

18 March 2021

**Update on Transforming Care, Learning Disability Commissioning Strategy and Think Autism Strategy**



**Report of Sarah Burns, Joint Head of Integrated Strategic Commissioning for County Durham Clinical Commissioning Group and Durham County Council, and Mike Brierley Director of Commissioning Strategy and Delivery (Digital, Mental Health and Learning Disabilities) County Durham Clinical Commissioning Group**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 To provide the Health and Wellbeing Board with an update in relation to local delivery and progress of the Transforming Care Programme, incorporating an overview of progress on the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy for County Durham.

**Executive summary**

**Context**

- 2 The impact of the pandemic on the entire system, not least community care and support services, has been considerable. Covid restrictions, including a series of 'lockdowns', have had an inevitable impact on the flow of discharges from both Clinical Commissioning Group (CCG) and Specialised Commissioning inpatient settings into the community. This has also created significant challenges in maintaining those in the community, increasing the risk of admission.
- 3 Several community support resources, such as day and respite services, have temporarily closed or are functioning at a significantly reduced level due to Covid restrictions, Covid outbreaks, or service users/families choosing not to access the services for fear of the virus. A small number of day service providers have chosen to close their services due to the low demand and sustainability issues despite the Covid financial support given by the council. Associated quality and safeguarding issues are also contributory risk factors.

- 4 Case managers and community teams continue to support people in the community, although several community social care and nursing services are facing noticeable pressures relating to increased anxiety and associated behaviours that challenge. Whilst there have been a number of successful discharges to the community, the acuity of some patients and the need to ensure that there is a safe and stable community package of care has resulted in the pace of inpatient discharges being impacted.
- 5 Nevertheless, the momentum to deliver Transforming Care objectives remains strong in County Durham through the local planning mechanisms: Transforming Care Partnerships, Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) working to deliver the NHS Long Term Plan commitments for learning disability and autism locally and across the North Cumbria and North East region.
- 6 Quality assurance guidance on in-patient care for people with learning disabilities and/or autism has been published by NHS England (NHSE) and NHS Improvement. This report summarises key aspects of the guidance in relation to information sharing and interfaces between different commissioners as well as contracting, quality and safeguarding teams.

### **Reducing the reliance on inpatient provision**

- 7 In line with CCG Planning Guidance, CCGs are expected to reduce the inappropriate hospitalisation of people with a learning disability, autism or both to meet a planned trajectory. For 2020/21, each CCG is expected to require adult inpatient capacity for no more than 13 adult inpatients in CCG-commissioned beds per million adult population, and 17 adult inpatients in NHS England-commissioned specialist beds per million adult population. For County Durham this would see a combined total of no more than 12 inpatients as a 2023/24 target rate (CCG and Specialised Commissioning). Currently, there are 16 inpatient beds for County Durham.

### **Community developments**

- 8 Commissioning activity related to Transforming Care is already underway, as part of the County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities (2019-2022) and the County Durham Think Autism Strategy (2018-2021). The work is driven by the Transforming Care Local Implementation Group.
- 9 Despite the impact of the pandemic in 2020/21, several business cases for new community services have progressed. Primarily, these are two types of accommodation-based services in both residential and

supported living settings. Together they form part of a local Transforming Care 'step-up/step-down pathway as well as providing longer term provision.

