

Southend Health & Wellbeing Board

Agenda
Item No.

Joint Report of Simon Leftley

to

Health & Wellbeing Board

on

9th February 2016

Report prepared by: Glyn Jones, Learning Disabilities
Strategy and Commissioning Manager.

For information only		For discussion	x	Approval required	
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Transforming Care

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

- 1.1. To present the draft plan of the Pan Essex Transforming Care Partnership and to ask the Board to give delegated authority to the Chair and Deputy Chair to sign off the final plan before its submission in early April 2016. By the time of the Health and Wellbeing Board, the draft plan will have been submitted.

(The draft plan is a 'to follow' item. It will be sent to members of the Board when it is available and which is estimated to be on 7th/8th February. This is not ideal but is because it is being completed by the Programme Team to a very tight timetable with strict criteria for approval set by NHS England.)

2. Recommendations

- 2.1. Following consideration of the content of the draft plan, that the Board approve delegated authority for the final plan, due in early April 2016.

3. Background & Context

- 3.1. The Health and Wellbeing Board received a report 'for information' at the last Board Meeting on 2nd December 2015. That report described the requirement to produce a Pan Essex Transforming Care Plan (across Southend-on-Sea, Essex, and Thurrock) for behaviour that challenges for people with Learning Disabilities and Autism.
- 3.2. The Transforming Care Partnership Board has developed its draft plan which will be sent to NHS England on 8th February 2016 and will be scrutinised by them. NHS England will then make suggestions and comment on the extent to

which the plan is fit for purpose and possibly give guidance. The draft plan will then be amended by the Pan Essex Transforming Care Partnership and a final one will be produced by early April 2016, for re-submission to NHS England. Anecdotal indications are that the draft plan is advanced in comparison with other Transforming Care Partnerships indicating a good level of joint working and clear thinking in writing the plan.

- 3.3. The draft plan describes a joined up approach across the 7 Pan Essex CCGs and 3 Local Authorities to commission specialist services together for people with behaviour that challenges. It outlines gaps in provision such as a lack of Community Forensic Services, Crisis Support and short term accommodation which are best commissioned collaboratively. At the same through better alignment it strengthens the effectiveness of local commissioning activity, improving both outcomes and value for money.
- 3.4. Person centred and flexible local services that respond effectively to people with learning disabilities, autism, at all ages, will be the key to effective delivery of services and prevent the escalation of behaviour that challenges to inpatient provision. The partnership considers that the scope of whole systems activity includes learning disabilities provision but also mental health service provision that could develop reasonable adjustments. It is 'whole system' in its intention.
- 3.5. The plan's focus is on reducing behaviour that challenges with particular reference to 5 specific risk based cohorts, 4 of these cohorts include children, young people and adults. These cohorts have been set nationally. A list of these cohorts is shown in Annex 1 of this paper. Shaping provision and pathways in relation to these cohorts should reduce behaviour that challenges and reduce the use of hospital beds.
- 3.6. Locally, in Southend-on-Sea we are taking steps to improve provider approaches, reduce gaps in provision, and embed outcomes, across health and social care. We are also having discussions about the alignment of children's, young people's and adult's services in relation to Transforming Care. This all adds to Southend-on-Sea's ability to work collaboratively where needed.
- 3.7. The extent of the requirement from NHS England to include children and young people is new and we are quickly building these relationships. As for adults, the prime importance of the locality and Health and Wellbeing Board footprint area will be maintained.
- 3.8. Transforming Care is a 3 year programme, and the Health and Wellbeing Board will be kept informed at each stage. The approaches to behaviour that challenges described in the plan may lead to the development of pooled budgets both locally and across the Pan Essex area. No arrangements have been made for pooling budgets but if this is later recommended to the Health and Wellbeing Board, the rationale will be about improving outcomes and reducing costs to the benefit of Southend-on-Sea residents and patients.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)

The plan contributes to the achievement of many of the 'Ambitions' but in particular:

3: Improving mental wellbeing by: Enabling better access to appropriate services through effective pathways.

5: Living independently by: Promoting personal budgets, which is an aspect of the partnerships commitment.

9: Maximising Opportunity by: Contributes towards a joined up view of health and social care needs.

- Three HWB "Broad Impact Goals" which add value;

The plan contributes to all 3 of the broad outcome goals

- a) Increased physical activity (prevention). This is impacted on indirectly through the promotion of personal responsibility.
- b) Increased aspiration & opportunity (addressing inequality). The approach is one of addressing inequality directly.
- c) Increased personal responsibility/participation (sustainability). The approach addresses this directly through enhancing local and wider engagement. It should also help us to strengthen the Learning Disability Partnership Board in Southend-on-Sea and therefore participation.

5. Reasons for Recommendations

- 5.1. To promote and deliver a shared approach across the Pan Essex area in Health, Social Care and broader.

6. Financial / Resource Implications

- 6.1 We envisage that for both health and social care, all changes will be made within the current financial envelope.

7. Legal Implications

- 7.1. No specific legal implications are seen at this time. As the programme develops legal implications will become clearer.

8. Equality & Diversity

- 8.1. Equality considerations will be embedded in the approach as the people impacted by the plan are those who now have very poor outcomes and which will be improved by actions in the plan. Due regard will be given to protected characteristics as the plan develops and is implemented.

9. Background Papers

- 9.1. The Transforming Care Partnership Plan - To Follow.

10. Appendices

- 10.1. The 5 Challenging Behaviour Cohorts. (Annex A)

TO ADD

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p>Ambition 1. A positive start in life</p> <ol style="list-style-type: none"> a) Reduce need for children to be in care b) Narrow the education achievement gap c) Improve education provision for 16-19s d) Better support more young carers e) Promote children’s mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges 	<p>Ambition 2. Promoting healthy lifestyles</p> <ol style="list-style-type: none"> a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight d) Prevention and support for substance & alcohol misuse 	<p>Ambition 3. Improving mental wellbeing</p> <ol style="list-style-type: none"> a) A holistic approach to mental and physical wellbeing b) Provide the right support and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
<p>Ambition 4. A safer population</p> <ol style="list-style-type: none"> a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s 	<p>Ambition 5. Living independently</p> <ol style="list-style-type: none"> a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer 	<p>Ambition 6. Active and healthy ageing</p> <ol style="list-style-type: none"> a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care
<p>Ambition 7. Protecting health</p> <ol style="list-style-type: none"> a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough 	<p>Ambition 8. Housing</p> <ol style="list-style-type: none"> a) Work together to; <ul style="list-style-type: none"> o Tackle homelessness o Deliver health, care & housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources 	<p>Ambition 9. Maximising opportunity</p> <ol style="list-style-type: none"> a) Have a joined up view of Southend’s health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

Annex A

5 Challenging Behaviour Cohorts.

- 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.