which present a mix of urban and rural geography (West Sussex and East Sussex), with significant areas of deprivation along the coastal strip. The local health economy is served by seven CCG's, three Local Authorities and twelve district and borough councils'. Whilst there are differences within the Sussex footprint in relation to the service economy and specific contractual relationships, there remains a significant degree of consistency and similarity in the provision of service models for people with Learning Disability and/or autism.

#### 2.1.2 Statutory & Voluntary Service Provision for Adults

Statutory Sector services are provided pan Sussex by the Sussex Partnership Foundation Trust (SPFT) and the Sussex Community Trust (SCT). These include:

- Child and Adolescent Mental Health Services (Specialist)
- Community Child Development Services
- Intensive Community Support
- Continuing Healthcare Teams
- Community Learning Disability Teams (CLDT) – local authority and NHS staff in interrelated or colocated teams
- LD Liaison Nurses
- Health facilitation
- 10-bedded Assessment & Treatment Centre (based in West Sussex).
- In West Sussex, physiotherapy services for people with a learning disability are provided by Western Sussex Hospitals Foundation Trust (WSHT)
- Adult Education Special Needs Departments (SEND)
- Inclusion Specialised Educational Needs & Disabilities (ISEND)

In addition, the three Local Authorities each provide and fund a range of services for LD, which are either commissioned through block contracts or contractual frameworks or spot purchased, dependent on individual needs. These include:

- Residential and nursing care services
- Supported living services
- Day care
- Domiciliary care and community support
- Respite services
- Advocacy
- Employment support

A large number of voluntary organisations provide services for people with LD and/or autism across the 3 LA areas, including arts and recreational activities, advocacy, peer mentoring, educational, and housing and employment support. A more detailed overview of voluntary sector provision is listed in the SAF

### **2.1.3 Statutory & Voluntary Service Provision for Children and Young People**

Again, statutory sector services for children and young people are provided pan Sussex by the Sussex Partnership Foundation Trust (SPFT) and the Sussex Community Trust (SCT) with additional provision made by Kent Community Trust for the East of Sussex. As with adult services, SPFT and SCT operate on block contracts, whilst there are a number of one and three year contracts in place for services provided by the Kent Community Trust. Services include:

- Child and Adolescent Mental Health Services (Specialist)
- Community Child Development Services
- School health services
- Community Integrated Therapy Services (CITS)
- Specialist school Nursing
- Community Paediatric Child Development Service

In addition, the three Local Authorities each provide and fund a range of services for children and young people with LD and/or autism, including:

- Special schools
- Transitions Teams
- Facility and outreach services in mainstream schools
- Residential schools and respite services

### **2.1.4 Collaborative Commissioning Arrangements**

LD Commissioner support is provided by the three LA's. Each LA also delivers services to meet locally identified needs for people with LD and/or autism. Whilst Sussex wide providers as SPFT and SCT are funded on a block contract, the three LA's are working closely to understand different methods of working and share best practices, for example, the Sussex Clinical Network where commissioners from all 3 areas meet with SPFT, also in East Sussex, arrangements are in place to develop joint specification of Community Learning Disability Teams.

Whilst there is increasing alignment and collaboration to commission services jointly between LAs and CCGs, for example, Brighton & Hove CC has LD joint commissioner links with the CCG commissioners and the Quality Team and West Sussex operates a pooled budget, Sussex has no plans towards the development of a county wide pooled budget at this point. Where opportunities present that support improvements in delivery and or cost effectiveness to jointly commission services, Sussex commissioners have committed to work together.

In West Sussex, the County Council has lead responsibility for LD adult commissioning under a pooled budget arrangement with the 3 Clinical Commissioning Groups. The pooled budget includes resources for people with learning disabilities and people with autism, people who have Continuing Healthcare Needs and for people who have challenging behaviour, autism and learning disabilities. It enables the County Council and the NHS to work effectively in partnership together to meet agreed goals and meet the needs of service users with health and social care needs, including people who need or may be at risk of needing in-patient admission.

### **2.1.5 Commissioning Challenges**

A number of challenges to Sussex wide commissioning and development have been identified by partners. These can be broadly categorized under four headings as follows:

- The short timescales of the Transforming Care Partnerships planning programme
- Capacity and costs associated with local housing market & environment
- Wider restraints, for example, budget pressures and process requirements of NHS Capital; Brighton also has the priority of potentially re-providing current in house provision , which could also be a positive
- The diverse political makeup and geographical urban/rural contrast

### **2.1.6 Governance Arrangements for this Transformation Programme**

Governance arrangements for this Transforming Care Plan are complex as Sussex has multiple CCG's and LA's. The Transforming Care Partnership, which all partners have committed to supporting, is in its infancy and work is on-going to develop.

- A Programme Board has been set-up with a named Sussex SRO
- All Accountable Officers & Chief Operating Officers within the TCP footprint are signed up to the Sussex TCP
- The TCP Board is overseeing development of the Sussex Transformation Plan
- Meetings will be monthly for the first six months and then frequency reviewed Membership of the Board includes:
  - The representatives of the 7 CCGs and 3 LA's (including commissioners of learning disability adult services, disabled children's services and mental health services)
  - Carer representation from existing family groups is currently being sought via existing structures and arrangements to engage carers in each of the LA areas
  - Representation from people with lived experience and user led organisations is currently being sought from existing groups including the Sussex in-patient facility (Selden Centre) and the East Sussex LD and Autism and Carer Partnerships Board (ESPAC)
  - Youth support representation (representing youth offending ) is currently being sought
  - NHSE Specialist Commissioner representative
  - CAMHS Learning Disabilities/ASD Regional Strategic Case Manager Invited to attend the Sussex TCP Board

The board will be aligned with the following other structures:

- It will report to the 7 CCG Governing Bodies and 3 LA Health & Wellbeing Boards
- The TCP Programme Board will closely coordinate its work with key strategies across Sussex, for example, the Adults (LD, Autism and Mental Health) and Children's and CAHMS Commissioning Strategies

The Transforming Care Partnership Board will function as a standalone vehicle but will engage and ensure alignment with the following groups and/bodies:

- Joint Commissioning Practitioners Group with representation from cross county commissioners and providers of in-patient and community support services for people with LD and/or autism
- Brighton & Hove, West and East Sussex Transforming Care Boards
- Cross county Partnership Boards for LD, Autism, MH & Carers in each of the 3 local authority areas
- ‘East Sussex Better Together’ joint CCG and East Sussex County Council programme seeking to transform health and social care services
- There is a ‘leadership team’ in place to implement the programme. There are role descriptions in place for each of the functions. In Sussex these roles are fulfilled by the following individuals:

<b>Role</b>	<b>Function (defined by TC)</b>	<b>Position filled by:</b>
<b>Senior Responsible Officer</b>	Senior ownership and sponsorship with partner organisations, families and people with lived experience.	<b>Soline Jerram</b>
<b>Deputy Chair / Co-Chair</b>	Additional leadership position, deputising for the SRO when required	<b>The three LA’s will support and deputise as required</b>
<b>Programme Manager</b>	Management across organisations resolve issues and build consensus	<b>Sarah Jones</b>
<b>Programme Support Role</b>	Coordination and management of the individual work streams to deliver the plan	<b>Sarah Jones</b>

### **2.1.7 Stakeholder Engagement Arrangements and Co-production**

Sussex has an established range of stakeholder engagement arrangements (and co-production) in place that we will tap into for the purpose of developing the TCP plan and developing and implementing new service developments as follows:

The Sussex TCP Programme Board has established links and close working relationships with the existing pan-Sussex commissioner and provider group and the Children’s Officers Group as stakeholders groups driving best practice and strategy.

### **2.1.8 Self-Advocacy groups and Carer Involvement in West Sussex**

In West Sussex voluntary and community sector organisations are commissioned to support people with learning disabilities and carers to get involved and engage in service development. There are currently 4 self-advocacy groups for people with learning disabilities in West Sussex with 67 active members that speak up and explore issues on behalf of local people with learning disabilities. Groups are supported by an advocacy service commissioned from the pooled budget. There are 4 dedicated learning disability Carer Support Workers across the county, ensuring

carer's of people with learning disabilities are well supported, have access to advice and information and have opportunities to be involved in service planning and development.

Both Brighton & Hove CCG and the City Council support Amaze, who are an independent charity providing information, advice and support to families of children and young people with Special Education Needs and Disabilities. Amaze run regular user experience surveys and provide feedback from families. They have also been key partners in the Council's SEND review with the Local Parent and Carers Council (PACC). For adults, Brighton & Hove also engage with adults with LD, carers, service providers and CVS via the Learning Disability Partnership Board and 'Speak Out' – a CVS organisation working with adults with learning disability.

### **2.1.9 The East Sussex Young Inspectors Programme**

Young Inspectors are trained young people who carry out inspections of services providing a report of their findings along with recommendations on how the service is being delivered. Young Inspectors allows young people to get their views heard, to improve the services they use and support agencies, organisations and businesses in meeting the needs of young people.

Initially facilitated by ESCC, The Young Inspectors programme is now being delivered by East Sussex Community Voice following consultation with young people. The Young Inspectors have recently completed a commission to inspect leisure activities for children and young people with disabilities or special needs in East Sussex as part of the i-go scheme.

East Sussex Community Voice has a dedicated Youth Participation Worker who recruits and works alongside the young people, providing training, inspection support, follow up and feedback. Young Inspectors receive opportunities for further training and receive reward and recognition for their time. Each inspection is tailored to the needs of the service/organisation. Services are inspected by observation, interaction, assessment and follow up. Young Inspectors are also engaged to undertake mystery shopping where appropriate as well as consultations and focus groups.

Involvement of young people in the delivery of local services has led to the development of more effective and attractive delivery packages and supports the Sussex commitment to promoting good practice and encouraging diversity, for example, in East Sussex Project Artworks were commissioned to deliver the Art in Transition project <http://projectartworks.org/projects/in-transitpersonal-profile-pilot-2005-07>.

In addition, East Sussex is building on priorities identified at a SEND and NDTi workshop and are currently undertaking a review of transition from child to adult services and the challenges this presents to individuals and families in East Sussex, through the East Sussex Better Together Programme.

