



**Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>25 November 2020</b>
Subject:	<b>Transforming Care</b>

**Summary:**

The purpose of this report is to provide the Adults and Community Wellbeing Scrutiny Committee with an update on the Lincolnshire Transforming Care agenda.

**Actions Required:**

The Adults and Community Wellbeing Scrutiny Committee is asked to consider the update and provide feedback.

## **1. Background**

The Transforming Care agenda emerged as a national response to the Winterbourne View Hospital Report, concerning the abuse of adults with a learning disability published in December 2012. Further reports, including *Winterbourne View – A Time to Change (November 2014)*, *Transforming Care for People with Learning Disabilities – Next Steps (January 2015)*, and *Building the Right Support (October 2015)*, have informed a national drive to make improvements in the care and services available for people with learning disabilities (LD) and/or autism spectrum disorders (ASD). Simon Stevens, Chief Executive of NHS England, said on 3 June 2015: “We need a closure programme for long stay institutions, with more power in the hands of families.”

The national service model for individuals with learning disabilities (LD) and/or autism spectrum disorders (ASD) was published on the 30 October 2015, and includes national planning assumptions for re-designing services. Transformation Plans were required to be in line with the new service model as was reflected in the NHS planning guidance for 2016/2017 and in the more recent NHS Long Term Plan.

Across the country Transforming Care Partnerships were established to drive the transformation of services for people with a learning disability (LD) and/or autism spectrum disorders (ASD) and challenging behaviours, or a mental health condition. The Partnerships appointed Senior Responsible Officer(s) and confirmed the Governance to ensure appropriate scrutiny. Each Transforming Care Partnership developed a Transformation Plan describing how they planned to strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium secure) and close some in-patient facilities. The Transforming Care Programme and NHS Long Term Plan requires a reduction of in-patient beds to 37 per million by 2020 and 30 beds per million by 2023/2024.

The Lincolnshire Transforming Care Board was established to ensure that the Lincolnshire Transforming Care Partnership (TCP) worked together to develop and implement the Transformation Plan in line with the *National Service Model (2015)* and *Building The Right Support (2015)*. The Senior Responsible Officer for Lincolnshire's Transforming Care Programme is Andy Rix the Chief Operating Officer within NHS Lincolnshire Clinical Commissioning Group (CCG), with the lead for Mental Health.

### Transforming Care in Lincolnshire

Transformation means redesigning services to better meet a range of common sets of needs. For instance, it will mean better serving children, young people or adults with a learning disability and/or autism who:

- Have a mental health condition e.g. severe anxiety, depression, or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges;
- Display self-injurious or aggressive behaviour (not related to severe mental ill health), some of whom will have a specific neuro-developmental syndrome where there may be an increased likelihood of developing behaviour that challenges;
- 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);
- Often have 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.

At the outset of the Transforming Care agenda, Lincolnshire was recognised as one of the local systems leading the way. This was very much supported by the closure of Long-Leys Court, a specialist in-patient facility for adults with a learning disability and challenging behaviours. Long-Leys Court was a service provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) and was closed following safeguarding matters relating to the abuse and neglect of patients. Some of the funding realised from the closure of Long Leys Court was re-invested in alternative NHS specialist community services for adults with a learning disability and or

autism with the aim of community assessment and treatment and the avoidance of future in-patient admissions. LPFT is the current service provider of those services and they are funded by Lincolnshire CCG.

The number of Transforming Care new admissions to in-patient care is relatively small. Previous analysis of admissions has shown that there are a number of short term admissions (for two weeks or less), where people are receiving the care and treatment they need then returning to their normal lives. The majority of these admissions were relating to people who were not previously known to services and predominately young adults aged under-25 with autism only. Over 2019-20 there has been a noticeable change in admissions with new admissions either being from prison, court or with people with a history of offending. These people therefore have care needs that represent significant challenges for commissioners given there is a deficit of forensic and high intensity support services in the community which are capable of meeting complex needs of these people.

