

REPORT TO: Health and Wellbeing Board

DATE: 15th January 2020

REPORTING OFFICER: Michelle Creed, Chief Nurse
Sue Wallace-Bonner, Director of Adult Social Services

PORTFOLIO: Health and Wellbeing

SUBJECT: Transforming Care for people with learning disabilities and/or autism and/or behaviours that challenge

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with assurance with regard to the implementation of national recommendations to improve the lives of people with learning disabilities and/or autism and/or behaviours that challenge in the borough of Halton

2.0 RECOMMENDATION: That

- 1. the report is noted for assurance;**
- 2. the Board acknowledge the current Halton position and progress in Appendix 4; and**
- 3. the Board agree to receive an annual update report on progress made against the implementation of the national recommendations in the borough of Halton.**

3.0 SUPPORTING INFORMATION

3.1 Background

The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

There has been progress made nationally, but much more needs to be done. Recognising this, NHS England commissioned Sir Stephen Bubb in 2013 to produce a report on how to accelerate the transformation that health and care partners, people with learning disabilities and their families are looking for.

Sir Stephen's report Winterbourne View – Time for Change (2014), resulted in NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England to unite and confirm their commitment to strengthen

the Transforming Care delivery programme by creating a new delivery board, bringing together the senior responsible owners from all our organisations.

The work to be taken forward through this programme has been wide-ranging, and has continued to be co-designed and co-produced in partnership with people with learning disabilities and/or autism, their families, clinicians, commissioners, providers, other national organisations in the health and care system (such as Skills for Care, Skills for Health, Public Health England) and other stakeholders.

Sir Stephen's report, published in November 2014, made a number of recommendations to organisations across the health and social care system, summarised below:

- **To strengthen the rights of people with learning disabilities and their families**
- **To improve commissioning, the report recommended that the Government and NHS England should require all local commissioners to follow a mandatory commissioning framework**
- **To support the closures of inpatient institutions**
- **To build capacity in community services**

3.2 BUILDING THE RIGHT SUPPORT

Transforming care is all about improving health and care services so that more people with a learning disability and/or autistic people can live in the community, with the right support, and close to home. This means that fewer people will need to go into hospital for their care.

The resulting national plan about how to do this called 'Building the right support' (October 2015). The report discusses the need to build a system response to the provision of services that will be required in the community and the plan for the closure of inpatient hospital facilities. The new model was required as people with a learning disability and/or autism who display behaviour that challenges are a highly heterogeneous group, one solution will not do. Some will have a mental health problem which may result in them displaying behaviour that challenges. Some, often with severe learning disabilities, will display self-injurious or aggressive behaviour unrelated to any mental health condition. Some will display behaviour which can lead to contact with the criminal justice system. Some will have been in hospital for many years, not having been discharged when NHS campuses or long-stay hospitals were closed. The new services and support we put in place to support them in the community will need to reflect that diversity.

A national service model (Table 1), developed with the help of people with lived experience, clinicians, providers and commissioners was developed and set out

the range of support that should be in place no later than **March 2019** (Appendix 1).

Building the Right Support service model developed **9 Principles** which are summarised below:

- **Principle 1 – a good and meaningful life**
- **Principle 2 & 3 – person and family/carers at the centre**
- **Principle 4 – support to my family and paid staff**
- **Principle 5 – where I live and who I live with**
- **Principle 6 - mainstream health services**
- **Principle 7 & 8 - specialist multi-disciplinary health and social care support in the community**
- **Principle 9 - Hospital**

To oversee the implementation of the service model at scale there are 48 transforming care partnerships (TCPs) across England to support this (Appendix 2). Halton system are members of the Cheshire & Merseyside Transforming Care Partnership Board.

3.3 NHS PLAN (2019)

NHS 10year plan published January 2019 states that over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population. Autism is a lifelong condition and a part of daily life for around 600,000 people in England. It is estimated that 20-30% of people with a learning disability also have autism. Despite suffering greater ill-health, people with a learning disability, autism or both often experience poorer access to healthcare.

In 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system.

The NHS Plan makes further recommendations for people with learning disabilities and Autism to ensure this remains a priority area:

- **Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives.**
- **Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.**
- **The whole NHS will improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing.**

- Over the next three years, autism diagnosis will be included alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for specialist services.
- By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker.
- Since 2017, the number of people in inpatient care has reduced by almost a fifth. By March 2023/24 inpatient care will have reduced by half the 2015 levels:
 - For adults (per million population) there will be <30 people with learning disabilities and/or autism in an inpatient bed.
 - For children (per million population) there will be < 12-15 with LD and/or autism in an inpatient facility.
- Where possible, people with a learning disability, autism or both will be enabled to have a personal health budget (PHBs).
- Increased investment in intensive, crisis and forensic community support
- By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards

4.0 Learning Disability Mortality Review (LeDeR Programme)

In addition a **Learning Disabilities Mortality Review (LeDeR) Programme** was commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points and
- Provide support to local areas in their development of action plans to take forward the lessons learned

The 10 year Plan 2019 reported that in 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system.

Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives

There are specific ways that people may be involved in the LeDeR Programme:

- By notifying the death of any of person with a learning disability.
- By becoming a trained reviewer who is allocated cases to review by the Local Area Contact

- By inputting into a review into the circumstances leading to the death, of those aged 4 years and over. This may involve sharing information about a patient who has died or participating in a multi-agency review where knowledge and perspectives in primary care will be of significant importance.
- By being the Local Area Contact for allocating reviews, and signing off completed reviews (CCG)

It aims to guide improvements in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities faced by people with learning disabilities.

The purpose of the LeDeR reviews is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation. It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them.

In order to do this in a timely manner and to avoid duplication, reviewers need to be clear where and how the LeDeR process links with other review or investigation processes. Other investigations or reviews may include, for example: Serious Case Reviews (SCRs), Safeguarding Adult Reviews (SARs), Safeguarding Adults Enquiries (Section 42 Care Act) Domestic Homicide Reviews (DHRs), Serious Incident Reviews, Coroners' investigations and Child Death Reviews.

NHS Halton CCG has a system and process that has been established within the CCG and have explored a model to ensure robust quality assurance of review and wider implementation of learning from completed reviews across a wider footprint.

The CCG has developed a model based on the Child Death Overview Panel whereby a panel with an independent chair will review each case rather than individual reviews. This has been discussed with NHSE/I and agreement has been reached that NHS Halton CCG and NHS Warrington CCG will be a pilot for this model. A further discussion has taken place with Mid Mersey CCG Chief Nurses who wish to join the pilot to enable wider system learning following the pilot findings in 6 months' time.

5.0 Communication and Engagement

The Learning Disability Partnership Board meets quarterly. The board has full representation from the community including social care providers, self-advocates and the Police.

Information is shared and gathered through this group and disseminated via self-advocates to their peers. Partnership Board updates will be included in the Transforming Care updates via governance committee reporting.

Internal Communications regarding LeDeR and STOMP (stopping over medication of people with learning disabilities) are provided through the relevant professionals from the CCG to the Communications and Engagement Team for sharing with Primary Care, internal and external agencies

Halton Speak Out is a self-advocacy group for people with learning disabilities in Runcorn and Widnes. They teach people to speak up for themselves, feel confident and to make changes in their lives. There are a variety of projects that work with people of all ages from young children in schools to older people.



[Click here to see a video about Halton Speak Out and the projects they run](#)

The new Children and Families Act is clear that all Local Authorities must give clear information about services for children and young people with special educational needs and/or disabilities (SEND). This is called the Local Offer.

<http://localoffer.haltonchildrenstrust.co.uk>

6.0 Transforming Care Partnerships (TCPs) Leadership and Governance

See Appendix 3 for System and Place based leadership and governance including the voices of self-advocates their carers and families.

7.0 HALTON PLACE BASED IMPLEMENTATION

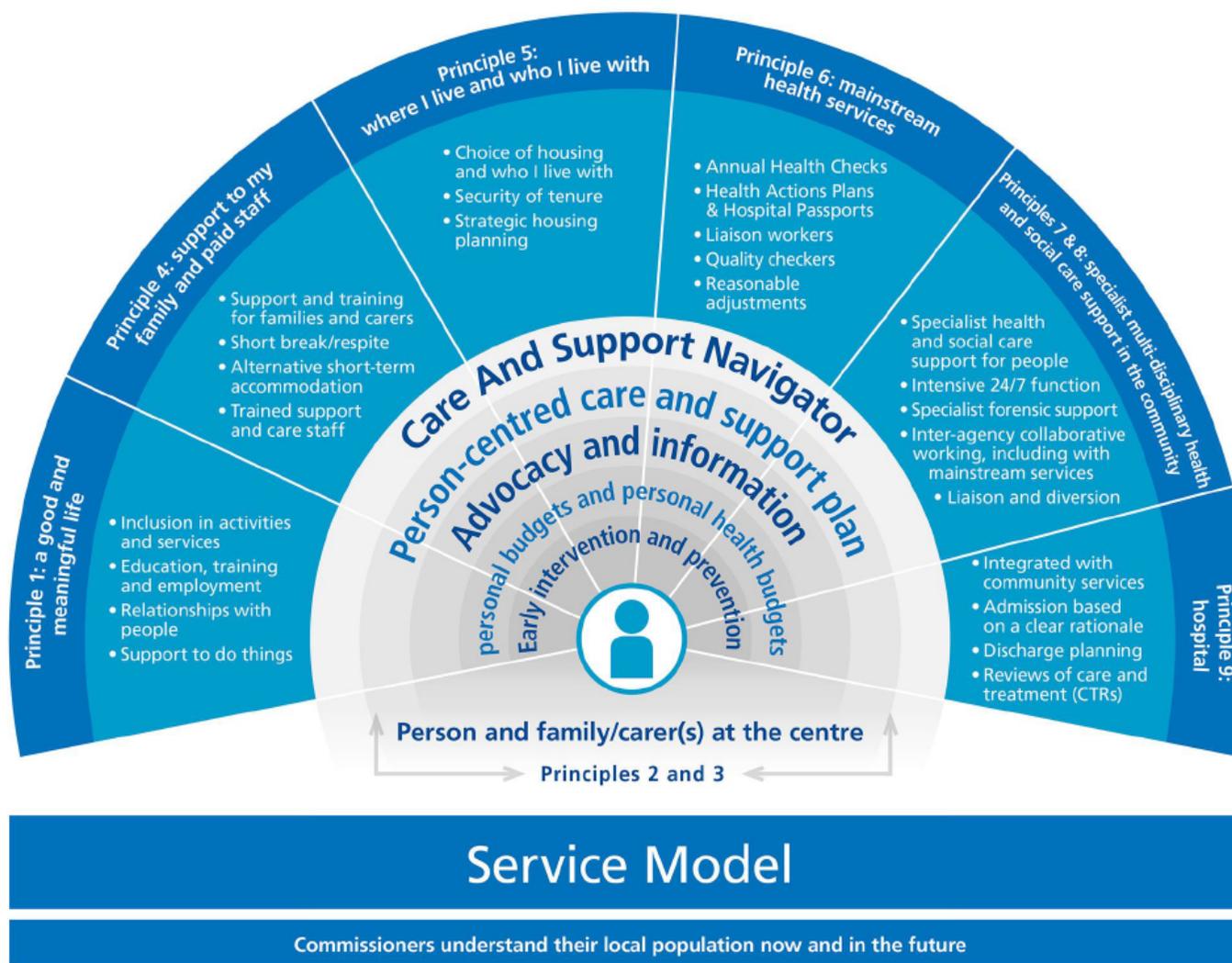
The key recommendations from Winterbourne View – Time to Change (2014), Building the Right Support (2015), The NHS Plan (2019) and Learning Disability Mortality Review Programme (LEDER) (2018) and have formed the Halton System Implementation Progress Plan which can be seen in Appendix 4.