- 10 Although the Council's Corporate Management Team and CCG Executive have given approval for the two proposed service developments, they are both capital projects and are therefore required to progress through further Council and CCG planning processes.
- 11 Additional work is being undertaken to identify (through the Dynamic Support Register and other information sources) all service users who will need supported accommodation over the next few years. This includes those currently in long term hospital, out of county provision, young people making the transition from children to adult services, those living with ageing parents/carers and people currently in unsuitable or unsustainable community placements.
- 12 The information on service user needs will be used to develop commissioning plans for future services and is linked to a review of 'Specialist' (Learning Disability/Mental Health) residential and nursing care currently being undertaken. This work is also part of a wider needs-based accommodation review being led by the integrated strategic commissioning partnership.
- 13 Capacity within the commissioning service to deliver Transforming Care objectives has been enhanced with the addition of a Transforming Care Transitions Officer (since March 2020 follow a vacancy for several months) and a Specialist Residential Care Review Project Manager (since October 2020).
- 14 Although some other areas of the Learning Disability commissioning strategy and the Autism Strategy have had to be delayed, the strategy groups have been meeting regularly throughout the pandemic and have reprioritised the aims and objectives, while continuing to progress some key pieces of work. A virtual stakeholder event is being planned for Autism Awareness week in April 2021.

## **Recommendation(s)**

- 15 Members of the Health and Wellbeing Board are recommended to note:
- (a) The impact that the Covid 19 pandemic and the change in scope of the Transforming Care criteria has had on the ability to meet the current trajectories set out in the CCG Planning Guidance, and the two further discharges planned within the next few months.
  - (b) The progress made, despite the pandemic, with plans for new community services for people with the most complex needs, which will support the Transforming Care objectives over the next year and in the longer term.
  - (c) Members of the Health and Wellbeing Board are recommended to receive further regular updates with accompanying delivery plan, to retain oversight of the Transforming Care agenda.

## **Background**

- 16 The background to the Transforming Care programme has been included in previous reports to the Health and Wellbeing Board, for example the 'Learning Disabilities and Transforming Care Update' presented on the 17 September 2019. Regular updates have also been shared with the Local Safeguarding Adults Board.
- 17 The Health and Wellbeing Board has also received annual progress reports on the Joint Health and Social Care Commissioning Strategy for people with Learning Disabilities and the Think Autism Strategy.
- 18 This report aims to give an overview of the progress made with the strategic priorities, with a clear focus on Transforming Care. This update is from the perspective of the Integrated Strategic Commissioning service within the County Durham Care Partnership and takes into account the impact of the ongoing Covid 19 pandemic on service delivery and strategic objectives.

## **Current position- Inpatient Trajectory**

- 19 In line with CCG Planning Guidance, CCGs are expected to reduce the inappropriate hospital occupancy of people with a learning disability, autism or both to meet a planned trajectory. For 2020/21, each CCG is expected to commission an adult inpatient capacity for no more than 13 adult inpatient beds per million adult population, and 17 adult inpatient beds in NHS England-commissioned specialist beds per million adult population. Table 1 sets out the 2020/21 Planning Guidance trajectory requirements.

**Table 1, 2020-2021 Planning Guidance Inpatient Trajectory**

				2023/24 Target Rates				
				Adult Inpatients per Million				
				17	13	End of Year Trajectory		
ONS MYE Resident Population				CCG level Adults Unrounded			20-21	
CCG name	All	Over 18	Under 18	Specialised Commissioned	CCG Commissioned	Total	SC	CCG
<b>COUNTY DURHAM</b>	<b>523,662</b>	<b>423,122</b>	<b>100,540</b>	<b>7.19</b>	<b>5.50</b>	<b>12.69</b>	<b>10</b>	<b>6</b>
NEWCASTLE GATESHEAD	498,261	400,937	97,324	6.82	5.21	12.03	10	7
NORTH CUMBRIA	318,291	258,220	60,071	4.39	3.36	7.75	6	4
NORTH TYNESIDE CCG	204,473	163,596	40,877	2.78	2.13	4.91	7	3
NORTHUMBERLAND	319,030	260,104	58,926	4.42	3.38	7.80	8	3
SOUTH TYNESIDE	149,555	119,946	29,609	2.04	1.56	3.60	4	2
SUNDERLAND	277,249	222,805	54,444	3.79	2.90	6.68	2	4
<b>TEES VALLEY</b>	<b>672,497</b>	<b>526,806</b>	<b>145,691</b>	<b>8.96</b>	<b>6.85</b>	<b>15.80</b>	<b>21</b>	<b>14</b>
	2,963,018	2,375,536	587,482	31.43	24.03	55.46	68	43
RPM							28.63	18.10

20 For the North Cumbria and North East (NCNE) region, as at 1/2/21, there were 131 adults within inpatient settings. 54 of the 131 are within CCG commissioned inpatient settings and 77 within Specialised Commissioning settings.

