

# Nottinghamshire Transforming Care Partnership

## Public Consultation Report June 2016



**Nottinghamshire  
County Council**



**Nottingham  
City Council**



**Bassetlaw  
Clinical Commissioning Group**



**Mansfield and Ashfield  
Clinical Commissioning Group**



**Newark and Sherwood  
Clinical Commissioning Group**



**Nottingham City  
Clinical Commissioning Group**



**Nottingham North and East  
Clinical Commissioning Group**



**Nottingham West  
Clinical Commissioning Group**



**Rushcliffe  
Clinical Commissioning Group**



**England**

# Nottinghamshire Transforming Care Programme 2016

Concerning children, young people and  
adults with learning disabilities and/or autism  
who display behaviour that challenges



# Nottinghamshire TCP

## What do we Want People to Say?

- People work together to plan my care and act fast when things change.
- I am involved in deciding how people meet my needs.
- I live in the community with support from and for my family and paid carers.
- I am involved in deciding where I live and who I live with.
- I feel good about my life and I do things that are important to me.
- I get good care from health services.
- I can use health and social care services in the community that are right for me.
- I am supported to stay out of trouble.
- I get really good care if I have to be in hospital because I cannot get the health care I need in the community.
- If I need to be in hospital, then I only stay as short a time as is necessary.

# Public Consultation

- Ran from 29 February 2016 to 20 May 2016.
- Pre-consultation informed the specific groups targeted.
- Was intended to validate the plans we have produced to redesign services to keep people with a learning disability healthy, well and supported in their local community and that in-patient services are only used where community settings cannot provide safe and suitable alternatives to admission.
- Variety of methods used to gather feedback.
  - ✓ Online questionnaire
  - ✓ Questionnaire in consultation document
  - ✓ Drop in sessions
  - ✓ Questionnaires distributed to contacts on stakeholder database
  - ✓ Professionals encouraged to support service users to complete a survey
- All materials available in easy read version with braille and other languages, formats available.

# Response Rates

- More than 387 face to face consultations.
- 197 questionnaires completed of which -
  - ✓ 85 or 43.1% (easy read and standard) completed by health, social care or educational professionals.
  - ✓ 5 or 12.2% (easy read only) completed by paid carers.
  - ✓ 137 or 69.5% (easy read and standard) completed by individual, carer or family member of someone who has a LD or completing on behalf of someone else.
  - ✓ 45 or 22.1% (easy read and standard) completed by a member of the public.

# Response Rates

- Detailed monitoring data collected and included within the report.
- Collected by
  - ✓ Nine protected characteristics in accordance with the 2010 Equality Act
  - ✓ Demographic data
- Responses from all districts of Nottingham and Nottinghamshire (standard and easy read format)
  - ✓ 48 or 30.6% completed by City residents but 45.7% of all easy read responses were from City residents
  - ✓ 93 or 59.2% completed by County residents
  - ✓ 16 or 10.2% completed by people indicating 'other'

# General Findings 1

- Broad support for the proposal that people are better supported in the community
  - ✓ 118 or 70.1% (easy read and standard) agreed.
  - ✓ 17 or 10.1% (easy read and standard) disagreed.
  - ✓ 28 or 16.7% (easy read and standard) undecided.
- People felt that it would be beneficial for both individuals and their carers to have support in the community
  - ✓ 128 or 81.5% (easy read and standard) positive impact / better for individual.
  - ✓ 109 or 70.1% (easy read and standard) positive impact / better for carer / family.
  - ✓ 6 or 3.8% (easy read and standard) negative impact / worse for individual.
  - ✓ 19 or 12.3% (easy read and standard) negative impact / worse for carer / family.

