

**NHS Vale of York Clinical Commissioning Group Governing Body
 2 June 2016**

Report Title:	Building the Right Support Across York and North Yorkshire – A local plan to develop community services and reduce inpatient facilities for people with learning disabilities and/or autism for all ages
Report From:	Victoria Pilkington, Head of the Partnership Commissioning Unit
Report Status:	Draft Final plan due by 24 June; as per NHS England deadline
Action Required:	To note the draft status of the plan To determine the process for achieving Governing Body approval outside of the formal meeting schedule

1. INTRODUCTION

This report has been prepared for the following reasons:

- To inform the Governing Body of the local planning that is underway to deliver the above three year programme between 2016 and 2019; a local response to the national NHS England (NHSE) plan¹
- To advise the Governing Body of NHSE requirements and timeline with respect to publishing a final local plan that meets local governance arrangements and approval processes
- To receive any Governing Body feedback and comments on the local draft plan
- To gain Governing Body support of the plan’s visionary principles, underlying ethos and main objectives during development phase to allow members’ comments to be considered and incorporated into final version
- To raise awareness of the challenges and risks associated with delivering the programme

2. CONTEXT / BACKGROUND

In February 2015, NHSE publicly committed to a programme of closing inappropriate and outmoded inpatient facilities, and establishing stronger support in the community for people with learning disabilities and/or autism of all ages. The vision is simple and straightforward:

¹ Published October 2015, NHSE

‘Homes, not hospitals’ – transforming care for people with learning disabilities and/or autism

Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. On condition that they are well enough, they should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

Great strides have been made to achieve this vision with the wider learning disability population and now it is time to focus on redesigning services for those whose needs and behaviours are more complex, and can challenge services, and require more intensive support.

3. NHS ENGLAND OBJECTIVES

For a minority group, there is too much reliance upon inpatient care and change has been limited and slow. Therefore, **by March 2019**, there should be no more than:

- 10-15 inpatients in CCG commissioned beds (such as those in assessment and treatment units) per million population
 - For North Yorkshire and York, this equates to **9** CCG commissioned beds. (12 beds are currently commissioned under a block contract.)
- 20-25 inpatients in NHS England commissioned beds (such as those in low, medium or high secure units) per million population
 - For North Yorkshire and York, this equates to **15** NHSE commissioned beds. (16 beds are currently commissioned.)

The expectation is that by closing some inpatient provision **investment will be shifted into support in the community.**

4. NHS ENGLAND TRANSFORMATION FUNDING

- **Revenue** – up to **£30** million national money to bid against is available over the next three years; match funded by the Transforming Care Partnerships (any financial award would require evidence of commitment to match fund locally)
- **Capital - £100 million** to develop housing options over the next five years

5. LOCAL PLANNING – LATEST STATUS

- A Transforming Care Partnership (TCP) has been established to manage and deliver the ‘Building the Right Support’ (BTRS) agenda across the York and North Yorkshire geographical footprint; including representatives from CCGs supported by the Partnership Commissioning Unit, Local Authorities and Provider organisations.
- NHSE has mandated that this transformation redesign, requiring a holistic model, is to be undertaken across the York and North Yorkshire collaborative as this reflects the low numbers/high value of these services and thus the need for a risk sharing/economies of scale approach to commission and manage them across the TCP footprint.

- Local plans have been submitted to NHSE, in accordance with their checkpoints, and need to be **finalised by 24 June**; and then published. According to feedback from the centre, the status of the York and North Yorks plan is currently ‘met with support’ – i.e. it meets all the main requirements of the NHSE approval process subject to receiving clarity on the financial planning aspects of the local BTRS programme.
- White Horse View (WHV) – an 8 bed Assessment and Treatment Unit in Easingwold – was closed at the end of April 2016 (demand had declined since 2014 and was operating at 35% capacity).
- Planning is underway to see how we can release resource and reinvest monies from some in-patient closures by providing an alternative community model, providing:
 - An ‘Enhanced’ Community Learning Disability Team Service; extending operating hours to 7 days per week including Positive Behavioural Support expertise and a Home Intensive Treatment (HIT) service providing an urgent care response into people’s homes and the community.
 - ‘New home’ housing option(s) with 24/7 Positive Behavioural Support trained carers; with contingency living units/facilities to provide ‘interchangeable’ stepped up/down, crisis and also respite care.
 - Forensic Community Outreach for those discharged from low secure units and to prevent admission/re-admission.

6. RISKS

Please note that the risks detailed below will be explored and examined in more detail by Senior Commissioners (including those from City of York Council and from the North Yorkshire’s Commissioners’ Forum) attending by special invitation the next Transforming Care Partnership meeting on 10 June.

- **Financial**
 - Insufficient funding within the system to support a new care model (competing financial pressures and other NHS priorities) – but Transforming Care in Learning Disabilities is in the Five Year Forward View.
 - Inevitable double-running costs as a result of needing to put in place alternative community services first before inpatient beds can be closed; especially in relation to NHSE Specialist Commissioned beds (as Specialist Commissioning savings will not automatically follow patients once discharged into CCG commissioned services).
 - ✓ Risk management: acceptance of funding challenges and prioritisation in line with NHS Five Year Forward View.
- **Programme Delivery: Workforce Development and Provider Market**
 - Address perceptions about a lack of expertise and supply of suitable providers existing locally to provide care for those whose needs are more complex and require more intensive support.

- ✓ Risk management: Workforce development in Positive Behavioural Support to ensure that relevant care staff are fully trained, supported and supervised on an ongoing basis to help meet the complex needs of those whose behaviour can challenge services. Engagement and relationship building with Providers to enable the market to respond to addressing new care and support needs locally.

7. RECOMMENDATIONS

The Governing Body is asked to

1. Support the plan's visionary principles, underlying ethos and main objectives during the development phase to allow members' comments to be incorporated into the final version.
2. Note the associated challenges and risks with BTRS delivery.
3. Note NHSE's requirement for the TCP's plan to be approved (via local governance arrangements) and finalised by 24 June.
4. Consider and nominate Governing Body Chair/member(s) who can approve, outside of the formal Governing Body meeting schedule, the final plan to achieve the NHSE 24 June deadline.

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