### **2.1.10 East Sussex Patient and Carers' Council (ESPACC)**

ESPACC seeks to develop a single voice representing all parents, carers and families of children or young people aged 0-25 years old with any additional need, in order to influence all services affecting and relevant to our children and young people and to maximise children and young people's opportunities, by working with all organisations to raise awareness of services and support for parents, carers and their families.

ESPACC has run a wide range of surveys and campaigns on key issues affecting children and young people with LD, for example;

- Review of the Children's Integrated Therapy Service (CITS)
- Preparing for Adulthood Framework

- Home to School transport
- ISEND Strategy
- Excellence for All 2015-2016 Draft Strategy
- ISEND Joint Commissioning Strategy

### **2.1.11 The Involvement Matters Team**

The Involvement Matters Team (IMT) are individuals with a Learning Disability and / or Autism who have been brought together by ESCC to act as a group of 'experts by experience' and assist in steering the development of services in East Sussex.

They all sit on the LDPB and other forums and have been involved in areas such as community safety, recruitment and training.

The Learning Disability Partnership Board also holds local network meetings that are open to everyone. These meetings are used to listen to the views of local people with learning disabilities, their carers' and support providers. There are three local networks. Each of these holds two meetings a year. The local networks are Hastings & Rother, Eastbourne Downs and Lewes & Weald.

The Brighton & Hove LD Partnership Board has also undertaken an independent review of LD services.

### **2.1.12 Culture Shift Charity**

Culture Shift is a Community Interest Company, established in 2011 by the people behind Creative Partnerships in Sussex and Surrey; creating dynamic partnerships where the creative and cultural sector work with community, business and education partners to produce bespoke, action-based solutions. The ethos of Culture Shift is to put creativity to work to create positive change.

Culture Shift pioneer a range of learning projects using the arts and culture to promote wellbeing, inclusion and progression in education, community and health contexts, alongside research and work projects with Brighton University. As part of their work Culture Shift have recruited a team of Ambassadors – clients with a learning disability and/or autism, who have been involved in the resilience work undertaken by Brighton University CUPP, Boing-Boing and Culture Shift to inform practice.

SCC commissioned the Q Team, a part of Southdown Housing, to develop a User Lead equality checking tool and process for day services, to expand on the pre-existing method for residential services. This kit and training package is now in use in ESCC day services and in being made available to the independent sector.

Autism Sussex deliver a range of engagement services for people with autism and their families/carers ranging from user groups through to on line support.

### **2.1.13 Wider CCG Health and Care Stakeholder Events**

It should also be noted that Sussex engagement processes continue to receive very positive feedback about effective engagement, for example, East Sussex was recognised in a national article for work undertaken through the 'Better Beginnings' clinically led change programme and through the on-going approach to engagement through the East Sussex Better Together (ESBT) programme and work streams. A public reference group has been set up, working closely with

Health Watch and the CCGs continue running the popular Shaping Health and Care events jointly with ESCC adult social care.

This good practice has been shared with others (below) and received positive feedback from NHS England throughout 2015-16 and been shared with others;

Contributed to NHS Clinical Commissioners case studies and best practice guidance on effective clinically led consultation; and,

Shared good practice with NHS IQ as part of learning through our bespoke service improvement programme

#### **2.1.14 Future Planning for Co-Production (Stakeholder Engagement)**

Whilst there has been considerable engagement with stakeholders across Sussex to date, there is more to be done. We are committed to ensuring that people with LD who use services and their families are effectively involved in the development of services.

The TCP will continue to build on the existing structures described earlier including family, carer and individuals and continue to ensure their views help shape and inform plans and future provisions. Some examples of where we will seek stakeholder engagement include:

- Evaluation of current service specifications and provision
- Reconfiguring of services across health, social care and education including transition from children's to adult services
- Crisis response and
- Admission prevention service development
- Evaluation of projects within the Transformation plans
- Contract monitoring
- The development of peer-to-peer links and support

#### **2.1.15 Co-Production of Plan with Children, Young People and Adults with a Learning Disability and/or Autism and Families/Carers**

Each of the three LA's has undertaken work with children, young people and adults with a Learning Disability that has informed this plan. For example, Brighton & Hove has undertaken extensive engagement as part of both the Local Authority's SEND Review and the CCG's Children and Young People's Mental Health and Wellbeing Transformation plan, including parents and their children, governing bodies and schools, education, social care and health staff, community and voluntary sector, neighbouring LA's & CCGs. Further to this the SEND Strategy outlines proposals to conduct further work and consult on a re-organisation of special provision for children and young people with the most complex SEND.

During the development of the West Sussex Learning Disability Commissioning Strategy a wide range of stakeholders were involved in many different ways and contributed to its development. Local people with learning disabilities belonging to local self-advocacy groups were engaged in a series of meetings about the Framework. Parents and carers were engaged through local carers support groups. A Big Planning Day was held where people with learning disabilities, parents and carers and a range of other stakeholders attended the event and a wide range of views were shared. Service providers were engaged through the West Sussex Learning Disability Provider Forum. The Provider Forum supports engagement with providers of learning disability services and improves communication between commissioners and providers. The Forum involves organisations from the independent, voluntary and community sectors, as well as Council and NHS run services. It supports the sharing of good practice and enables providers to share perspectives and discuss future plans and priorities with Council officers and each other. Following this engagement, a consultation draft of the Strategy Framework was agreed by WSCC and West



Sussex CCGs and a 12 week consultation took place including a consultation questionnaire and further meetings with customers, carers and service providers. Some of the areas of feedback from the consultation that helped shape the development of the final Commissioning Strategy were the importance to people with learning disabilities of good opportunities and support to develop friendships and personal relationships; Clear messages about improved information about services and support and this being available in easy read format and accessible in a range of different ways; Strengthened plans to improve health outcomes for people with learning disabilities, working closely with local health commissioners, universal health services, public health and local specialist health and social care services for people with learning disabilities; To be clearer how local services are responding to the challenges set out by the government in the wake of the Winterbourne View scandal

Similarly the East Sussex Joint Commissioning Strategy and SEND Strategy both recognise the importance of engagement and coproduction

In East Sussex, all key service and policy developments are embedded in user and care partnership working. East Sussex utilises the Learning Disabilities Partnership Board (LDPD) and Autism Partnership Board (APB), the Involvement matter Team, Autism Sussex Focus and User Groups, Carers groups, including Care for the Carers. Key examples have included the commissioning and design of supported living developments, service redesign within ESCC, directly provided services including day services, respite, residential and community support

Sussex TCP members recognise a need, however, to ensure there is better integration between adult and children's services, that will support future engagement and development, redesign of adult services and the development of lifelong services. To do this, we will ensure existing groups are fully engaged in all elements of work associated with improving the early identification of children requiring support through transition and the development of individualised care plans tailored to personal need. This requires meaningful and specific engagement with people with LD and their families that will ensure services that meet their needs.

### 3. Baseline Assessment of Needs and Services

#### 3.1 Population and Demographics of Sussex

Sussex has a total population of around 1,606,571. The number of people with learning disabilities identified on Sussex GP registers is 5,627 which represents about 0.35% of the Sussex population

Sussex had a total of 57 people occupying in-patient beds as of 31<sup>st</sup> December 2015, as follows:

- 9 people in the Sussex in-patient facility
- 15 people out of the Sussex area
- 34 people in NHS England commissioned in-patient beds out of area

Sussex has a 10 bed in-patient assessment and treatment facility (the Selden Centre) serving a total population of 1,606,571. Transforming Care Partnership targets for CCG commissioned beds cite 10-15 beds per million population, which suggests Sussex has, in fact, an under provision of bed stock of between 6 and 14 beds.

The number of people identified as challenging to services in any given area is unconfirmed. Estimates vary, but it is likely that about 24 adults with a learning disability per 100,000 total populations present a serious challenge at any one time. This would translate to approximately 385 people in Sussex

We know there are around 2,730 adults in Brighton & Hove and 1,000 children in West Sussex with autism. We are also aware, however, that there are many people who may have a diagnosis of autism and who may never require either in-patient provision of social care services.

### **3.1.1 Children & Young People**

There are a total of 4,416 children known to have learning disability in Sussex.

In Brighton & Hove there are a total of 1072 children in school placements, (in area 934, out of area 138); 6 of these young people are in 52 week placements with learning disabilities. BHCC maintain 1105 statements as at the SEND2 census January 2016 (the difference between 1105 and 1072 above is that some of our out of area placements are maintained by the host authority). B&H has 162 pupils who have a statement of EHCP or SEMH (Social, Emotional and Mental Health difficulties). Number of B&H children identified as needing help during transition. 458 children in year 9 have statements/EHCP (the Code of Practice uses Y9 as the start of transition) and are will likely require support through transition

In West Sussex, 91 pupils have statements/EHCPs and are in residential Independent and Non-maintained special school placements and are a mix of weekly/termly boarding and 52 week residential places. 13 of the 91 West Sussex pupils are in 52 week placements, with either LD or ASD or both. In West Sussex, 300-475 children have been identified as may need help during transition. It is anticipated that a proportion of these children will also require Clinical Treatment Reviews (CTR). The length of time needed for support varies widely, but a proportion of these children and young people are likely to require long-term support and may present a serious challenge for much of the time or throughout their life

East Sussex has a total of 19 children and young people in residential schools in Sussex area; and a further 25 children and young in people in residential schools out of area. In East Sussex, there are, on average between 50 and 55 young people transition from children's disability services into ASC each year. The ESCC transition service has identified 33 young people who have complex challenging needs and will require accommodation and support services when they transition into Adults services by 2020.

### **3.1.2 The Five Cohorts**

The Transforming Care Programme identifies 5 cohorts of individuals who should be included within this plan and whose future care arrangements need to be considered and which are outlined below.

- 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.
- 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.
- 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).
- 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.

- 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.

### 3.1.3. Analysis of In-Patient Usage by People from Transforming Care Partnership

Sussex has a total of 58 people in in-patient beds as of May 2016 and which are detailed in the table below. 34 of these people occupy NHS England Specialist Commissioning beds across a mix of high, medium and low security beds. There is currently one CAHMS placement. In addition, there are a further 24 people in CCG commissioned in-patient beds; 9 of whom are locally placed and 15 (63%) who are out of area.