## General Findings 2

- However some concerns expressed in the written comments which need to be addressed during implementation of the new model which are:
  - ✓ Resources and finances
  - ✓ Good quality support or fear of inadequate support
  - ✓ Coordination between agencies and individuals
  - ✓ Information availability and accessibility
  - ✓ Transition from children to adult services
  - ✓ Discharge arrangements and housing provision
  - ✓ Workforce
  - ✓ Training



# Resource / Finances

- Concerns about money and new services being properly financed were evident
  - ✓ “Demand outstripping capacity”
  - ✓ “Pulling money out of current services to develop new ones will leave a whole cohort at risk”
  - ✓ “Funding only available for only short amounts of treatment”
  - ✓ “Funding and inadequate criteria when deciding on placements”
  - ✓ “Poor funding – too much red tape”
  - ✓ “Bespoke services not available. Specialised care is essential for this client group”
  - ✓ “Lack of resources and not enough support provided on a long term basis
  - ✓ “Delays in funding decisions, not enough funding, unavailability of services”

# Good Quality Support 1

- Lack of good quality support or fear of inadequate support were evident:
  - ✓ “Poorly trained staff, not enough support from multiagency teams”
  - ✓ “Not having the right crisis plan and preventing a crisis occurring”
  - ✓ “Attitudes to perceived risks & unwillingness /inability to safely manage those risks (by professionals )”
  - ✓ “Inability of services to manage a crisis due to lack of skilled staff and environment”
  - ✓ “24 hour support from intensive support or crisis teams can make the difference and prevent admission”
  - ✓ “There aren't always people to call outside office hours and sometimes there is no-one on a Friday. So if there is an issue anytime after Thursday night there's no option but to call crisis support. That's half the week!”
  - ✓ “Support that is tailored to meet individual needs and situations”
  - ✓ “Early intervention and ongoing support in all areas is key”

# Coordination

- Lack of coordination between agencies and individuals was noted:
  - ✓ “Skilled multi-disciplinary support is vital with real team work between provider staff and specialised health staff”
  - ✓ “Lack of professionalism and cooperation between providers both within the public sector and between public, private and voluntary sectors”
  - ✓ “Poor coordination between services and gatekeepers to beds”
  - ✓ “Health and education not working together”
  - ✓ “Lack of coordinated multiagency / professional planning and service delivery”
  - ✓ Lack of a care planning coordinator”
  - ✓ “Poor communication between agencies involved”
  - ✓ “Lack of communication between services and within teams”
  - ✓ “Most important thing is having a responsible person to oversee, i.e. advocate, care coordinator who keeps in touch at least weekly and is not part of paid carer responsibility”

# Information

- Accessibility and availability of information was noted:
  - ✓ “Not having the right information to access certain services. Lack of information volunteered by professionals”
  - ✓ “Not enough information on what services are available”
  - ✓ “When service users are unsure of process to apply for the right support or not even knowing they could have access to support”
  - ✓ “Lack of public knowledge of the roles of different professions that may be able to offer support and advice”
  - ✓ “Not knowing who does what or where to go. Navigating the system”
  - ✓ “Lack of information via internet through professional services”
  - ✓ “I don’t know where to get support in the community”
  - ✓ “Not knowing where to go for help. People not knowing what to do to help someone”
  - ✓ “Not a lot of information on changing to adult services”
  - ✓ “Getting information in the accessible languages and formats and services that meet individual and cultural needs”
  - ✓ “Plenty of access to information about various forms of housing, including therapeutic/dedicated communities”

# Transition

- Transition from children to adult services was noted as a particular area of concern:
  - ✓ “Transition from young persons to adult services should be smooth and person centred and accurate in terms of information sharing”
  - ✓ “Not a lot of support / guidance on living with someone who’s becoming a young adult”
  - ✓ “Extra support to help a child progress to adulthood would be very much welcomed”
  - ✓ “Transition support from leaving school are very limited”
  - ✓ “Experts in transition are needed and experts should also have knowledge of services available”
  - ✓ Supporting C & YP and their parents, carers, professionals etc to understand the needs of the individual and underlying factors which result in challenging behaviours...getting this right day to day should ensure that robust plans are put into place at the point of transitions to reduce crisis at these times”
  - ✓ “In south Nottinghamshire there is a specialist transition nurse. This works well but has never been forthcoming in the northern CCGs – it should be available countywide”