Despite the challenges above, Lincolnshire has continued to be successful in facilitating a number of longer stay Transforming Care in-patient discharges. The care for these people post-discharge is provided via residential care or alternative community based services. These arrangements are either funded 100% by the CCG if their care needs are 100% health-related, or if they are a responsible commissioner case, or split 50/50 CCG/LCC, if they are Section 117 cases and /or the care needs relate to Health and Social Care or 100% LCC, if their care needs only relate to Social Care. The split of costs are determined by on-going assessments of people's needs and therefore are subject to change.

For the 2019-20, financial year, there were six long term Transforming Care in-patient placements that were either fully or part funded by LCC with a total cost to LCC in 2019-20 of £206k (£271k full year equivalent). There were also four other people who were admitted to and discharged from mental health related in-patient care for a very short stay. The costs of care have not been included in this report as they were known to service previously and therefore arguably do not represent new costs to existing lead commissioners.

### Current Position

NHS England/Improvement (NHSE/I) trajectory targets have however become much more challenging in relation to the maximum number of people with a learning disability and/or autism that each Transforming Care Partnership should have in mental health related in-patient care. Lincolnshire has now fallen behind target and the Transforming Care Partnership has the second highest number of people (in comparison to all Transforming Care Partnerships in England) per million of population. Lincolnshire is also currently in escalation with NHSE/I.

The target for Lincolnshire Transforming Care Partnership is to have no more than 21 adults and two children with learning disability and or autism in mental health related in-patient care as at 31 March 2021. As at 4 November 2020 the Lincolnshire CCG confirmed 37 adults and one child placement.

It should be noted that a relatively large percentage of the adult Lincolnshire Transforming Care patients have been in in-patient care for over five years – 18 people of the total patients, and also that 15 of these patients have a Ministry of Justice (MoJ) Section status. In addition, a number of patients are only at stage 1 in terms of readiness for discharge. This is likely to mean that those patients are very unwell or pose a significant risk of harm to themselves or others if discharged from in-patient care without the proper community services being in place at point of discharge.

These circumstances therefore pose some significant challenges to the Lincolnshire Transforming Care Partnership. The deficit in forensic and high intensity support services in the community, including assessment and treatment and specialist residential care mentioned above, consolidates this challenge. There is also a recognised deficit in specialist services for those people with autism and challenging behaviour.

### What is being done to improve performance?

The governance arrangements for the Lincolnshire Transforming Care Partnership have recently been strengthened to confirm membership of the Partnership and key roles and responsibilities. Programme Management support has also been sourced by Lincolnshire CCG.

The Transforming Care Partnership has also been linked the Joint Accommodation Strategy Group for Specialist Adults Services, which is chaired by the Assistant Director for Specialist Services, Adult Care (LCC) and which also includes membership of Lincolnshire CCG, LPFT, NHS England and Corporate Support. The group is also seeking membership from district councils. The Strategy Group will help the Transforming Care Partnership to identify and source accommodation options for people post-discharge from in-patient care, as there is currently a deficit of accommodation options for people with challenging behaviour and complex needs.

At the request of the Executive Director of Adult Social Care and Community Wellbeing and the Chief Officer of NHS Lincolnshire, LCC and the CCG are also revisiting our existing lead commissioning arrangements for adults with a learning disability, autism and/or a mental illness with a view to identifying, which commissioning agency would be best placed to lead on the commissioning of care and support for people with different levels of need and dependency going forward.

## **2. Conclusion**

Lincolnshire Transforming Care Partnership is part of an important national programme. Lincolnshire has performed well against national target projections historically, but more recent national targets are proving to be challenging based on the complexity of needs of some of the in-patients. However, the Transforming Care Partnership has agreed a number of actions that will help to close the gap going forward.

### **3. Consultation**

#### **a) Risks and Impact Analysis**

Not applicable

### **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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