#### In Patient Placements as of May 2016 (including out of area)

CCG	NHS England Commissioned Beds				CCG Commissioned Beds			Total CCG Beds
	High	Medium	Low	CAHMS	Total NHS England Beds	In area (Selden)	Out of Area	
Brighton & Hove	1	2	5	0	8	2	8	10
EHS	0	4	4	0	8	3	3	6
HR	0	1	4	0	5			
HWHL	0	1	0	0	1			
HMS	1	1	2	0	4	2	4	6
Crawley	0	0	2	0	2			
CWS	1	2	2	1	6			
Out of Area	NA	NA	NA	NA	NA	2	0	2
<b>Total Beds</b>	<b>3</b>	<b>11</b>	<b>19</b>	<b>1</b>	<b>34</b>	<b>9</b>	<b>15</b>	<b>24</b>

There is one adult Assessment and Treatment Centre inpatient facility (Selden Centre) within Sussex with a bed capacity of 10 which are provided by the Sussex Partnership Foundation Trust and provides services to adults with learning disabilities and/ or autism. At the time of writing, the Selden Centre has 2 patients from Brighton & Hove, 3 from East Sussex, 2 from West Sussex and 2 out of area placements. It is recognised, however, that the needs of people with mild LD/autism are met within other in-patient settings, for examples, generic mental health, low secure and that specialist LD settings may not always be the most appropriate place, dependent on the individual's needs.

Admission rates and levels of in-patient placements have remained largely consistent across Sussex over recent years. There were 42 admissions to the Selden during the period April 2010 to September 2014 (4 non Sussex admissions) and a further 6 admissions between October 2014 and April 2015. This equates to circa 10-11 admissions per year

As of January 2016, Brighton and Hove had a total of 10 individuals continuing to receive care in specialist "hospitals", with case management provided by the Community Learning Disability Team (CLDT) on behalf of B&H CCG

East Sussex is funding 6 individuals who continue to receive care and treatment; 3 in out of area specialist hospitals and 3 in the West Sussex assessment and treatment centre. Case management is provided by the East Sussex (L/A) Community Learning Disability Teams (CLDT) on behalf of the 3 East Sussex CCGs

In West Sussex, the number of people with learning disabilities and/or autism within NHS in-patient assessment and treatment settings has remained consistently below national planning assumptions. There are currently a total of 9 in-patient placements (4 adult LD and 5 adult MH / Autism)

Sussex also receives a small, but proportionally significant, number of individuals who have been placed in in-patient facilities here, by other authorities. This increases the use of inpatient services within the county and limits availability for individuals originating from Sussex. Similarly, Sussex also receives a high number of people from other LA's for residential care etc.

Capturing accurate data has been challenging and processes to support how this is done will require attention in the future

### **3.1.4 Specialist Commissioning In-Patient placements**

Sussex currently has a total of 34 people in NHS England commissioned in-patient placements out of area as follows:

- Brighton & Hove has 8 TC patients in secure - 5 in low, 2 in medium and 1 in high secure
- East Sussex has 14 TC patients – 8 in low and 7 in medium secure
- West Sussex has 12 patients in secure care - 2 in high, 3 in medium, 6 in low secure and 1 child in CAMH's service

### **3.1.5 In Patient Placements and CTR**

Around 30 CTR's were performed across Sussex last year; it is anticipated, therefore, that if CTR provision is to increase threefold, this number will increase to circa 90 CTR's per annum at an estimated cost. Latest cost estimates suggest a CTR will cost in the region of £1,000 per patient, therefore, it is likely Sussex will face additional costs of a minimum of £90,000.

All patients who have undergone CTR wish to return to their place of origin on discharge.

## **3.2 The Current Care System**

### **3.2.1 LD Governance and Systems**

Each LA has a different governance system in place, for example, West Sussex County Council (WSSCC) has lead responsibility for LD commissioning under a pooled budget, with agreed reporting and governance arrangements with Coastal West Sussex, Horsham and Mid Sussex, and Crawley NHS Clinical Commissioning Groups (CCGs). The pooled budget includes resources for people with learning disabilities and people with autism, people who have Continuing Healthcare Needs and for people who have challenging behaviour, autism and learning disabilities. It enables the County Council and the NHS to work effectively in partnership together to meet agreed goals and meet the needs of customers with health and social care needs, including people who need or may be at risk of needing in-patient admission. Advocacy services are also commissioned from the LD Pooled Budget.

### **3.2.2 Community Learning Disability Teams (CLDT)**

Similarly, each LA has an Integrated Community Learning Disability Teams (CLDT's) to assess the support needs of adults with learning disabilities and their carers' and planning and coordinating support. CLDT's have a lead role in; the assessment and management of risk and mental capacity; ensuring risk is assessed in a positive manner; ensuring that support plans are effective, cost effective and regularly reviewed; that key outcomes for customers are being delivered and that

vulnerable people are safeguarded from abuse. CLDT's work with customers, their families and representatives, service providers with a clear focus on assessment, personalised support planning and review. Teams work preventatively with customers who may be at risk of admission to in-patient assessment and treatment settings and facilitate on-going review and discharge planning for customers residing in in-patient facilities to ensure high quality care and timely discharge.

CLDT Strengthened Crisis Response services provide service users in crisis, including those with dual and/or complex needs, for example, East Sussex has two CLDTs (East and West) where ASC and SPFT staff are co-located with joint referral meetings and case discussions (not integrated) with one integrated assessment process, a shared single care plan and review process. West Sussex operates a county wide multidisciplinary Community Learning Disability Team for some of the people with learning disabilities, who have the highest support needs and challenging behaviour.

There is a need, however, to review CLDT services across the whole footprint to determine exactly where we are at now and what can be done to strengthen CLDT in the future.

### **3.2.3 Services to Support People with Autism**

Brighton & Hove is currently reviewing the Autism Strategy with a view to conducting a further scoping exercise. Within East Sussex there are established diagnostic pathways for people with autism and people with autism and a LD. There are specialist providers who offer services ranging from bespoke accommodation and support through to employment and lighter touch information advice and guidance. West Sussex also commissions an autism diagnostic pathway from SPF

### **3.2.4 Respite Services**

In East Sussex, including Greenwood, have been re-designed to offer a more positive experience for clients. The buildings have been extensively refurbished and the service model and delivery has been redesigned and co-produced with individuals and families. The design offers 'Capable Environments' and an initial evaluation of the service with all key stakeholders has highlighted the decline in incidents of challenging behaviour and improved outcomes for people who use the service and their carers. The service at Greenwood can also accommodate individuals on an emergency basis for short term / respite care. The shared learning from these developments will be used to inform the implementation of the LD strategy in East Sussex.

### **3.2.5 Integrated Specialist Health & Social Care Teams**

Brighton & Hove has an integrated specialist health & social care team for adults with a learning disability that is jointly funded and commissioned by Brighton & Hove City Council and Brighton & Hove CCG. The CLDT offers an integrated service to meet both health and social care needs for those seconded to the Council under Section 75 arrangements.

### **3.2.6 Transition into Adulthood**

At the time of transition into adulthood, there is a particular focus on effective joined up assessment and support planning across Adults' and Children's services and other agencies, to ensure individuals and families are well supported to plan for the future. In West Sussex, in 2014 a Transition Team was established within the Community Learning Disability Team provision. This team works closely with Children's Services, education and other partners to ensure support earlier and more effective assessment and support planning for young people as they approach adulthood. Effective transition planning for young people with complex health needs is particularly important in the context of changes to the commissioning and provision of health services for children and adults.

For learning disability, in patient CTRs have taken place and protocols between local commissioners (care managers) and NHS England representatives have been established to coordinate future pre-admission in-patient CTRs as required.

In 2014 a West Sussex Transition Team was established within the Community Learning Disability Team provision. This team works closely with Children's Services, education and other partners to ensure support earlier and more effective assessment and support planning for young people as they approach adulthood. Effective transition planning for young people with complex health needs is particularly important in the context of changes to the commissioning and provision of health services for children and adults. Strategic work is also underway across WSCC and its partners as part of the development of a Lifelong approach to health and social care provision across all service user groups

### **3.2.7 Challenging Behaviour**

Sussex has a minimal LD specialist in-patient bed stock, following a decision made several years ago to reduce the number of beds available for people with learning disability. The resources that were freed up, were subsequently reinvested in resources in community based service provision. Consequently, there has been good development of services and support in the community, for example, local providers of accommodation and support, including accommodation and support services in Brighton & Hove, residential care, supported living & shared lives, day services and outreach services, where certain providers and services specialise in providing services and accommodation options for people with complex behaviours, autism, and mental health problems.

A LD Sussex Challenging Behaviour Network already exists and brings together commissioners and specialist clinicians working across Sussex to explore ways of developing practice, the local market for services and areas for future collaborative working, including partnerships with CLDT, Care Management Group, Southdown Housing, Grace Eyre Foundation, Waymarks, Dimensions, Sussex Partnership Foundation Trust and Arundel Care Services.

In West Sussex, there are 4/5 service providers supporting around 25-30 people with the most challenging behaviour. Effective working relationships have been developed with local specialist providers of community housing and support for people with learning disabilities, autism and challenging behaviour. A well-established Learning Disability Provider Forum has facilitated information sharing and partnership work with service providers and has a work programme that includes regular updates around Transforming, Positive and Proactive and plans to undertake an audit of local approaches to restrictive practice early in 2016. Customers, advocates and carers are also involved in the strategic planning and commissioning of services through local Partnership Boards, forums and representative bodies, such the West Sussex Parent Carer Forum (for children and young people with disabilities) and Carers Support West Sussex (for adults).

West Sussex also provides a county wide multidisciplinary Community Learning Disability Team for some of the people with learning disabilities, who have the highest support needs and challenging behaviour. This team is being reviewed as part of a wider 'stocktake' of specialist health services and outcomes for people with learning disabilities, taking account of all local evidence around performance and outcomes and the Transforming Care agenda.

East Sussex has taken steps to improve the support provided to adults with challenging behaviour and the care services that support them by:

Undertaking a comprehensive audit of practice with care providers who are using RI as part of an individual's care plan

- Establishing an enhanced quality monitoring process for those services supporting people with complex challenging behaviour
- Reviewing the challenging behaviour integrated care pathway

- Establishing an ESCC framework of providers of services for people with complex and challenging behaviour.

### **3.2.8 Positive Behaviour Support (PBS)**

Much work has been done locally to increase the use of PBS and to embed the ethos of PBS within all services working with people with LD / Autism who may have behaviours that challenge.