8.0 Conclusion

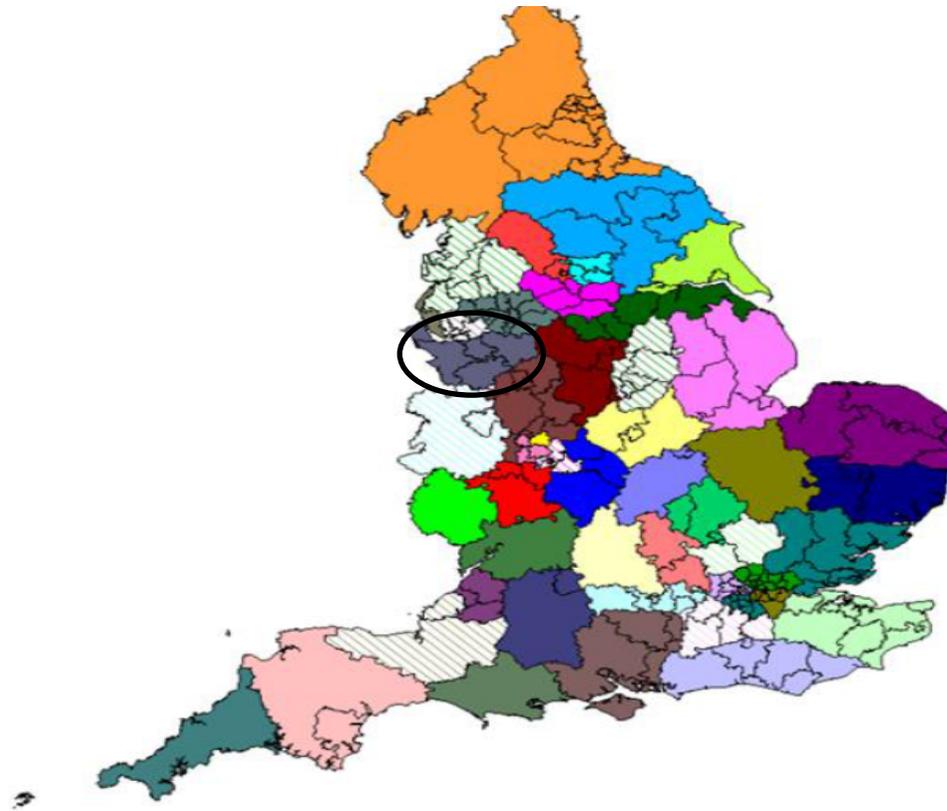
Much progress has been made to date to implement the Transforming Care national programme of work, service model and Cheshire & Merseyside Transforming Care Plan to ensure that people with learning disabilities and/or autism receive high quality, safe and effective care. Halton are an active member of this partnership ensuring that place based service provision is co-produced and needs led.

There is still further work to be undertaken to achieve all the service model requirements. It is therefore proposed that an annual report be presented to Halton Health and Wellbeing Board by way of assurance that the needs of people with learning disabilities and/or autism and/or behaviours that challenge are being met.