# Discharge Arrangements & Housing

- The importance of these areas was noted:
  - ✓ “Importance of multiagency discharge planning meeting cant be emphasised enough so that all agencies are aware of changing needs and their roles and responsibilities”
  - ✓ “The discharge care package is essential and must be appropriate and of good quality to meet the individuals needs”
  - ✓ “Problem with housing benefit – changes in the regulations in the Budget have been made to cap housing benefit to the local reference rent. So if people living in assisted housing have a more expensive rent they won’t be able to get the extra money. The impact of this already has been that developers who were planning to include assisted housing flats put them on hold - virtually all local developments like this are on hold “
  - ✓ Inadequate or unsuitable housing”
  - ✓ “Availability of housing and care providers”
  - ✓ “We need appropriate range of housing and support to meet individual needs”
  - ✓ “The correct type of housing is a major consideration, The physical aspect has to be fit for purpose as the corner stone to any support package”

# Workforce

- ✓ “Getting the right staff and the ones who ‘stay the distance’ is important.”
- ✓ “Support work is not well paid and not respected”
- ✓ “No teams with skills to manage all elements of a persons diagnosis e.g. challenging behaviour, mental health, LD and forensic risk (all present in same person)”
- ✓ “Workforce has to be developed and care professionals need to be valued and developed, possibly with a skills framework”
- ✓ “Workforce that is skilled enough to manage people with complex needs and challenging behaviour needed”
- ✓ “Inability of service to be able to manage a crisis, due to lack of skilled staff and environment”
- ✓ “High turnover of staff, poor pay, lack of training for staff, services set up and staff not being fully equipped”

# Training

- The importance of this areas was noted:
  - ✓ “Lack of specialist training for staff and parents”
  - ✓ “Challenging Behaviour training for parents should be widely available as there is a huge difference between dealing with challenging behaviour in a professional and family situation”
  - ✓ “Not enough funding to provide correct training, help etc to help to keep good staff long-term”
  - ✓ “There needs to be more attention on training for staff to correctly support individuals especially at time of crises”
  - ✓ “Lack of any Autism or Learning disability parent support/training”
  - ✓ “Also access to training and jobs for people with LD.....we need to do more as a society”
  - ✓ “Limited training opportunities for community staffs (specifically carers and HCAs) re: adapting communication, understanding PBS, assessing general mental health on a day to day basis etc.”
  - ✓ “Lack of Homecare services having carers with lack of training”
  - ✓ “Inconsistent staff training levels “



# Update on Key Deliverables

When we attended in February 2016, we outlined what we intended to do during January – June 2016. Progress against these is highlighted below:

- **Strategic Commissioning Plan**

- ✓ Commissioning plan for 2016/17 focussing on the priorities of the programme, and aligned to the feed back received from consultation has been developed.

- **Workforce development plan**

- ✓ Work-force and skills gaps data is being collected from a variety of sources covering health, social care and provider staff.
- ✓ The workforce development plan for 2016/17 is focussing initially on the development and training required for front line staff involved in the provision of the new service model.

# Update on Key Deliverables

- **Proposal for Pooled / Aligned Budgets**

- ✓ This is being developed and is a complex area of work to undertake. All partners have submitted details of services for inclusion in what will form a shadowed pooled budget initially.
- ✓ A key area currently being looked at is how funding will transfer from Specialised Commissioned to the TCP. This is being considered at a national level as well as locally.

- **Crisis Support**

- ✓ Plans have been developed for an interim crisis response model which will include residential accommodation and increased support from community teams as a 12 month pilot commencing in late 2016/17.
- ✓ A longer term crisis response model is being developed for implementation in 2017/18, and the outcomes from the initial pilot will feed into the development of this.

# Update on Key Deliverables

- **Extension of Care and Treatment reviews and 'At Risk Registers'**
  - ✓ Care and Treatment reviews are now undertaken for children and those with autism that do not have a Learning Disability
  - ✓ Risk registers for those at risk of admission have been extended to include to children and those with autism.
  - ✓ These help to provide early intervention and support to people in the community prior to crisis taking place.
- **Public consultation**
  - ✓ Completed and findings being used to reshape plans.
  - ✓ Sessions to feedback from the consultation and to share our updated plans are taking place in September 2016.