Brighton & Hove has introduced a Positive Behaviour Resource Pack, designed to give organisations the tools to both demonstrate good practice and to highlight areas for improvement; and which can be used in a variety of ways to support a self-assessment framework for providers to assess their competence in Positive Behaviour Support or a tool for providers and commissioners to assist with the design or commissioning of new services or individual placements. In addition, Brighton & Hove has a Positive Behaviour Network that adheres to and promotes the Challenging Behaviour Foundation Charter: Rights & values:

The new Brighton & Hove service specification for Supported Living services has a requirement that any service supporting a person with challenging behaviour completes the organisation self-assessment, the service user assessment and that they send representation to the PBS Network.

Effective working relationships have been developed with local specialist providers of community housing and support for people with learning disabilities, autism and challenging behaviour. A well-established Learning Disability Provider Forum has facilitated information sharing and partnership work with service providers and has a work programme that includes regular updates around Transforming, Positive and Proactive and plans to undertake an audit of local approaches to restrictive practice early in 2016.

### **3.2.9 Risk Register**

Sussex partners are aware that there is a need to develop a database of the most complex and high-risk cases, with baseline data and monitoring of agreed well-being, mental health and challenging behaviour measures. Each area is at a different stage in their registered development at present however it is an area of priority for each. High level numbers and criteria for level on registers will be shared with the TCP in order to inform strategic pan Sussex planning

### **3.2.10 Specialist Hospital Services**

A specialist hospital framework has been jointly developed and agreed by the Sussex CCGs/LA's when making placements into specialist hospitals. This provides a clear service specification and monitoring arrangements that will allow CCGs to ensure quality of provision, and measure providers against the requirements of the Transforming Care agenda.

### **3.2.11 Personal Health Budgets**

Across England the NHS has already begun to offer personal health budgets and joint health and social care budgets to people with learning disabilities who have complex health needs or challenging behaviour, offering real opportunities for people with learning disabilities to live in their own homes or with their families, rather than in institutions. People with learning disabilities eligible for NHS Continuing Healthcare now have a right to have a personal health budget. From April 2015, there is a requirement for CCGs to develop plans for a major expansion of personal health budgets, and to ensure that people with learning disabilities are included by April 2016.

All people with learning disabilities who are eligible for social care support also have a budget allocated to them - a Personal Budget. Self-directed support and approaches to personalisation are promoted, balancing this with the need to ensure resources are used cost effectively. This means ensuring customers and their families have clear and accessible information about their



eligible need for support, their personal budget and about the different options for using their personal budget and, where this is in the best interests of customers, to promote the take up of Direct Payments and other ways to use personal budgets creatively. This will ensure customers maximise choice and get the best outcomes possible from the support services they use.

In West Sussex, 345 (17%) have taken up Direct Payments for all or part of their support package, managing this themselves with support, or through a nominated suitable person. In Brighton and Hove CCG there are currently 3 adult CHC clients in receipt of a PHB who have a learning disability. East Sussex is currently rolling out PHB via the integrated CHC Team. There are currently 10 adults and 12 children with PHBs with plans to increase further.

### **3.2.12 Children and Young People Services**

In Brighton & Hove, there are approximately 880 children and young people with a learning disability, around 140 children aged 5-9, 300 aged 10-14 and 440 aged 15-19 (2014). In Brighton & Hove, the CAMHS learning disability (LD) service is based at the Seaside View Child Development Centre. The Team consists of a family & systemic psychotherapist, a senior assistant psychologist, and a part-time clinical psychologist and consultant child and adolescent psychiatrist

- 75 children and young people (0-18 years) were on the case load in August 2015
- Young people in transition to adult services are seen jointly with the Community Learning Disability Team.
- CAMHS LD also provide training, consultation and outreach to Tudor House and Drove Road, council residential respite services; Downs Park, Downs View, Hillside and Cedar Centre Schools.
- CAMHS LD team also jointly run a 10 week Positive Behaviour group for parents
- Tier 4 CAMHS have been commissioned by NHS England since April 2013. They include: day and inpatient services, intensive care units, low secure inpatient units, eating disorder services, and inpatient learning disability services.
- The CAMHS Complex Behaviour Support Team provides the following intervention modalities:
- Clinical Psychology service to May House (Specialist assessment and treatment residential service for children with highly challenging behaviour where their placements are at risk of break down, or have broken down)
- Consultation Service Offering a one-off extended consultation to social workers and families
- Monthly consultation to the three West Sussex Child Disability Residential Units (range of interventions offered including focussed discussion and intervention planning for a named young person, managing group dynamics, opportunities for staff reflection)
- Direct family work (detailed assessment and intensive intervention with the child and family in all environments and integrating the network around the child)
- The Child and Adolescent Mental Health Service/Child Disability Service (CAMHS/CDS) Complex Behaviour Support Team specialises in working with some young people with moderate/severe learning disabilities and behaviours which can be described as presenting a challenge to their families and carers. The team provides two ways of working; network consultations and direct case work.
- Network consultations are used for in depth discussion about a young person with their parent/carer and the network of staff that support them in other settings. The aim is to come to a shared understanding of the difficulties that the young person is facing and generate recommendations and actions to enable the situation to be effectively managed.
- The consultation service is designed primarily for children and young people who are beginning to present with behaviours which are described as challenging by their family or network. The aim is to intervene proactively, at an early stage to prevent behaviours escalating to a level at which any aspect of their placement is threatened. Children with higher level behaviours or patterns of behaviour which have become well established over many years are referred for more intensive direct case work.
- Direct case work is offered to young people who have behaviours which are described as complex and challenging in a range of settings. The team work more intensively with a young



person, their family and network in order to develop, support and review new ways of working that address the difficulties that the young person is experiencing.

- The average length of direct intervention provided by the service is 15 months (the national average for learning disability services is circa 24 months) The average caseload for direct work of the existing resource is circa 16-20 young people at any one time. 86% of parents/carers who accessed the team reported that the service they received had been helpful. 92% of families reported that their child's difficulties had improved since attending the clinic.

### **3.2.13 Community Services to Support Children and Young People**

Community services for are also in place across Sussex to support children and their families in the community; for example, West Sussex is currently running 'Me, My Family and My Home' project for one year, led by In Control and funded by the Department for Education. 6 local authorities are participating in this project and have been working with between 2-4 children. The aim of the project is to develop a framework/pathway to make Educational, Health & Care Plans (EHC) work for children with very complex needs/complicated home lives and for this to be shared with all 152 local authorities. The overall purpose is to achieve the best outcomes for children/young people and their families through developing personalised child/family centred plans and delivering support as identified in the EHC Plans.

Four families have participated in a life-long planning session which involved bringing together key people identified by the family. Sessions focus on care planning as a positive experience, identifying the child/young person's strengths and what people admire about them, rather than need and disability and considers the young person as a whole in planning for the future. Plans are owned by the family and can be added to and shared with others throughout the young person's life. West Sussex has trained a total of 60 professionals/parents to facilitate PCP and is currently expanding the project. PCP will be used to support planning for young people, with a focus on outcomes.

#### **Next Steps:**

- West Sussex is considering how budgets can be pulled together across Education, Health and Social Care.
- Consider if one professional can take the lead to make decisions to reduce the number of people the family have to contact to request changes/increases.
- Identify ways for the EHCP's to be developed with all agencies contributing.
- Continue to support colleagues with 'cultural change' regarding personalisation and looking at outcomes.

## **3.3 The Current Estate & Key Challenges**

### **3.3.1 The Brighton & Hove Estate (Adult)**

Brighton and Hove do not currently own any NHS properties for LD and/or autism. The Local Authority has the following;

- x Residential Care Homes – BHCC (gifted from NHS)
- 1 x Residential Care Home – BHCC
- 1 x Supported Living Service – BHCC (gifted from NHS)
- 3 x Supported Living Service – BHCC
- 4 x Supported Living Service – leased
- 1 x Day Centre – BHCC
- 1 x Respite service - leased

### 3.3.2 The East Sussex Estate (Adult)

The East Sussex LA has the following estate:

- 16 VPN Homes
- 5 ESCC day centres
- 2 respite centres (adult)
- 7 short leased properties

The 16 VPN properties were part of the VPN capital transfer in 2011. ESCC and CCGs are in discussion with NHS England about the proposed development plans for 10 of the properties/sites, with a view to:

- Increasing the number of supported living services available across East Sussex
- Developing a purpose built supported accommodation service for people with complex challenging behaviour
- Developing flexible accommodation that will reduce the revenue spend and reliance on residential care and out of county placements.
- The current NHS England Capital Grant Agreement has proved problematic in seeking development partners and a more flexible approach from NHS England would be welcomed. ( a full list of estates details is available for submission to NHS England)

### 3.3.3 The West Sussex Estate (Adult)

In West Sussex there are currently around 2000 people with learning disabilities in West Sussex using social care and health services that are funded by West Sussex County Council and the local CCGs via the LD Pooled Budget.

West Sussex does not currently own any NHS properties for LD and/or autism.

There are six Local Authority owned properties currently occupied and support the LD client group and which are located in

- Worthing x 2
- Bognor Regis
- Chichester
- Horsham
- Sompting

All estates have services managed through the service level agreement between WSCC Commissioners and Provider Service Managers, apart from 1 where this is not applicable. One estate in Worthing is empty with plans for redevelopment in progress for two further estates which are currently vacant. One is subject to a procurement process to appoint an RSL imminently. None of the LA estates support Tier 2 accommodation

35% of people supported by social care live with their parents or family and friends and receive support at home. This is the largest single category. 29% of people live in residential or nursing care. Around 23% of people live in supported accommodation, where people have a tenancy of their own and receive care and support in their own home, either in a supported accommodation scheme or in ordinary housing in the community.

In recent years the proportion of people living in nursing or residential care has fallen, as more people are supported to live in more independent living settings and supported to remain living in

the community for longer. A range of services and supports are commissioned to enable people with learning disabilities to access ordinary community services and opportunities and reduce their dependence on specialist learning disability services. Examples of these services include supported employment services and information, advice and advocacy services. These services can be of particular benefit to people who need some additional support to help maintain their health, wellbeing and independence and to access other universal or community services.