21 Table 2 shows the position across NCNE as an actual and against the trajectory.

**Table.2**

<b>North Cumbria &amp; North East</b>	<b>Q3 Trajectory</b>	<b>Q3 Actual</b>	<b>Q4 Trajectory</b>	<b>Q4 Actual (to date)</b>
Population	2,375,536			
NHS England Commissioned Inpatients	74	77	<b>71</b>	<b>75</b>
NHSE Rate per Million	31.15	32.41	<b>29.89</b>	<b>31.57</b>
CCG Commissioned Inpatients	49	57	<b>43</b>	<b>57</b>
CCG Rate per Million	20.63	23.99	<b>18.10</b>	<b>23.99</b>
Total Inpatients	123	134	<b>114</b>	<b>132</b>
Combined Rate per Million	51.78	56.41	<b>48.00</b>	<b>55.57</b>

22 The number of inpatients currently commissioned by County Durham CCG is set out in Table 3; this also shows those patients that are aligned to the CCG but whose inpatient care is currently commissioned by NHS England Specialised Commissioning.

**Table 3**

<b>CCG Commissioning Inpatients</b>		
CCG	Inpatients as at 12/2/21	Q4 Trajectory
CDCCG	10	6
Total NC&NE	54	43

<b>Specialised Commissioning Inpatients (Adults)</b>		
CCG	Inpatients as at 12/2/21	Q4 Trajectory
CDCCG	12	10
Total NC&NE	77	71

*\* A further 2 patients within adult mental health settings are within scope but not part of the Assuring Transformation dataset at this stage*

23 Of the 10 CCG commissioned inpatients within trajectory scope, all are within NHS settings, 3 are within NHS Mental Health inpatient settings.

24 In addition to the 10 CCG commissioned inpatients, a further 2 inpatients are currently receiving treatment in mental health settings and awaiting further assessment under the Transforming Care criteria for inclusion. This would see DCCG number increase to 12 against a Q4 trajectory of

6. 1 patient is identified for discharge in Q4 20/21 and 1 patient in Q1 2021/22.
- 25 The remaining patients have indicative discharge dates applied and remain in active treatment. There is 1 patient, subject to restriction, who has been within inpatient settings for over 10 years.
- 26 Within NHSE Specialised Commissioning, there are a further 12 patients who are aligned to CDCCG. Of the 12 inpatients, 2 are to progress to community discharge within the next 12 months and 3 patients have been identified as requiring a further transfer to a CCG inpatient bed within the next 6-12 months. The remaining 7 patients are subject to further transfers across secure inpatient levels as part of their treatment pathway.
- 27 Patients within the scope of the inpatient trajectory criteria that are accessing mental health beds have also resulted in increased numbers attributed against the trajectory performance.
- 28 Due to the complexities of planning for patients that are also subject to restriction impacting on the current discharge process, further scoping work is being progressed with regional colleagues to explore alternative pathways and estates. This is to maximise patient quality of life and progression toward effective discharge from hospital.

## **Delivering Transforming Care through community developments**

### **(a) Transforming Care Scheme 1 (Core and Cluster Supported Living Development)**

- 29 A Business case has been developed for supported accommodation to meet the needs of 6 identified adults with learning disabilities and/or autism/mental health issues, who have complex needs and behaviours that may challenge services (Transforming Care cohort).
- 30 This will be in the form of 6 self-contained bungalows with a separate building for a staff base (core and cluster) and communal areas. The design of the fully accessible buildings and the use of Assistive Technology will aim to optimise staffing levels and outcomes for individuals receiving support.
- 31 The model consists of supported living for four longer term placements as well as two short term placements for step-up/step-down provision to

facilitate a transition from more intensive forms of support or to prevent hospital admission.