Appendix 1 Building the Right Support Service Model



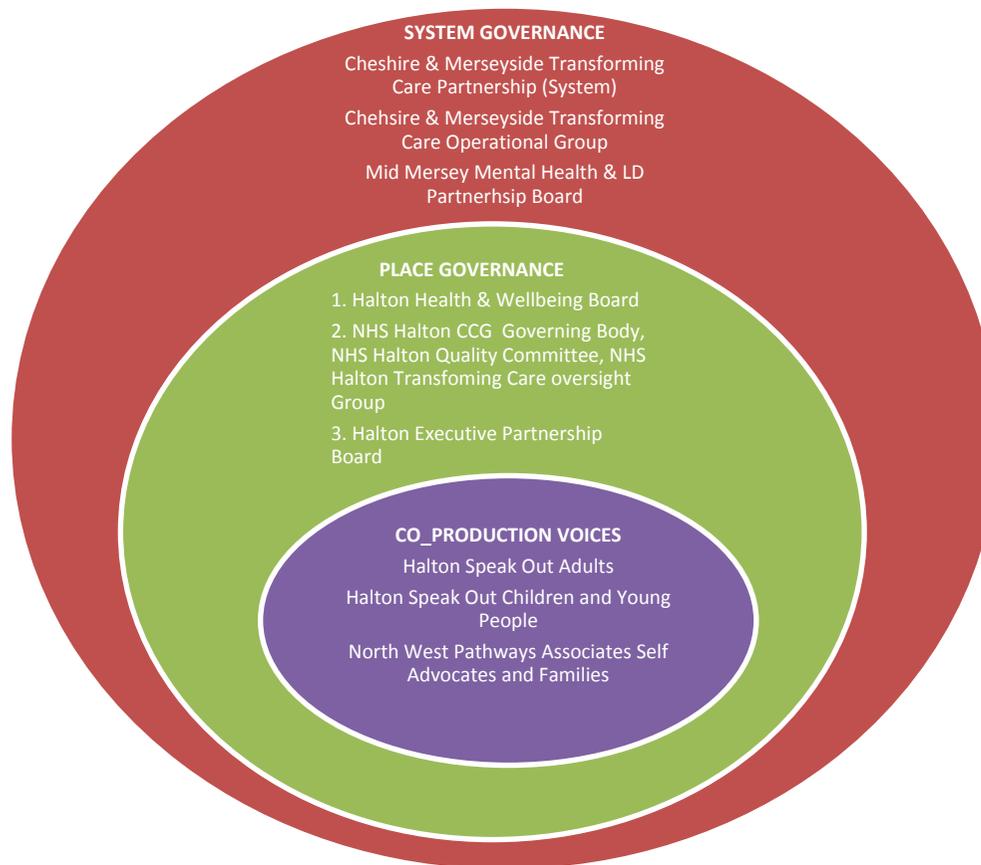
Appendix 2 - Transforming Care Partnerships Nationally (Cheshire & Merseyside circled)



Transforming Care Partnerships

	South Worcestershire, Redditch, Bromsgrove & Wyre Forest (Fast Track)		Shropshire		Halton, St Helens, Warrington, Knowsley
	Hereford (Fast Track)		Staffordshire		Liverpool, Sefton, Southport & Formby
	Coventry, Rugby, South Warwickshire & Warwickshire North (Fast Track)		Gloucestershire		Greater Manchester (Fast Track)
	Birmingham Cross City, Birmingham South Central & Solihull		Wiltshire and Swindon		Lancashire (Fast Track)
	Walsall		Bristol, Bane and South Gloucestershire		Cumbria and NE (Fast Track)
	Black Country		Somerset and North Somerset		North Yorkshire
	Derbyshire		Cornwall		Barnsley, Wakefield, Kirklees, Huddersfield & Calderdale
	Nottinghamshire (Fast Track)		Devon		Bradford
	Suffolk		Kent and Medway		Leeds
	Norfolk		Sussex		Sheffield, Doncaster, Rotherham, N Lincs
	Cambridge and Peterborough		Surrey		East Riding & Hull
	Essex		Oxfordshire		London North West
	Bedford, Luton and Milton Keynes		Buckinghamshire		London North, Central & East
	Hertfordshire (Fast Track)		Berkshire		London South East
	Nene and Corby		Hampshire & Isle of Wight		London South West
	Lincolnshire		Dorset		
	Leicestershire		Wirral, Cheshire & Chester		

Appendix 3 Leadership & Governance of Transforming Care for People with Learning Disabilities and/or Autism