Challenges include:

- Lack of capable environments for the client group
- Resource restraints restricting the ability of the LA to buy / build / re-model services
- General housing shortage in the local area of Brighton impacting on the ability of the LA to source additional private sector leased property
- City environment in Brighton not conducive to accommodating clients who require large amounts of outdoor space / make a large amount of noise
- General housing shortage in the Brighton area impacting on the ability of independent or 3<sup>rd</sup> sector providers to:
  - Lease property from the private sector
  - Purchase new property / land to develop
  - Re-model existing services
- Lack of access to social housing with secure tenancies (Brighton & Hove)

### **3.3.4 Demonstrate How a Reduction in Non-Settled Accommodation Will Be Achieved**

Brighton & Hove has a local LD Strategy 'A good, healthy and happy life' which is heavily focussed on supporting people with LD to achieve greater independence and have increased access to services and facilities in the community, including settled accommodation. They are working with providers locally to increase the range of housing options available and to develop new models within the city that better support people with challenging behaviour. In particular we are considering ways to increase the number of self-contained units that are co-located with larger services.

BHCC is currently undertaking a consultation on their Housing Allocations Policy and ASC have been involved in discussions to increase accessibility to social housing for people with LD and or Autism. It is hoped that this consultation will lead to an increased number of Band A nomination rights for people with LD to access social housing in the community.

The West Sussex LD Commissioning Strategy recognises the important role good quality accommodation has to play in delivering a range of outcomes for people, such as health, wellbeing, independence and citizenship. A suitable range of good quality, good value accommodation and where appropriate assistive technologies, will be commissioned and provided for people who require an accommodation service. Today and in the future, more good quality, cost effective local accommodation options will be required for older people with learning disabilities and for people with the highest support needs who may also have challenging behaviour. Supporting carers, who provide significant amounts of care and support to people with learning disabilities in their own homes and communities, is critical to promoting and maintaining people's independence and safety. The Strategy will be delivered along-side the West Sussex Commissioning Framework for Carers in supporting the delivery of a range of plans and objectives in relation to carers. These plans will ensure carers needs are assessed and met and ensure carers have access to the advice, information and support they need to continuing caring for their family members in their own homes

East Sussex has prioritised the development of supported living services across the county. An integrated plan has been agreed that will increase the number of adults with a LD living in settled accommodation and also highlights plans to build supportive accommodation services for people with the most complex challenging behaviour. Respite and Community Services have also been re-designed to respond to the needs of clients and the developing demographic. A programme of development in relation to day and employment opportunities will be rolled out during 2016/17.

East Sussex has an LD Accommodation and Support Strategy that sets out how the number of adults living in settled accommodation will be increased over the next 5 years, by developing six supported living services; this is dependent on approval being given with regards to the VPN sites and Capital Agreement.

### **3.3.5 Children and Young People's Estates: Brighton & Hove**

Overall the city makes very good and valued provision for children with complex SEND

- 6 Special Schools
- 2 Pupil Referral Units
- 6 Special Facilities within mainstream schools
- 2 Specialist Part-Time Nurseries
- The Independent and non-maintained sector where local provision deemed insufficient to meet all needs

Key Challenges

- 'Empty' places in some schools with LA having to find £900k over 5 years to fund

### **3.3.6 Children and Young People's Estates: West Sussex Estates**

- 11 special schools
- 29 mainstream schools with SSCs
- 2 specialist nurseries
- 6 Alternative Provision centres

Key challenges

- There are too many children in INMMS and special schools/SSCs and there is a need to develop mainstream schools to reverse that trend and increase the number of children with EHCPs in mainstream settings. There is a SEND Strategy and action plan to address this challenge in development.

### **3.3.7 Children and Young People's Estates: East Sussex Estates**

Key estates (LA owned)

- Special Schools
- 5 special facilities within mainstream schools
- Respite Centres x 2

Key Estates (not LA owned)

- Special academies
- 7 special facilities within mainstream academies
- Early years settings that support special needs
- 1 PRU run by academy

## 4. The Case for Change

### 4.1 Sussex Priorities

A number of priorities have been identified across Sussex including:

- To ensure clear and effective governance and leadership of the Transforming Care agenda through effective planning and joint commissioning
- To ensure appropriate, safe, high quality and best value accommodation & care and support services are available locally for people with learning disabilities, including people with severe autism and people with learning disabilities who also have mental health conditions or behaviours viewed as challenging.
- Through effective assessment, support planning and review to ensure effective clinical approaches to prevention and crisis intervention and prevention of in-patient admission
- To ensure all in-patient services are safe, of good quality, VFM, appropriate and reviewed regularly with a focus on effective intervention & timely discharge
- To work with local service providers to support workforce and service development
- To improve how children and young people considered to be in the at risk group are identified, assessed and planned for

Additional Improvement Priorities across Sussex include:

- A need to ensure care for all patient cohorts is developed in such a way as to enable the delivery of better and more personalised outcomes for people, using service models that are sustainable and the real opportunity for service users to become actively involved in the planning and development of local services and how they are cared for
- A need for more analysis to be conducted locally to determine whether there is a need to increase patient beds, in line with NHS England target requirements, or to further develop community outreach and crisis intervention.
- Increase community living to meet needs of the most complex and challenging cases that is not reliant on single service accommodation which is not financially sustainable in the long term
- An identified need to streamline provision of children's estates in line with needs
- To formally identify gaps in service provision against the 9 principles and requirements of the new service model and develop strong initiatives that will 'plug' those gaps and ensure services fit for purpose
- Plans to continue to improve personalisation and embed person-centred approaches to ensure that individuals are at the centre of their own packages of care and support
- Continue to develop recognition and the right support and engagement of individuals, their carer's and families to have their own care plans (roll out)
- Continue to develop risk registers across the patch (currently in the process of identifying criteria)
- Redesign current estate to better meet future needs of individuals in the community and children & young people – this work is to be scoped and planned but consider range of options including patient communities, sheltered housing, individual houses
- Ensure all hospital placements are good quality, appropriate and reviewed regularly, with a focus on effective intervention & timely discharge
- Review & enhance the local resources in place for crisis intervention and prevention of admission
- Ensure all local services provide good quality, safe services for people in the defined group
- Review and improve how children and young people considered to be in the at risk group are identified, assessed and planned for more accommodation options, with clear pathways out of hospital into the community, would deliver a more personalised approach to care, as people would have a greater choice of where they live.

## 4.2 Personal Health Budgets

Brighton and Hove CCG aim to increase the offer and uptake of PHBs amongst people with a learning disability during the period 2016-21 and to identify accommodation/provider able to develop supported living options for the most challenging individuals not dependent on single person service development

BHCC has an in house respite service that provides planned respite and short breaks as well as emergency respite when required. A review is currently taking place to consider the options within the city for respite and planned breaks and whether there is sufficient provision currently to meet those needs. This review will include considering the need for any 'step up' accommodation locally that could be used to support people at risk of admission in a crisis.

In West Sussex, care pathways are being developed in relation to co-existing conditions to ensure autism is addressed and, where required, services are adapted. In addition, Mental Health, Learning Disability and Epilepsy service staff are trained in relation to autism

## 5. Vision, Strategy and Outcomes

### 5.1 Aspirations for 2018-19.

The local vision for people with learning disabilities or autism in Sussex reflects that of the national Transforming Care Agenda and which are outlined in the Case for Change:

- "Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce.
- At the same time local community based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting."

In terms of the three key areas for qualitative improvements, Sussex has identified a range of key strategic objectives in relation to Transforming Care including:

#### 5.1.1 Improved Quality of Care

- To ensure clear and effective governance and leadership of the Transforming Care agenda through effective planning and joint commissioning
- To ensure appropriate, safe, high quality and best value accommodation & care and support services are available locally for people with learning disabilities, including people with severe autism and people with learning disabilities who also have mental health conditions or behaviours viewed as challenging.
- To work with local service providers to support workforce and service development
- To formally identify gaps in service provision against the 9 principles and requirements of the new service model and develop strong initiatives that will 'plug' those gaps and ensure services fit for purpose
- West Sussex: Care pathways in relation to co-existing conditions need to ensure autism is addressed and, where required, services are adapted
- West Sussex: Staff employed in Mental Health, Learning Disability and Epilepsy services are trained in relation to autism
- West Sussex: Improved Autistic Spectrum Condition (ASC) Training for Mental health Professionals

### **5.1.2 Improved Quality of Life**

- A need to ensure care for all patient cohorts is developed in such a way as to enable the delivery of better and more personalised outcomes for people, using service models that are sustainable and the real opportunity for service users to become actively involved in the planning and development of local services and how they are cared for
- A need for more analysis to be conducted locally to determine whether there is a need to increase patient beds, in line with NHS England target requirements, or to further develop community outreach and crisis intervention.
- Increase community living to meet needs of the most complex and challenging cases that is not reliant on single service accommodation which is not financially sustainable in the long term
- An identified need to streamline provision of children's estates in line with needs
- Plans to continue to improve personalisation and embed person-centred approaches to ensure that individuals are at the centre of their own packages of care and support
- Continue to develop recognition and the right support and engagement of individuals, their carer's and families to have their own care plans (roll out)
- Ensure all local services provide good quality, safe services for people
- Personal Health Budgets
- Brighton and Hove CCG aim to increase the offer and uptake of PHBs amongst people with a learning disability during the period 2016-21.

### **5.1.3 Reduced Reliance on Inpatient Services**

- Through effective assessment, support planning and review to ensure effective clinical approaches to prevention and crisis intervention and prevention of in-patient admission
- To ensure all in-patient services are safe, of good quality, VFM, appropriate and reviewed regularly with a focus on effective intervention & timely discharge
- To improve how children and young people considered to be in the at risk group are identified, assessed and planned for
- Continue to develop Risk Registers across the patch
- Ensure all hospital placements are good quality, appropriate and reviewed regularly, with a focus on effective intervention & timely discharge
- Review & enhance the local resources in place for crisis intervention and prevention of admission
- Review and improve how children and young people considered to be in the at risk group are identified, assessed and planned for more accommodation options, with clear pathways out of hospital into the community, would deliver a more personalised approach to care, as people would have a greater choice of where they live.
- Redesign current estate to better meet future needs of individuals in the community and children & young people – this work is to be scoped and planned but consider range of options including patient communities, sheltered housing, individual houses
- Brighton and Hove: identify accommodation/provider able to develop supported living options for the most challenging individuals not dependent on single person service development
- BHCC has an in house respite service at that provides planned respite and short breaks as well as emergency respite when required. A review is currently taking place to consider the options within the city for respite and planned breaks and whether there is sufficient provision currently to meet those needs. This review will include considering the need for any 'step up' accommodation locally that could be used to support people at risk of admission in a crisis.