- 32 Planning permission is being sought to utilise a site owned by Durham County Council in the north of the county.
- 33 An expression of interest submitted to NHS England & Improvement (NHSE&I) for capital funding has been well received and this proposal is classed as a high priority. It now requires a formal funding bid, involving completion of a robust project plan. This will be submitted by the Council in partnership with a Registered Social Landlord, identified through a procurement exercise.
- 34 If the bid is successful, subject to planning permission, building work will commence in 2021/22 and the care provider will be commissioned through the joint health and social care community services provider panel for adults with learning disabilities/mental health issues.

#### **(b) Step-up/ Step down residential care at Hawthorn House**

- 35 Hawthorn House is a residential respite facility in Durham for people with learning disabilities, which is provided by the council's County Durham Care and Support (CDCS) service.
- 36 A business case has been approved by the Council's Corporate Management Team to adapt the building and service model in order to incorporate two step/up step-down emergency flats, separate to but alongside seven respite beds.
- 37 Funding for the capital and revenue requirements are to be made available from both the council and the Clinical Commissioning Group through a partnership agreement.
- 38 Both these Transforming Care community developments will complement each other and have the capability to deliver both step-up and step-down services and can support each other when needed. Hawthorn being a community based residential type service will deliver unplanned / short term support, with a focus on step-up arrangements.
- 39 The supported living facility will have two beds delivering planned short-term support, with the potential to move into a longer-term arrangement.

#### **(c) Specialist Residential Care review**

- 40 A review of specialist residential care commenced in October 2020 with the recruitment of a project manager post. The review will feed into the Transforming Care Local Implementation Group/Learning Disability



Commissioning Strategy Group and the Needs Based Accommodation Review Board.

- 41 The aim of the project is to review and plan for the needs of individuals with learning disabilities, autism and or mental health in residential or nursing care provision, as well as a number of Physical Disability placements, approximately 500 people in total. This includes a smaller number of people placed out of county. The majority of the placements are for people with learning disabilities.
- 42 The information will be used to ensure the people of County Durham receive the most appropriate type of accommodation, care and support in line with Transforming Care/Building the Right Support (2015) and the local commissioning strategy. The care provided and the environment within which it is delivered should be 'needs-led' and based on sound clinical assessments, in the least restrictive environment as close to home as possible.
- 43 The completion of the review will lead directly into detailed remodelling in order to inform and develop the market, ensure stability, value for money and improve outcomes for those individuals in receipt of services.

**(d) Other future developments**

- 44 Local figures indicate that there are currently 16 County Durham residents in in-patient settings that will require a care provision post-discharge within the next 12-36 months, depending on individual requirements. Of the 16 identified, 12 require a robust environment with care provision to support their multiple and complex needs. For this type of provision CQC recommends a maximum of six bungalows per scheme. Developments should be small, ordinary and dispersed where possible.
- 45 All new services will be developed in line with the principles of the NHSE national plan 'Building the Right Support' (2015) by ensuring people can live in their local area, even if they have complex needs that may present challenges.
- 46 A Provision Development Working Group, comprising operational and commissioning staff, are in the process of identifying current service users across the health and social care system who need, or are likely to need in the future, new residential / supported living provisions.
- 47 Alongside the specialist residential care review, this information is being used to develop commissioning plans and business cases based on cohorts of people with similar types of need. These are for people with more complex needs, within the scope of Transforming Care. Experience shows that it is much more cost-effective to commission services for

several people (e.g. in a core and cluster model) rather than sole placements.