Our Strategic Aims						
Helping people live in homes, not hospitals (reduced reliance on inpatient beds)						
Building more services in the community (increased support in the community)						
Improving people's health, quality of care and quality of life (reduction in premature mortality)						
Accountable Organisations	Workplan Areas	Main Committees		Local and / or Task and Finish Groups		
		Committee	Key Function	Group	Key Function	
<p>Borough Councils</p> <ul style="list-style-type: none"> Sefton Council Liverpool Council Halton Borough Council Knowsley Borough Council St Helens Borough Council Warrington Borough Council West Cheshire and Chester Borough Council Cheshire East Borough Council <p>CCGs</p> <ul style="list-style-type: none"> Liverpool CCG Halton CCG Knowsley CCG Southport and Formby CCG South Sefton CCG St Helens CCG Warrington CCG Wirral CCG South Cheshire CCG East Cheshire CCG Vale Royal CCG West Cheshire CCG <p>Commissioning Bodies</p> <p>Liverpool City Region NHS England Specialised Commissioning</p> <p>Providers</p> <p>Cheshire and Wirral Partnership North West Boroughs Mersey Care</p> <p>Stakeholder Representation</p> <p>Children and Young People Experts by Experience</p>	<ol style="list-style-type: none"> Performance Housing and Providers <ul style="list-style-type: none"> Resettlement Wider housing Finance <ul style="list-style-type: none"> Short term transformational funding Funding flows across system Co-production and communication <ul style="list-style-type: none"> People who use services Wider stakeholders Children and Young People <ul style="list-style-type: none"> Commissioning for LD/ ASC Link with other services via SEND Adult Hospital and Community Services <ul style="list-style-type: none"> Inpatient bed provision Consistent specifications across region Provider service change/ development Physical health of people with LD/ ASC Workforce <ul style="list-style-type: none"> Recruitment, retention and apprenticeships/ training Skills development of existing paid/ unpaid workforce 	TCP Strategic Board	<p>Collective agreement on proposals around strategic elements relating to:</p> <ul style="list-style-type: none"> Inpatient bed numbers and function Community Service consistency across region (CYP and Adults) Health and Care support to improve health, quality of care and quality of life Future workforce development – recruitment and training of new workers, development of existing workers (paid and unpaid) Future housing direction for people with LD and/ or ASC Use of short term transformational funding Future use of recurrent revenue funding transferred from NHS England <p>Identification of risks and any mitigating action</p> <p>Monitor and expedite progress, lending support to implementation and working pro-actively to drive change through accountable organisations</p> <p>Escalate issues which might better be addressed by the wider system to</p> <ul style="list-style-type: none"> the Cheshire and Merseyside Health and Care Partnership the North Transforming Care Board 	North Mersey Hub	<p>Implement plans agreed at Strategic Board at a local level</p> <p>Monitor progress</p> <p>Identify and resolve any local issues within parameters of agreed plans</p> <p>Escalate issues to Operational Board as needed</p>	
		TCP Operational Board	<p>Develop, in conjunction with best practice and experts by experience, proposals about</p> <ul style="list-style-type: none"> Inpatient bed numbers and function Community Service consistency across region (CYP and Adults) Health and Care support to improve health, quality of care and quality of life Future workforce development – recruitment and training of new workers, development of existing workers (paid and unpaid) Future housing direction for people with LD and/ or ASC Use of short term transformational funding Future use of recurrent revenue funding transferred from NHS England <p>Participate in the work of the North West ODN around highlighting good practice to inform service change and delivery, utilising their recommendations to inform proposals</p> <p>Monitor and expedite implementation of agreed proposals across Cheshire and Merseyside within local areas</p> <p>Escalate issues to Strategic Board where required</p>	LeDeR Steering Group		<p>Develop, monitor and expedite LeDeR review programme with a focus on reducing premature mortality</p> <p>Prepare a consolidated view of recommendations</p> <p>Develop an action plan arising from review recommendations which will inform community service discussions at Operational Board level</p>
		TCP Confirm and Challenge Group	<p>Formal group with a range of people who use services where they and the TCP can shape proposals, report progress and monitor implementation through expert's lived experience</p>	Deep Dives – Inpatient Discharges		<p>Discuss and challenge current discharge progress, with a view to escalating any issues and expediting.</p>
						Cheshire and Wirral Commissioners
				STOMP Group	<p>Develop, monitor and expedite STOMP programme (medicines use / change in practice)</p> <p>Prepare a consolidated view of recommendations</p> <p>Develop an action plan arising from recommendations which will inform community service discussions at Operational Board level</p>	