- It should be noted, however, that a large amount of work has already taken place locally in delivering on these objectives. Continuing to build on that work will form the basis of achieving our aspirations.

#### **5.1.4 Children & Young People**

In addition, the following aspirations have been identified for children and young people:

- Integrate special provision across education, health and care for all children with complex SEND
- Include children and young people in the naming of the new integrated provisions
- Offer an improved and innovative curriculum
- Make the system more efficient and financially viable into the future, by consolidation of the current six special schools and two PRU's to form three integrated special provisions across the city
- It is anticipated that this work will be taken forward via Task & Finish groups as required and groups that are already established, for example, the Joint Children's Officer Commissioning Group (B&H)
- Closer working between the local authority Children's Disability Service and CLDT to improve pathways for children and adult services
- Integration of services and provision across education, health and care across the 0-25 years age range
- Reducing dependents on expensive out of city/independent specialist placements by providing integrated 'wrap-around' provision close to home
- Greater personalisation for families and extended use of personal budgets
- Improved support to families where children have complex and challenging needs and behaviours
- More systematic identification of SEND
- and improved outcomes for identified young people (what outcomes)
- A re-organisation of special schooling and specialist nursery provision, children's health and therapy provision, children's residential and respite provision and outreach/extended day activities in the areas of both learning difficulties and of behavioural, emotional and social difficulties

#### **5.1.5 East Sussex Priorities for Children and Young People with SEND**

The following forms part of the SEND Joint Commissioning Strategy on which work is already progressing:

- We want to identify all children who have special education needs or disabilities as early as possible in their lives;
- We want to provide empowering support for parents and carers to help them to care for, and support the development of, their children;
- We want all services to respond promptly to the needs of children, and work towards our agreed outcomes. This will include universal services such as schools and early year's education settings, and universal health services.
- We want to commission coherent, coordinated, personalised education, health and care support for individual children and young people, with formal, integrated Education, Health and Care plans for those children who need specialist support, aimed at helping them to achieve well at school and in training and employment, and enabling them to live lives which are as independent as possible, fully included within their local communities.
- We want to provide maximum choice for children, young people and families about how the resources available to support them are used, with personal budgets extended to as many families as possible.



## 5.1.6 Measuring Improvement Against the Domains

It is anticipated that Transforming Care Partnerships will monitor a range of indicators relevant to the direction of the agreed joint deliverables in the plan, including:

- Monitoring of placement quality and outcomes
- Reduction in the number of people being placed in in-patient facilities out of area
- Reduced length of stay in in-patient facilities
- Increased patient and carer experience through periods of change and or deterioration
- Every individual will have a proactive care plan
- Increased compliance with yearly health assessments
- Robust management of Risk Register which provides person centred support to individuals at risk of admission
- Enhanced CLDT provision is to be measured against 3 indicators:
  - A reduction in the rate/frequency of admission
  - A reduction in the overall numbers of in-patients
  - A reduction in overall costs of in-patients

New service specifications and contracts have been developed by CCGs across Sussex for all commissioned in-patient facilities. This will ensure a framework is in place for increased monitoring of providers ability to deliver outcome focussed support and a requirement for all services to adhere to the principles of PBS when supporting people with challenging and complex behaviours.

- The key outcomes used have been taken from the Learning Disability Strategy 'A Good, Healthy and Happy life' and are the key outcomes people with learning disabilities locally identified as being most important to them:

No.	Indicator	Measurement
1	Service Users contribute to the development of their support plan	100% of Service Users to contribute
2	Service Users are supported to remain living independent in the Community	90% of Service Users are supported to remain living independently in the Community
3	The number of Service Users who move to lower support or mainstream accommodation	Providers shall monitor the number of Service Users who move to lower support or mainstream accommodation
4	The number of Service Users who move on to higher support services	Providers shall monitor all movements to higher support services
5	The service shall increase Service User's community access and participation	75% of Service Users shall increase their Community Access and Participation
6	The service shall increase the number of Service Users accessing work and learning (including volunteering)	Providers shall monitor the number of Service Users accessing work and learning
7	The service shall support Service Users to develop their travel skills	Providers shall monitor the number of Service Users accessing work and learning
8	The service shall support Service Users to access relevant health checks and health screening	Providers shall monitor the number of Service Users accessing relevant health checks and health screenings

9	The service shall increase the number of Service Users who feel more able to manage their independent living	75% of Service Users shall feel more able to manage their independent living at the time of existing the service or at review
10	The service shall increase the health and wellbeing of service users	75% of Service Users shall report an increase in health and wellbeing at the time of existing the service or at review
11	The service shall enable Service Users to report better knowledge of an access to community mainstream services	75% of Service Users shall report better knowledge of an access to community mainstream services

Increased use of Personal Health Budgets, and direct payments from Adult Social Care, to allow individuals to direct own care and support

### **5.1.7 Principles for Care and Support for People with a Learning Disability and/or Autism who Display Behaviour that Challenges**

Sussex recognises the principles of care underpinning the 'New Service Model' for LD and that champion the human rights of people who use LD services. These principles are summarised below:

#### **Quality of life**

- People should be treated with dignity and respect
- Care & support should enable a person to achieve their hopes, goals and aspirations
- It should maximise a person's quality of life regardless of the nature of their behaviours that challenge.
- The focus is on supporting people to live in their own homes within the community, supported by local services.
- Keeping people safe
- People should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings
- Reporting should be transparent and open, ensuring lessons are learned & acted on

#### **Choice and control**

- People should have choice and control over their own health and care services
- People should make decisions about every aspect of their life
- There is a need to 'shift the balance of power' away from more paternalistic services which are 'doing to' rather than 'working with' people, to a recognition that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act.
- People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.
- Support and interventions should always be provided in the least restrictive manner.
- Equitable outcomes, comparable with the general population

## **6. Proposed Service Changes**

### **6.1 The New Model of Care**

Sussex intends to continue to review existing services in line with local learning disability and autism strategies from across the 3 areas of Brighton & Hove, West Sussex and East Sussex to

ensure the most effective service delivery models are in place to meet the Transforming Care Partnerships agenda.

The proposed model of care covers the following key themes. These are outlined below:

- Further defining the vision and principles of the Sussex approach (with support from NDTI)
- Workforce Development, Training and Education
- Improved Proactive Case Management and Crisis Prevention
- Specialist care and treatment in-patient services at a more local level
- Improved Proactive Planning of Transition for children & young people
- Expand Personalisation and Personal Health Budgets in ways that are sustainable
- Improving support and provision for complex care and accommodation in the community
- Stake holder engagement

### **6.1.1 New Services We Will Commission**

Each of the 3 Local Authority areas across Sussex has taken a very pro-active approach to the transforming care agenda, which can be demonstrated by the low number of people in in-patient beds. It is recognised that each area have worked together collaboratively across Health and social care in the development of their transforming care plans and there is some working relationships established across the 3 Local Authorities and 7 CCGs across Sussex to date. There is also a complexity, however, in the make-up of the Sussex footprint and each areas plans do not simply map together to make a Sussex wide plan; though there is a willingness to develop a pan Sussex approach with an aim to achieve symmetry on the 3 area plans and identify where there is alignment and potential to develop new services across the county where it will improve opportunities and outcomes for individuals and their families.

Sussex is collaborating to review and develop a range of different models building on what we currently have in place across the patch. It is anticipated this work will be conducted through a range of locally organised work streams accordingly. There is an increasingly collaborative approach to service planning and provision, commissioning services from the same provider, with exploratory but proactive discussions about opportunities where budgets may be aligned locally to commission different arrangements. There is, however, no business case developed as yet to develop 'new services pan Sussex.

We acknowledge, that this work and the Sussex partnership remains in its infancy; there is a continued need for the TCP to work together to actively plan for both their individual areas, acknowledging differences in progress to date, approach and population needs and to identify areas where best practice can be usefully shared, exploring making best use of resources across the patch and exploring approaches to risk sharing.

Early agreement has been reached on the following objectives for new services to be jointly commissioned across Sussex, including:

- Community services to support admissions prevention and reduced Length of Stay
- Review of In-Patient beds and requirements for all in-patient LD/MH, secure/non-secure spectrum provision across Sussex, including the Selden Centre
- Embed good practice around CTR provision
- Early identification of individuals 'at risk' of admission (risk registers)
- Crisis Response and Intervention in the community
- Improving transition for children and young people with LD and/or autism to adult services
- Review and identify appropriate accommodation to meet individual needs
- Expand PHB provision and personalisation in ways that are sustainable
- Share good practice about effective community provision

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

We will be working to bring people back to Sussex and ensuring that there is sufficient capacity within current and new services to sustain this. Therefore we will be looking to stop, or at least reduce the commissioning of services outside of Sussex - including support services and residential educational placements.

We know that into-county placements mean that resources are divided further. We will continue to work with other authorities and providers to review our local capacity of in-patient provision and working with the providers to ensure present and future needs can be met effectively and cost effectively.

Sussex is currently underprovided for local inpatient bed stock; we will focus on commissioning, fewer out of area in-patient placements and utilise local provision with the development of more flexible and robust community support to avoid inpatient admission.

Brighton will commission less single person services and work towards new accommodation solutions that are more sustainable and offer more opportunities for shared peer support. Brighton and Hove will work with providers on developing new models of accommodation that provide service users with their own self-contained properties, but within small services where they can access peer support as they choose too.

The East Sussex LD accommodation and Support Strategy identifies the residential models of care that are no longer appropriate and do not meet the expectations and aspirations of individuals and their families and sets out a commissioning and delivery plan to develop in their place supported living and community based provision

### **6.1.3 Existing Services that will Change or Operate in a Different Way**

This section outlines existing services which will change or operate differently in the delivery of the Transforming Care Programme. It also identifies changes to existing working practices or systems which may not be 'commissioned' but have been included here to reflect Sussex's commitment to system wide change.

Learning Disability Teams are being re-aligned to work with a more pro-active case management approach supported by where required a new CLDT specification.