## **Update on local Learning Disability and Autism Strategies**

### **County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities: Adults and young people aged 14+ (2019 – 2022) and Think Autism in County Durham: Autism Strategy for Children, Young People and Adults (2018/19-2020/21)**

- 48 Accommodation services are part of an overall system of health, social care, educational, vocational, family and community support that are needed for people with learning disabilities and/or autism. If effective, the system of care and support can keep people safe and well, maximise independence, choice and control and help people to fulfil their aspirations. These are some of the aims of the local strategies for people with learning disabilities and/or autism.
- 49 Implementation of the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy has been significantly impacted by the Covid 19 pandemic. The partner organisations, service user and family representatives involved recognise that the pace of change has had to slow down in some areas of activity.
- 50 However, despite the pandemic and associated restrictions, strategy groups and task groups have continued to meet virtually. Influenced by the impact of the pandemic, they have agreed different priorities for the current year e.g. day services have had to be reviewed and the use of technology has gained a higher profile. Work on the more pressing service gaps has had to continue, resulting in the approved business cases for the accommodation-based services and the specialist residential care review mentioned earlier in the report.
- 51 Planning for Transitions is another key priority for young people with learning disabilities and autism as well as a renewed focus on the needs of older people with learning disabilities.
- 52 The annual Think Autism event had to be cancelled last year but a virtual Autism stakeholder event is planned for April 2021 during Autism Awareness week. This will feed into the priority setting for 2021/22.
- 53 Both strategies will need to be reviewed when the effects of the pandemic diminish.

## Approach to Wellbeing

- 54 Commissioning activity is already adopting the Approach to Wellbeing principles, e.g. for the planned Transforming Care services, consideration is being given to social value through service specifications and tender processes. Examples include opportunities for social enterprise or vocational activities. Local residents will be consulted through the planning processes, and the people who will be living in the new services and their families are to be involved as much as possible in the design of the accommodation as well as care plans.
- 55 The new services are being commissioned to build resilience, maximise independence and improve outcomes for those who are currently in hospital or other restrictive environments. Commissioners are developing these services in partnership with health, social care and housing providers, working across different sectors to reduce duplication and have a greater impact.

## NHS Long Term Plan commitments

- 56 The NHS Long Term Plan sets out key deliverables to improve the lives of people with a learning disability, autistic people, or both, and their families. The plan was developed in the spirit of co-production, involving much engagement with partners, stakeholders and, most importantly, people with a learning disability, autism or both, and their families. Local areas are encouraged to engage with the same groups of people locally in the development of their long-term plans.

Key national ambitions at a glance:

Tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people, through work on reducing health inequalities	Make the necessary investment in intensive, crisis and forensic community teams to support people to live in the community and reduce preventable admissions to inpatient services	We will work with CYP services to improve access to and reduce waiting times for Autism diagnosis for children
Introduce a digital flag in summary care records to enable NHS staff to easily make adjustments for autistic people and people with a learning disability	All services funded by the NHS will adopt the NHS improvement Learning Disability standards	By 2023/24 children and young people with the most complex needs will have a designated key worker
The NHS must do more to improve the quality of care provided across the NHS and in particular reduce the use of restrictive practices	We will work with partners to bring hearing, sight and dental checks for children and young people in special schools.	More people with a learning disability will receive an annual health check, and health checks will be piloted for autistic people

- 57 As part of Phase 4 Planning requirements, Transforming Care Partnerships, Integrated Care Systems and Integrated Care Partnerships will be working on a detailed 3 year plan for delivery of the Long Term Plan commitments for learning disability and autism, which will also include a refresh of each community service baseline
- 58 The 3-year plan will need to ensure that there are details of where transformational funding will be spent, alongside revised trajectories across adult inpatient, children & young people and annual health checks.
- 59 To take this important work forward across the North Cumbria and North East Transforming Care Programme, a high-level ICS submission will be produced in early March 2021 followed by local level plans with detailed transformational investment requirements.
- 60 Stakeholders will be working together to develop local CCG plans against commitments over the coming weeks, with investment anticipated to be allocated in April 2021