Appendix 4 Halton System Implementation Progress Plan at November 2019

	National Objective and NHS 10 year Plan	HCCG Progress	Lead															
1	Develop a Register of people with learning disabilities and/or autism in GP practises (NHSE)	<p>QOF LD register is in place.</p> <ul style="list-style-type: none"> Further exploration of a register for people with Autism required. There is currently no national QOF register for this group of patients NHS Halton CCG is in the upper quartile range for this indicator (28/207) 	Sarah Vickers															
2	Number of people with learning disability and/or autism registered in NHS Halton CCG	<table border="1"> <thead> <tr> <th>Register</th> <th>2018/19</th> <th>2019/20</th> </tr> </thead> <tbody> <tr> <td>LD Register</td> <td>818</td> <td></td> </tr> <tr> <td>Autism</td> <td>636</td> <td></td> </tr> <tr> <td>LD & Autism</td> <td>157</td> <td></td> </tr> </tbody> </table>	Register	2018/19	2019/20	LD Register	818		Autism	636		LD & Autism	157		Sarah Vickers			
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3	All people with learning disabilities and/or autism to have annual health check. Improve uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% (Building the Right Support & NHS Plan)	<p>Year on Year incremental increase is required.</p> <table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Achieved</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>60%</td> <td>58.80%</td> </tr> <tr> <td>2017/18</td> <td>70%</td> <td>59.51%</td> </tr> <tr> <td>2018/19</td> <td>70.6%</td> <td>59.22%</td> </tr> <tr> <td>2019/20</td> <td>75%</td> <td></td> </tr> </tbody> </table> <p>There is currently no annual health check specifically for those patients with Autism without an LD</p> <p>Data is being reported on those patients on GP registers who have LD and ASC and those with LD only and ASC only from the HIS (April 2019).</p> <p>For individuals with Autism and no Learning Disability, work is underway to understand the demand and move away from case by case Autism diagnostic assessments, and to move to a commissioned service with post diagnostic support as required.</p> <p>Information from Health Informatics is being interpreted regarding the usage trends and themes of all the read codes from the national template.</p>		Target	Achieved	2016/17	60%	58.80%	2017/18	70%	59.51%	2018/19	70.6%	59.22%	2019/20	75%		Sarah Vickers
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	<p>Training has been provided to GP's and Practice Nurses to assist their understanding of what a Learning Disability is and how best to support their patients attending their practice.</p> <p>Administration and Reception staff received training from Self-advocates from Halton Speak Out to increase their confidence in assisting a patient with a Learning Disability within the practice.</p> <p>Communication and Engagement has been taking place with parent and carer groups in Halton and an engagement plan has been developed to increase awareness of the health checks. Alongside this an easy read comic has been reproduced to be distributed within community services.</p> <p>A short film to promote the health checks is under development with Bright Sparks</p> <p>The adult Learning Disability Nursing Team are reinvigorating their link worker role within GP practices to support with the Learning Disability registers and promotion of health checks</p>		
Step change towards achieving timely diagnostic assessments for people with Autism in line with best practice guidelines to reduce waiting times for specialist services (Building the Right Support & NHS Plan)	<p>Mid-Mersey made a successful bid to NHS England for monies to reduce the current waiting list time for adult diagnostic assessments. The investment has assisted in the reduction of the waiting list. It is evident that Halton would benefit from an increase in the number of assessments completed. This will be reviewed following the project.</p> <p>Woodview are in the process of improving their diagnostic pathway for children. Woodview have reviewed their multi-agency panel and pathway. A new process has been implemented and is being audited. Woodview have a team of Neurodevelopmental Nurses who are offering support around the time of assessment and diagnosis.</p>	Lisa Smith	Birtle-
Pilot the introduction of a specific health check for people with autism, and if successful, extend it more widely. (NHS Plan)	Wirral CCG is piloting the health check. Learning will be shared with all CCG's in Cheshire & Merseyside for roll out.	Lisa Smith	Birtle-
Investment to ensure that children with learning disabilities have their needs met by eyesight, hearing and dental services and include in health check screening (NHS Plan)	To be scoped	Lisa Smith	Birtle-
Together with local authority	To be scoped	Lisa Smith	Birtle-

	children's social care and education services as well as expert charities, jointly develop packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process. (NHS Plan)																							
4	By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker. (NHS Plan)	To be scoped	Lisa Birtle-Smith																					
5 6	Where possible, people with a learning disability, autism or both will be enabled to have a personal health budget (PHBs) (Building the Right Support & NHS Plan)	PBH's are currently available. Q2 data shows there are currently 39 individuals, with Learning Disability/Autism who have opted for a PHB	Jonathan Murray-Seddon																					
	10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population (Building the Right Support & NHS Plan)	<table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Achieved</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>1.5</td> <td>1.5</td> </tr> <tr> <td>2019/20</td> <td>1.5</td> <td></td> </tr> </tbody> </table>		Target	Achieved	2018/19	1.5	1.5	2019/20	1.5		Lisa Birtle-Smith												
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	<p>For adults (per million population) there will be <30 people with learning disabilities and/or autism in an inpatient bed. (Building the Right Support & NHS Plan)</p>	<table border="1" data-bbox="689 188 1317 220"> <tr> <td>TARGET</td> <td>2</td> <td>3</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </table> <p>Number of Adults currently in in-patient setting is: 2</p> <p>NHS Halton CCG have concluded a Learning Disability Review and benchmarked Halton against the revised adult Learning Disability Community Team specification including the enhanced specification with all stakeholders in the Halton. Halton is well resourced across Halton Borough Council, North West Boroughs Healthcare (NWBH) and Bridgewater Community Healthcare Community Trust. Adult teams have been increasingly responding to crisis, which has limited some preventative interventions. The community Infrastructure is being explored within Halton to consider remodelling the community services thus reducing the reliance on inpatient beds. Halton have been successful in a bid to develop an Intensive Support Function (ISF) within the NWBH Community Team. The ethos of the ISF it to reduce inappropriate admission to mental health beds and provides intensive support in place. This function is currently being mobilised.</p>	TARGET	2	3	2																		
TARGET	2	3	2																					
7	<p>For children (per million population) there will be < 12-15 with LD and/or autism in an inpatient facility. (Building the Right Support & NHS Plan)</p>	<p>Number of Children & Young People in an In-patient setting</p> <table border="1" data-bbox="689 869 1317 957"> <thead> <tr> <th>2019/20</th> <th>Target</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Achieved</th> </tr> </thead> <tbody> <tr> <td>Spec</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Comm</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2019/20	Target	Q1	Q2	Q3	Q4	Achieved	Spec	0	0	0	1			Comm							<p>Lisa Smith Birtle-Smith</p>
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Spec	0	0	0	1																				
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8	<p>Increased investment in intensive, crisis and forensic community support (NHS Plan)</p>	<p>The ISF in Halton has forensic practitioner posts within the structure.</p>	<p>Lisa Smith Birtle-Smith</p>																					
8	<p>Number of people with learning disabilities and/or autism currently in an in-patient setting</p>	<p>3 people</p>	<p>Lisa Smith Birtle-Smith</p>																					
9	<p>Number of people currently in an in-patient setting with an expected date of discharge in place</p>	<p>3 people</p>	<p>Lisa Smith Birtle-Smith</p>																					
10 11	<p>Care and Treatment Reviews to be undertaken to prevent an avoidable</p>	<p>Halton has Dynamic Support Databases (DSD) for both adults and children. This focusses on those individuals who are at risk of admission. The intended outcome is to</p>	<p>Lisa Birtle-Smith</p>																					

admission (Blue Light CTR), post admission to plan for discharge and 6 monthly to review care planning.
(Building the Right Support & NHS Plan)

avoid an avoidable admission.