CLDT are moving to a more preventative role with the development of the enhanced crisis response. They will RAG rate risk registers to identify those at most risk locally of admission to hospital and provide more intensive support in the community to them at an earlier stage.

There is Sussex wide agreement to undertake a review of in-patient facilities for LD/MH, including the Selden Centre and the services it provides, in order to better meet needs of local individuals and an aspiration to work more collaboratively around the development of local in-patient provision

Integrated development of clear pathways between forensic and community case management as individuals step down from NHSE secure placements to CCG funded community placements

Review Crisis Response and Crisis Provision

### **6.1.4 Encouraging the Uptake of More Personalised Support Packages**

- Identify children earlier in the pathway – 'Building the Right Support' references a need to ensure increased provision of LD Liaison services for children, i.e. targeting children who are more likely to require greater support, earlier in their pathway, in order to avoid hospital admission, for example, work has already been undertaken to develop LD liaison in primary care with the further development of Acute LD liaison

- BHCC are working on a pilot to develop the use of Individual Service Funds to allow service users to choose a provider to develop a service directly with the service user, rather than BHCC commissioning the service for them.
- Plans will also ensure similar increased liaison is in place for adults to ensure service provision meets identified needs.
- Support individuals and carers through education
- Ensure earlier planning between Adults and Young People Teams focused on services to ensure smooth and timely transition
- CLDT currently offer each person assessed a personal budget, including direct payments.
- BHCC is currently developing the use of Individual Service Funds which allow people to nominate a provider to develop a service on their behalf and manage their entire personal budget.

Plans will be produced in 2016 for the expansion of PHBs, for example, in Brighton and Hove, this will include working with local providers to;

- Determine a local budget setting and resourcing framework for learning disability PHBs
- Ensure a PHB is offered to people with a learning disability who are eligible
- Explore the potential for integrated personal budgets
- Provide people with a learning disability access to information/advice on personal health budgets
- Consider the local service and workforce developments required to respond to the health and wellbeing needs identified by people with a learning disability
- Establish a process for the monitoring and review of personal health budgets

### **6.1.5 Care Pathways**

The three Sussex areas have each been working to provide pathways of care that support proactive prevention of crisis and inappropriate in-patient treatment and reduced length of stay by using the CTR process. The work that will now be taken forward by the Sussex Transforming Care Partnerships Board will be informed by the learning from these individual cases and further informed by the pre-admission and CTRs that have already resulted in admission avoidance. Further work has been identified to ensure earlier support for children and their carer's and development and planning of the transition process at an earlier stage.

Brighton and Hove have already increased resources in the LD Team to proactively case manage those at highest risk of care breakdown and admission to hospital – the learning from experience will be shared with the partnership

East Sussex has four care pathways for people with learning disabilities including for Mental Health and Complex Behaviour that Challenges. These pathways are reviewed regularly through quarterly partnership meetings to ensure that there are clear outcomes for individuals and their families.

In West Sussex, during 2015-16, a stocktake and review of specialist health services for people with learning disabilities and autism was undertaken, to ensure best outcomes for customers and best value for money. During 2016-17 this stocktake will feed into a process of service redesign and commissioning that will include the development of a new services specification for Community Learning Disability Teams in the context of local needs and national best practice.

### **6.1.6 Supporting People to make the Transition from Children's to Adult Services**

For disabled young people and/or young people with a statement of Special Educational Needs Disability (SEND), the move towards adult life needs careful early planning, which involves them and their parent/carers, to ensure that the change process is as smooth as possible.

The SEND Code of Practice puts a greater emphasis on those with SEND identifying that they require additional support to succeed not only in their education, but in the transition to adulthood.

The TCP Programme Board will oversee work pan Sussex on pathways to support transitions and returning individuals to county, including:

- Improve identification of those with LD and/or autism in the system
- Improve support to carers and families to manage challenging behaviour
- Pro-active case management to personalised care for individuals and families
- Leading to earlier planning for transition to adulthood, independent living and employment opportunities

### **6.1.7 Commissioning Services Differently for Children Transitioning to Adult Services**

Improve planning and early recognition of need informing the strategic planning of how the new services will be delivered – leading to less dependence on single services but complex needs

Assurance that mainstream services are flexible with reasonable adjustments to meet the needs of the majority of people with LD and/or autism throughout their life journey

Development of Risk Register as key to early identification

In Brighton & Hove, the local authority are looking at how they can bring social functions across children and adults services together for those with LD and others that fall into the TC cohorts. This proposal is currently out for consultation.

The CCG are looking to commission more all-age pathways in mental health services and health care services for children and young adults with SEND.

### **6.1.8 Needed Changes to the Local Housing Estate**

Local authority housing departments need to be involved in reviewing information, informed by the pro-active care planning and case management process for people with LD and/or autism to ensure appropriate housing options to meet the needs of an individual with lower support needs and the need for reasonable adjustment.

East Sussex is embarking on a comprehensive procurement process to identify housing and development partners to address unmet need. We also work in partnership with existing mainstream housing providers to make reasonable adjustments for their tenants. An example of this is a housing association co-producing a toolkit for tenant and employees with autism.

Current housing estate needs to be developed to create capable environments and models of support that can meet the needs of highly complex and challenging service users.

A lot of the current estate is in converted older buildings that do not lend themselves to supporting people with challenging behaviours, usually because the buildings cannot be refurbished in a way to make them safe, or they have communal areas that cannot be safely managed.

One model BHCC is interested in developing is to have a small number of self-contained flats, located next to, or joined too, a larger residential or supported living service. Identified is a number of service users in the TC cohort who would benefit from their own flat, but who also would benefit from peer support they can access in a co-located service.

In addition a number of this cohort have extremely intensive staffing requirements, co-locating self-contained units with a larger service, provides background staffing and enables staff team to spend time with less high need clients. This model would reduce the risk of staff burnout.

In West Sussex work is on-going developing some parts of our existing housing stock for people with learning disabilities to provide improved environments for people who may exhibit challenging behaviour. This work is building on proven best practice and is being taken forward in partnership with customers, families, RSLs and care and support providers

#### **6.1.9 'Resettling' People Who Have Been In Hospital For Many Years.**

- Sussex has a total of 56 in-patient placements (May 2016)
- 5 patients from Brighton & Hove have been in hospital for over 5 years.
- All the original inpatients have had their yearly review and 2 new patients have had CTR's requested and are currently awaiting confirmation from specialist commissioning.
- East Sussex has a total of 16 in-patient placements. None of these patients have been in-patients more than five years.
- All patients who have undergone CTR wish to return to their place of origin on discharge.
- All people discharged from in-patient service will have active case management and support plans individualised to support the transition from in patient care to community living. It is accepted that these individuals will need intensive support to make the transition and initially the risk of placement breakdown will result in this group being on the highest level of risk of readmission.

#### **6.1.10 Linking This Transformation Plan with Other Plans and Models to Form a Collective System Response**

Sussex is going forward ensuring that this transformation plan is in line with the work on-going with each of the following plans:

- Local Transformation Plans for Children and Young People's Health and Wellbeing
- Local action plans under the Mental Health Crisis Concordat
- The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)
- Work to implement the Autism Act 2009 and recently refreshed statutory guidance
- The roll out of education, health and care plans
- Commissioning Plans for LD, MH and autism in each commissioning area
- Sussex East Surrey Sustainable Transformation Plan (STP)

We will ensure through local and Sussex wide partnerships that there is alignment across all of these pieces of work.

- East Sussex has been awarded over £1 million Transformation funding and has a CAMHS strategy in place. The Sussex Partnership Foundation Trust has been working with the BBC over the past few weeks as part of their week long mental health coverage 'In the Mind' with a particular focus on children and young peoples' earlier access to services and measures to prevent admission, via CAHMS. More information can be found on line at <http://www.sussexpartnership.nhs.uk/whats-new/conversation-about-camhs>

## **7. Delivery**

### **7.1 Programmes of Change & Work Streams Needed to Implement this Plan**

The Sussex TCP Programme Board has considered the respective plans from the 3 respective areas and identified a number of priority areas where there is potential for alignment and collaboration on programmes of work across Sussex.

- Workforce Development, Training and Education
- Improved Proactive Case Management and Crisis Prevention
- Specialist care and treatment in-patient services at a more local level
- Improved Proactive Planning of Transition
- Personalisation and Personal Health Budgets
- Criteria for Data Capture

The Transforming Care Programme Board will continue to identify programmes of change/ work streams through which to deliver this plan. We believe it's important as far as possible to use existing structures to make things less confusing.

## 7.2 Programme Leads and Supporting Teams

### 7.2.1 Workforce Development, Training and Education

- Lead: Soline Jerram, SRO
- Supporting Team:
- Sarah Jones, Project Manager
- Karen Stevens, Skills for Care
- LA Commissioners – Adults and CAHMS
- NHS Commissioners – Adults and CAHMS
- Adult patient and carer representation
- Children's and Young Peoples representation
- Expert clinical advice
- Sussex Foundation Partnership Trust
- Sussex Community Trust
- Voluntary and 3rd Sector
- Health Education Kent, Surrey, Sussex
- Housing
- Residential Care

### 7.2.2 Improved Proactive Case Management and Crisis Prevention

- Lead: Angie Simons, East Sussex Commissioner
- Supporting Team:
- Sarah Jones, Project Manager
- LD CLDT's to work up membership
- To include SPFT

### 7.2.3 Specialist care and treatment in-patient services at a more local level

- Lead: Philip Pragnell, Commissioning Manager (LD), West Sussex LA
- Supporting Team:
- Sarah Jones, Project Manager
- Commissioners
- Clinical expertise
- Providers
- Voluntary Sector (Avenues)
- NHS England

### 7.2.4 Improved Proactive Planning of Transition

- Lead: Renee Padfield, Head of Commissioning, MH & Children's Services, Brighton & Hove CCG
- Supporting Team:
- Sarah Jones, Project Manager
- LA Leads for Children's and Adult Services



- CCG Commissioners for Children's and Adult Services
- Providers
- Voluntary Sector

### **7.2.5 Personalisation and Personal Health Budgets**

- Lead: Neil Francis, PHB Manager Brighton & Hove CCG (initially)
- Supporting Team:
  - Sarah Jones, Project Manager
  - PHB Leads for each CCG
  - SPFT
  - Patient representation
  - Voluntary Sector
  - LA Commissioners for LD

### **7.2.6 Criteria for Data Capture**

- Lead: Soline Jerram
- Supporting Team:
  - Sarah Jones, Project Manager
  - LA Commissioners for LD and/ autism
  - CCG Commissioners for LD and/or autism
  - Providers
  - Voluntary Sector

### **7.2.7 Improving support and provision for complex care and accommodation in the community**

This work is being progressed individually by the 3 Sussex LA areas and will not have a dedicated workstream at this stage. Good practice and 'what works well' will be shared via the existing TCP LD Programme Board

## **7.3 Key Milestones**

The Transforming Care Programme Board has identified key areas for collaboration across the Sussex footprint and identified high level milestones for each project in the gant chart attached below. Details of the proposed work streams are outlined below, alongside high level timescales and milestones in the form of a gant chart. The gant represents the first stage of planning and will continue to develop as work progresses.