## **Quality Assurance**

- 61 The NHS Long-Term Plan made a commitment to improve the quality of care within an inpatient setting for people with a learning disability, autism or both.
- 62 Guidance has now been published setting out the requirements relating to 2 key aspects of assurance:  
<https://www.england.nhs.uk/publication/monitoring-the-quality-of-care-and-safety-for-people-with-a-learning-disability-and-or-people-who-are-autistic-in-inpatient-care/>
- 63 Where inpatient services commissioned by Clinical Commissioning Groups are spot purchased, this often leads to units that care for individuals commissioned by multiple and dispersed CCGs – often from multiple Transforming Care Partnerships (TCPs) and Sustainability and Transformation Partnerships / Integrated Care Systems and even regions. Whilst placing commissioners will have responsibility and oversight for those individuals whose care they commission, there is seldom an opportunity to share intelligence across commissioners about care quality or concerns, or triangulate any issues identified.
- 64 Each CCG is required to be the point of contact for commissioners and for the Care Quality Commission (CQC) for issues relating to quality and patient safety for units where inpatient care is delivered; the key areas being to:
- Establish a mechanism for sharing intelligence between commissioners placing individuals (or considering placing individuals) with a learning disability, autism or both within the service;

- Ensure there is an interface with the relevant local authority adult social care safeguarding service and also with the Local Safeguarding Adult Board and with local partners so that any identified actual or potential safeguarding concerns are raised with the host local authority and dealt with as appropriate;
- Work with colleagues in contracting and quality teams, be the key point of contact with the provider for issues relating to quality and safety including those that impact multiple commissioners;
- The host CCG must ensure it has an awareness of which individuals with a learning disability, autism or both are placed in any units for which it has host commissioner responsibility, and which CCGs or commissioners are responsible for those individual patients.
- Work with the provider, and with colleagues in contracting and quality teams, to develop actions that will deliver required quality improvements, and seeking assurance that necessary improvements have been made;
- Work in conjunction with local, regional and national Quality Surveillance Group (QSG) arrangements, taking a lead role in co-ordinating the response required if there are serious and / or multiple concerns identified and ensuring the QSG has strong and formal links with the local Safeguarding Adult Board (SAB), so that concerns discussed at QSG can also be discussed with SAB Chairs.

65 In carrying out the responsibilities as Host Commissioner the following are areas of focus identified:

- Use of restrictive practice outside national policy and the use of blanket restrictions
- Concerns about lack of application of Deprivation of Liberty Safeguards (DoLS)
- Concerns relating to staffing ratios
- Concerns relating to treatment of patients by individual or multiple staff and a lack of person-centred care
- Repeated failure to deliver agreed actions as part of the CTR/CPA process
- Poor use of documentation for example: care planning, failure to personalise care or to involve the individual or their family
- Concerns regarding the environment

- Concerns of immediate risk of harm to patients or staff
- Death of an inpatient
- Lack of involvement of families or families excluded from visiting
- Concerns in relation to the individual's human rights being upheld

66 Across the Durham footprint this will include the following inpatient services:

NHS County Durham CCG	CYGNET HEALTH CARE LIMITED	CYGNET APPLETREE
NHS County Durham CCG	TEES, ESK AND WEAR VALLEYS NHS FT	LANCHESTER ROAD HOSPITAL
NHS County Durham CCG	TEES, ESK AND WEAR VALLEYS NHS FT	AUCKLAND PARK HOSPITAL