Adult Care and Treatment Reviews

2019/20	Q1	Q2	Q3	Q4
Number of admission avoidance CTR's	0	1		
Number of post admission CTR's	0	0		
Number of CTR's at 6 months	0	1		
Total Number of C(E)TRs undertaken	0	2		

Children's Care and Treatment Reviews

2019/20	Q1	Q2	Q3	Q4
Number of admission avoidance CTR's	0	1		
Number of post admission CTR's	0		1	
Number of CTR's at 6 months	0			
Total Number of C(E)TRs undertaken	0	1	1	

Number of deaths reported via the Learning Disabilities Mortality Review (LeDeR) Programme

(post January 2019)

(NHSE/Local)

2019/20 Halton	Q4 2018-19	Q1 2019-20 April-June	Q2 July-sept	Q3 Oct-Dec
Number of deaths of people with learning disability reported via LeDeR	1	1	2	1
Number of reviews allocated for review	1	1	2	1
Number not allocated for review	0	0	0	0
Number of reviews undertaken/completed	Scheduled to panel	Scheduled to panel	Scheduled to panel	Scheduled to panel

Sam Atkinson

		<p>In addition to data above:</p> <ul style="list-style-type: none"> • Panel pilot commenced from November 2019 • there are currently x1 case still with an individual reviewer for completion and this is in progress • there are 3 Halton cases that need final QA- these are all scheduled for the December panel • are on target to be in trajectory for completion of reviews back within the 6 month performance threshold by end March 2020 • a panel is scheduled monthly for all new cases to be reviewed from Jan 2020 and all current notified deaths have been allocated to a panel date. 	
12	Accelerate the LeDeR initiative to identify common themes and learning points and provide targeted support to local areas. (NHS Plan)	<p>Thematic Lessons Learned:</p> <ul style="list-style-type: none"> • 2 learning into action conferences planned for February 2020 to support local learning and use of themes and trends information from leder • Process in place to collate learning from the panel reviews and systematically share any local /regional key points. • Local learning into action group to be established to ensure system wide use of the information and service improvement 	Sam Atkinson
	Stopping over medication of people with a learning disability, autism or (STOMP) (Building the Right Support & NHS Plan)	<p>Halton CCG have undertaken a review of all patients on the GP Learning Disability register in line with STOMP. Recommendations were made and a follow up audit showed a high percentage of cases had their medication reviewed.</p> <p>In Q4 a NHS Halton CCG plans to revisit the STOMPLD audit to highlight areas for the prescribers to review. NWBH have a STOMPLD group.</p> <p>An Autism only audit has been tested in 1 practice and a search will be performed with each practice for prescribers to review.</p>	Lucy Reid
	Expand the Stopping over medication of people with a learning disability autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes (Building the Right Support & NHS Plan)	<p>As above</p> <p>Positive Behaviour Services are increasingly working with younger Children and parents to provide early intervention training and support. A case study has demonstrated the difference this intervention has made to children and families.</p> <p>Woodview has a full complement of Neurodevelopmental Nurses who will support children and families regarding appropriate interventions.</p>	Lucy Reid
13	Local councils and NHS bodies to join together to deliver better and	Halton has a joint Strategic commissioning group. The main purpose of the group is to commission and develop services for adults with a learning disability and/or autism in	Sue Wallace Bonner

	<p>more coordinated services</p> <p>(Building the Right Support & NHS Plan)</p>	<p>Halton.</p> <p>The group will maintain a focus on people placed out of borough with the aim of enabling them to return to the borough by ensuring sufficient and appropriate commissioning of services to meet needs. The principal focus of the group is those with learning disabilities and/or autism, however, the group also may also consider the needs of people with physical disabilities and mental health conditions if they are placed out of borough (or at risk of being).</p> <p>The group is led by the DASS for Halton and is developing a joint all age LD strategy.</p> <p>The LD Partnership Board is active in Halton which has representation across local councils, NHS providers and CCG, plus 3rd sector, education the police</p> <p>The Autism Action Alliance is active within Halton to promote the health and well-being of those with a diagnosis of Autism in Halton. The alliance holds the action plan resulting from the completed Autism Self-assessment. This has wide representation from people with lived experience, Health, Social Care and 3rd sector</p>	<p>Strategic commissioning group</p>
<p>14</p>	<p>Local housing that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff</p> <p>(Building the Right Support & NHS Plan)</p>	<p>The housing panel, chaired by HBC, meets monthly to discuss housing needs of individuals'. The LD review has a focus area in the plan regarding housing particularly around the commissioning of ground floor accommodation.</p> <p>Halton was successful in obtaining capital funding from NHS England. This is to refurbish a property into 2 ground floor apartments for those individuals who engage in behaviour which is deemed as challenging, as a step up/down model. The refurbishment of the building will commence in January 2020</p> <p>There has been the development of 3 crisis flats on the site of Bredon Respite service. This service will be appointing specialist staff to support individuals within the flats if needed. There is an option for individuals' to bring their own staff.</p>	<p>Local Authority</p>
<p>15</p>	<p>A rapid and ambitious expansion of the use of personal budgets, enabling people and their families to plan their own care, beyond those who already have a legal right to them</p> <p>(Building the Right Support & NHS Plan)</p>	<p>A Personal Budget is an allocation of funding given to a service user after an assessment of social care need which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can take have some combination of the two.</p> <p>A Personal Health Budget (PHB) is an allocation of resources made to a person with an</p>	<p>Local Authority</p>