Sussex has identified five key areas whose development will enable the local vision to be realised and for which bids were submitted to NHS England on 3rd March 2016.

- Workforce Development, Training and Education
- Improved Proactive Case Management and Crisis Prevention (review)
- Specialist care and treatment in-patient services at a more local level
- Improved Proactive Planning of Transition
- Personalisation and Personal Health Budgets
- Criteria for Data Capture (review)
- Improving support and provision for complex care and accommodation in the community

Processes are now in place to ensure that all 'expressions of interest' for capital bids require approval from the Sussex TCP LD Programme Board prior to submission to NHS England. Capital bids are currently being developed across each of the 3 Sussex LA areas in a bid to meet recently announced timescales for submission.

More information about each of these 6 areas submitted for consideration for Transformation Bid funding is outlined below, alongside plan of action (gant).

### **7.3 1 Workforce Development, Training and Education**

#### Aim & Objectives

- Review LD workforce across Sussex
- Identify key issues, concerns and 'gaps' in workforce provision – now and in the future
- Develop a sustainable Sussex wide LD workforce plan with providers and service users, including training and educational requirements

#### Outcomes

- Clear understanding of local challenges (current and future) and options for development of a sustainable LD workforce
- Workforce action plan to re-dress identified 'gaps'
- Improvement in patient experience and outcomes
- Approach to implementation and next steps
- Establish impact - outcomes evaluation

#### Approximate costs

- Bid for 2 work force support tutors
- Transformation Bid: £50,000 (submitted 3rd March 2016)

#### Additional Resources:

- Skills for Care
- NHSE Workforce Forum (requested to join 4th March – awaiting response)

### **7.3 2 Improved Proactive Case Management and Crisis Prevention**

#### Aims & Objectives

- Review current CLDT provision across Sussex
- Improve Crisis Prevention
- Risk Register development
- Establish nurse liaison roles across Primary Care in line with guidance
- Develop shared definition of 'risk' across Sussex to support pan Sussex Risk Registers

#### Outcomes

- Evidence of impact of improved CLDT
- Appointment/recruitment of primary care liaison nurse roles
- Evidence of impact of primary care liaison nurse role
- Development (continued) of Sussex wide risk registers with shared definitions
- Evidence of improvement of crisis prevention strategies

#### Approximate costs

- Primary Care Liaison Nurse x 7 (1 per CCG)
- Transformation Bid: £175,000 (submitted 3rd March 2016)
- CLDT Project Manager 6 months FTE
- Transformation Bid: £30,000 (submitted 3rd March 2016)

### **7.3.3 Specialist Care and Treatment In-Patient Services at a More Local Level**

#### Aims & Objectives

- Establish scope of review to include LD and specialist in-patient settings and explore issues around the effectiveness of and access to the full range of in patient settings/services across spectrum of LD/MH and forensic:
- Establish data set on current in-patient use (across all settings including rate and type of admission, duration of stay, outcomes for patients; models of care and assessment and treatment; costs and funding sources)
- Development of pen-pictures/case studies to compliment data evidence
- Review of current commissioning, contract and quality monitoring arrangements with key Providers of in-patient services to ensure quality and cost effectiveness. Within scope include review of Sussex in-patient framework and next steps for its on-going development
- Plans to ensure the effective return of out of area patients to appropriate local facilities

#### Outcomes

- Evidence about the quality, cost and effectiveness of in-patient settings used by local commissioners
- Evidence around the effectiveness and appropriateness of admission and discharge pathways and outcomes for patients
- Development of an action plan for improving the above
- Improvement in patient experience and outcomes with focus on prevention and ensuring appropriate use of and quality of inpatient services

#### Approximate costs

- Project Manager 6 month FTE
- Transformation Bid: £30,000 (submitted 3rd March 2016)
- Additional Resources: Avenues

### **7.3.4 Improved Proactive Planning of Transition**

#### Aims & Objectives

- Risk Register development (link with Crisis Prevention workstream)
- Early identification of children and young people who may require support through transition
- Development of systems to support transitional support and PHB offers

### **7.3.5 Personalisation and Personal Health Budgets**

#### Aims & Objectives

- To improve personalisation of care through increased provision of PHBs for CAYP through transition
- Increase PHBs to age 14 years+ cohort of children & young people

#### Outcomes

- Baseline indicators developed to monitor impact during 2016-17
- Increase the number of PHBs offered
- Increase the number of PHBs implemented
- Feedback on the quality of services delivered
- National monitoring tools, i.e. Personal Outcomes Evaluation Tool (POET)
- Locally developed arrangements, i.e. Experience Led Commissioning Person Reported Outcome measures

#### Approximate Costs

- PHB Programme Team

- Transformation Bid: £150,000 (submitted 3rd March 2016)
- Transformation Bid: submitted 3rd March 2016

### **7.3.6 TCP Proposals for Capital Bids**

- Improving support and provision for complex care and accommodation in the community
  - Bids currently being worked up locally but currently come under the banner of 'commercially sensitive' and not for sharing
- 
- Gant Chart attached overleaf.
  - See attachment for detail.

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## 7.4 Risks, Assumptions, Issues and Dependencies

Sussex recognises that risk management will strengthen the ability of the 7 CCG's and 3 LA's to deliver this programme of change. The Sussex Transforming Care Programme Board, which comprises health and social care representation, will develop a Programme Plan Risk Register to ensure risk management and enable prioritisation and mitigation of risks. This will identify cross-cutting risks as well as risks arising from their areas of responsibility. The work stream leads and programme manager will report any perceived new and emerging risks or, failures of existing control measures to the TCP Programme Board. This register will be shared with the Transforming Care Boards and other key stakeholder groups as relevant.

By implementing this, we will:

- Inform strategic/operational decision-making
- Safeguard any person to whom the LA's and CCG's have a duty of care
- Increase our chances of success and reducing our chances of failure;
- Enhancing stakeholder value by minimising losses and maximising opportunities;
- Increase knowledge and understanding of exposure to risk;
- Enabling not just backward looking review, but forward looking thinking;
- Contributing towards Social Value and sustainable development;
- Reduce unexpected and costly surprises;
- Freeing up management time from 'fire-fighting';
- Provide management with early warnings of problems;
- Ensuring minimal service disruption;
- Ensuring statutory compliance;
- Better target resources i.e. focus scarce resources on high risk activity;
- Reduce the financial costs due to, e.g. service disruption, litigation, insurance premiums and claims, and bad investment decisions;
- Deliver creative and innovative projects; and
- Protect our reputation.
- Specific risks which we will consider and mitigate include:

**Environmental Risk** created by:

- Complexity of the Sussex footprint
- Property prices and availability of suitable housing
- Uncertainty of information provided around Specialist Commissioning
- Resources to develop new services and/or transform existing services

### **Reputational Risk** created by:

- Unsuccessful returns home, or discharges;
- An ambitious plan such as this has associated risks if milestones are not met;
- Any of the below legal risks are initiated.

### **Legal Risk** created by:

- Procurement and commissioning legislation is not implemented appropriately;
- Statutory frameworks are not adhered to;
- Systems are not robust enough to ensure that people are able to access the least restrictive interventions;
- Challenge is submitted due to a lack of equity of service;
- Harm is caused through the implementation of this plan, or lack of appropriate scrutiny or monitoring (this may include services or contracts);
- Challenges presented by the Ministry of Justice.

### **Financial Risk** created by:

- An unsustainable plan;
- Funding from specialist commissioning teams not following the person, resulting in a significant local increase in expenditure;
- Financial impact of increased number of CTR's to be funded locally

### **Delivery Risk** created by:

- Newly set up TCP Programme Board that has not worked together for sufficient time to know whether Sussex requires additional in-patient beds in county
- Diversity and complexity of area with 7 CCG's and 3 Local Authorities
- A lack of appropriate and high quality support providers to support individuals being discharged or returning home;
- A lack of housing provision for this cohort of individuals;
- Funding from specialist commissioning teams not following the person, or dowers not sufficiently covering associated costs;

### **Risk Mitigations in Place**

- In general terms, Sussex is seeking to mitigate potential risks through improved partnerships working, improved understanding and transparency, strengthened leadership and accountability of the TCP agenda across the local health and social care system, sharing best practice and build on current strengths, share problems and barriers and work in partnership to develop solutions

### **Reputational Risk** of the Sussex TCP LD Programme Board, CCG's and LA's Mitigation

- The plan will be co-produced and joint delivery of the plan across health and social care as well as other partners minimises risk
- Senior sign off of the plan and within the programme board will reduce potential for reputational risk as the 'right people are around the table' in order to make resource decisions
- The introduction of a joint programme board provides collaborative and organised working practices to minimise risk

### **Legal Risk** Mitigation

- Appropriate processes and systems in place across health and social care for commissioning and monitoring;
- Awareness, training and skills within the leadership team, and the wider Council and Clinical Commissioning Group in relation to legal risks and statutory guidance.

#### **Financial Risk Mitigation**

- Expenditure and further financial planning will be detailed as work progresses locally in comparison to the 'new model';
- We will await written guidance in relation to funding from specialist commissioning teams to ensure that the new service model is sustainable;
- We have included review and monitoring of services within this plan.

#### **Delivery Risk** created by:

- We will await written guidance in relation to funding from specialist commissioning teams to ensure that the new service model is sustainable;
- We have included opportunities and existing forums for co-production within the plan.
- We will need to monitor timescales robustly as this risk will be difficult to mitigate

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