- 67 Whilst 2 of these sites are not designated as specialist learning disability inpatient settings, the admission of a person with either a learning disability and/or autism will bring them into the scope of the host commissioner arrangements.
- 68 For NHS County Durham CCG this is a new responsibility for overseeing and monitoring the quality of care within eligible inpatient facilities located across Durham, even when there may be no locally commissioned patients within those settings.
- 69 Alongside the introduction of the host commissioner arrangements, quality assurance visits have also included for all children, young people and adults with a learning disability, autism or both who are inpatients in mental health, learning disability and autism services e.g.
- 70 Where someone with a learning disability or an autistic person is an inpatient out of area they will visit every 6 weeks if they are a child and every 8 weeks if they are an adult, on site. The purpose of each visit will be to meet with patients and hear their experience, any concerns or worries they have and raise any issues through the relevant regularity and safeguarding processes.
- 71 Oversight visits are in addition to the Care and Treatment Review process (CTR's), which is in place for all inpatients and held within 4 weeks post admission then every 3- 6 months up to discharge. Community Care and Treatment Reviews/Care, Education and Treatment Reviews (CTRS/CETRS) are also in place for adults and children who are identified as being at risk of admission.

- 72 The delivery of these two areas of patient assurance is being developed across the Durham Partnership to ensure robust and effective co-ordination is in place alongside existing quality assurance and monitoring systems.

### **Main implications**

- 73 If the Transforming Care programme and NHS Long Term plan is not appropriately delivered in a timely way, the main impact is on the health, wellbeing and safety of individuals with learning disabilities and their families, as well as staff in community and inpatient settings. This would also present financial, political and reputational risks for the council and NHS in relation to hospital admissions, delayed discharges, poor quality of care and increased costs to the local health and social care system.
- 74 The impact of the pandemic has to be taken into account as this affects the capacity to drive forward key areas of commissioning and strategic activity as well as quality assurance works. It also affects the robustness of the provider market. Despite the pandemic, and even because of it, the work to sustain and commission sufficient levels of high quality, needed services in the community must continue, in order to address the service pressures and gaps already identified prior to the pandemic.

### **Conclusion**

- 75 Progress on meeting the Transforming Care trajectories has been impacted by the Covid pandemic and the change in scope. This is likely to continue into the next financial year, and further progress may also be affected by additional requirements placed on commissioners by the NHS Long Term plan requirements, Quality Assurance guidance and changes to the Integrated Care System.
- 76 However, the political focus on Transforming care and the current local strategic priorities mean that work to develop appropriate community services has continued over the last year. This has resulted in two business cases being approved for longer term and step-up/step down provision within supported living and residential care planned for 2022-2023. In-depth review work is helping to inform commissioning plans for the short, medium and long-term.
- 77 When these developments come to fruition, the broadening of appropriate community support and improved pathways will help facilitate hospital discharges and prevent unnecessary hospital admissions in the future.

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## **Appendix 1: Implications**

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### **Legal Implications**

Legal advice continues to be sought on all key aspects of new service developments.

### **Finance**

Capital and revenue requirements are incorporated into detailed business cases for new service developments

### **Consultation**

Consultation and coproduction approaches will be followed as part of new services developments and ongoing involvement in strategy implementation.

### **Equality and Diversity / Public Sector Equality Duty**

The strategic work outlined in this report aims to improve services for all people with learning disabilities and/or autism who may also experience mental health issues.

### **Climate Change**

No implications, climate change will be reference in service specifications for new services

### **Human Rights**

New developments and Quality assurance aims to ensure the human rights of people with learning disabilities/autism/mental health issues are protected.

### **Crime and Disorder**

No implications as a result of this report.

### **Staffing**

No implications as a result of this report.

### **Accommodation**

Referenced within the body of the report. New service developments may involve DDC owned land or buildings, as detailed in relevant business cases.

### **Risk**

Risks of not delivering Transforming Care include poor outcomes for individuals and their families, unnecessary admissions to hospital, poor inpatient care, delayed discharges, increased costs to local health and social care system.

Risks to completion/success of new developments required- impact of pandemic on timescales and commissioner and provider market capacity, workforce issues, political risks and financial risks (significant capital monies required dependent on successful bids).

## **Procurement**

Contract Procedure Rules will be followed for all new services.