		<p>established health need. The purpose of the budget is to ensure the person is able to call upon a predefined level of resources and use these flexibly to meet their identified health needs and outcomes.</p> <p>In order to be eligible to receive a Personal Health Budget, the individual must reside and be GP registered in Halton and must be assessed as eligible for NHS Continuing Care.</p> <p>Number of people with learning disabilities and/or autism with a personal health budget is 39 at Q3</p>	
16	<p>People to have access to a local care and support navigator or key worker, and investment in advocacy services run by local charities and voluntary organisations so that people and their families can access independent support and advice (Building the Right Support & NHS Plan)</p>	<p>With the development of the Adult Dynamic Support Database (DSD), all individuals at risk of an admission into a mental health hospital have a lead professional.</p> <p>The C&YP DSD being embedded together with all partners across education, social care and health. Halton Speak Out offer Person Centred Planning and Self-advocacy support to people with a Learning Disability.</p> <p>Independent advocacy is commissioned in Halton.</p> <p>Halton have Community Bridge Builders who connect individuals to activities and services in their local area.</p> <p>Halton has an LD community Matron, who is a lead professional for individuals with complex health needs.</p>	<p>Sue Wallace Bonner</p> <p>Strategic Commissioning Group</p>
17	<p>Pooled budgets between the NHS and local councils to ensure the right care is provided in the right place (NHS Plan)</p>	<p>Halton has a pooled budget</p>	<p>Sue Wallace Bonner</p>
18	<p>Using the nine principles set out in the 'New Service Model' (2015) TCPs should have the flexibility to design and commission services that meet the needs of people in their area. (Building the Right Support)</p>	<p>As section 6</p>	<p>Lisa Birtle-Smith</p>

19	NHS STANDARD CONTRACT and GP CONTRACT		
	A new National Learning Disability Community Specification and Learning Disability Assessment & Treatment Specification has been developed for implementation.	The three trusts, Mersey Care, NWBH & CWP have been involved in the localising of the specification, alongside CCG's and Local Authorities.	Lisa Birtle-Smith Quality Contract Lead
	By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism (Building the Right Support & NHS Plan)	Cheshire and Merseyside have a digital strategy and will be an early adopter for a flag in care records of those with a Learning Disability, Autism or both.	Lisa Birtle-Smith Quality Contract Lead
	NHS Improvement has recently published improvement standards, and NHS England is about to publish good practice guidance, for providers of NHS services in respect of care and treatment of people with learning disabilities and autism. NHSE proposes to add a new requirement to the Contract for providers to have regard to these documents. (Building the Right Support & NHS Plan)	There are Learning Disability and Autism indicators contained within the Quality Schedules in the contracts are monitored via the contract review meetings with providers. We will continue to develop them year on year	Lisa Birtle-Smith Quality Contract Lead
	Service Conditions 6 and 11 Health inequalities - include a high-level requirement in the Contract for the provider to support the commissioners in carrying out their duties in respect of the reduction of inequalities in access to health services and in the outcomes achieved from the delivery of health services. (Building the Right Support & NHS Plan)	There are Learning Disability and Autism indicators contained within the Quality Schedules in the contracts are monitored via the contract review meetings with providers. We will continue to develop them year on year	Lisa Birtle-Smith Quality Contract Lead
	Following a consultation on the	There are Learning Disability and Autism indicators contained within the Quality	Lisa Birtle-

	options for delivering awareness training, NHS staff will receive information and training on supporting people with a learning disability and/ or autism. (NHS Plan)	Schedules in the contracts are monitored via the contract review meetings with providers. We will continue to develop them year on year	Smith Quality Contract Lead
	Integrated care systems ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism. (Building the Right Support & NHS Plan)	This will be a component of the ICS as it evolves. These are also in the current quality schedule	Lisa Birtle-Smith Quality Contract Lead
	All areas of the country will implement and be monitored against a '12-point discharge plan' to ensure discharges are timely and effective. (NHS Plan)	Halton CCG is aware of this and gives consideration to this during the inpatient stay and discharge planning.	Lisa Birtle-Smith Quality Contract Lead
	2019-2024 national learning disability improvement standards will be implemented and will apply to all services funded by the NHS. (NHS Plan)	These are currently in place in the contract quality schedule in commissioned services.	Lisa Birtle-Smith Quality Contract Lead