

The Gateshead Plan

Locality Area(s): Gateshead Council/ Newcastle Gateshead CCG

What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?

To ensure that the standards are met and that community support is always the first choice the following approach is proposed: A person centred approach to assessment and care planning, which means looking at the whole person rather than a set of actions to meet 'assessed need' which is largely based around particular medical diagnosis or individual tasks which do not look at the bigger picture. To look at support needs more proactively and allow greater choice and control, this all starts with the allocation of a budget. Once an indicative amount is allocated, person centred support planning can begin; to allow greater choice and control people involved in the process must be supported to take a positive approach to risk and allow the person to make informed decisions – this will require a re-think of how effectively we communicate with people who have a learning disability and their families and how this impacts on their ability to be true decision makers. To facilitate these changes the following will need to happen:

- Training of current workforce in health, social care and provider settings in relation to person centred practice, positive risk taking, effective communication and supporting decision making.
- A re-think on how personal budgets are allocated so individuals have an indicative amount that they can use to plan their support to meet their needs
- A change to the assessment and review process so it looks at the person as a whole and their own unique circumstances.
- A programme of engagement and consultation with people who have a learning disability and their carers to determine what would makes things work better or them.

- Greater provider engagement and market shaping to enable providers to develop new offers and have a greater emphasis on outcomes. There is a need to attract new providers to the locality.
- Health and social care to work together to ensure that services are complimentary and also that specialist services are there when people need them to avoid unnecessary hospital admission, such as extended working times for behavioural support teams.
- Build on the success of the learning disability Accommodation and Support Group to ensure that there are different types of accommodation available, and where people share they are appropriately matched.
 - Steps have already been taken to improve things for people; housing socials take place whereby people who have chosen to share accommodation have the opportunity to meet others and explore the potential to live together.
 - For low needs a concierge service is already in development.
 - Discussions are taking place with RSL's to look at the potential for the development of 'Core and Cluster' type schemes and/or flexible accommodation in the community which adapts as needs change, but keeps maximising independence at the core with the use of assistive technology solutions.
 - A project is underway to look at learning disability residential care and the potential for this to be changed to shared accommodation.
 - Terminology and the current set up of ISL's are being looked at to see how they can be better configured and better organised around the person rather than the needs of a staff rota.
 - Complex and forensic services need to be developed; this will factor as part of a commissioning project which is currently underway to set up a framework for support provision; this also creates an opportunity to reshape expectations of providers and also introduce more flexible contracting models so choice and control is not hindered by bureaucracy.
 - Further dialogue needs to take place to look at step up/down provision in the locality.

RISKS, ISSUES & MITIGATIONS

Risk that...	Caused by...	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Change does not happen at a fast enough pace	<ul style="list-style-type: none"> ➤ Potential changes to staff terms and conditions, such as working hours. ➤ People resist shifts in power and control. 			Staff are engaged in any change process to maximise the potential for them to come on board and be accepting of any changes.	
Lack of funding/financial barriers prevents progress	<ul style="list-style-type: none"> ➤ Reduction in staff necessary to make change and deliver services. ➤ Lack of investment in infrastructure to make necessary changes. ➤ Lack of investment in the training needed to create a culture change. ➤ Parties are too protective over budgets 			<p>Ensure key enablers are on board with the process, including Councillors and Senior Personnel.</p> <p>Look at what existing knowledge and skills are available within the key stakeholder organisations to support the process.</p> <p>Bid for funding from the transformation fund to assist in culture change.</p> <p>Consider what changes to infrastructure are necessary, explore more efficient alternatives e.g. role of providers, third sector and community.</p> <p>Explore alternative funding solutions such as aligned or pooled budget arrangements.</p>	
Reluctance to change how personal budget is allocated.	Fear that this will result in greater expenditure.			<p>Cost benefit analysis to be undertaken</p> <p>Case studies to be developed</p> <p>Experienced person centred support planners and brokers in place (may be existing personnel or externally commissioned)</p> <p>Incentivise outcomes in contracting model.</p>	
Local Authority and CCG reputation will be damaged	<p>Not complying with national guidance and legislation – Care Act, Human Rights Act, Mental Capacity Act.</p> <p>Failure to work in accordance with principles of best practice.</p>			<p>There is a commitment to the transformation programme from both parties.</p> <p>There are internal processes to check compliance with the law.</p>	

ASSUMPTIONS AND DEPENDENCIES

There are currently 4 Gateshead residents in Northgate hospital and 1 person part of the CAHMS service.

We know the people who are in hospital, but a better understanding of why people are admitted is needed so this can inform what exactly needs to be put in place to prevent re-admissions and support the bed closures programme over the next 5 years.

An improved understanding of future need is required to inform thinking about robust models which will be flexible enough to respond to changing needs of people moving through services.

The success of the project is dependent on all of the key leaders taking responsibility for themselves and their organisations to engage with the programme, complete identified actions and attend meetings when scheduled.

PROPOSALS FOR BIDS

What funding is required to deliver? Please provide robust costings

How could they be financed in the short and longer term – Central £10 million pot (including match funding), CCG funding, redirection of funds from hospital to community care, dowries

To pump prime the transformation programme in Gateshead any funding will be used for the development of complex needs support with a particular emphasis on positive behaviour management. A small cohort of providers will be identified and a framework will be developed. The funding will enable greater investment in skilling up these providers; this will range from specialist training in Positive Behaviour Support, Active Support principles, as well as working closely with providers so they fully understand their expectations and develop their services appropriately. This will cover aspects such as ongoing recruitment and retention, training requirements; support planning, managing risk, supervision and support, behavioural monitoring, access to specialist mentoring or supervision, systems for reflecting on and developing support strategies in a timely way. This process will involve significant engagement with providers to develop provision in this area and ensure services will be fit for purpose and be successful in preventing future hospital admission. To support this, the following funding will be required:

Funding Requirements	Oct	Nov	Dec	Jan	Feb	March	Potential Cost LA*
Training of current workforce in person centred practice, positive behaviour support.							Training cost £15k
Revisit how personal budgets are allocated in order to maximise choice and control for individuals.							Resource cost
To further develop an integrated person centred reviewing and assessment process so it looks at the person as a whole and takes into account health their own unique circumstances.							£15k
A programme of engagement and consultation with people who have a learning disability and their carers to determine what would makes things work better or them.							£2.5k
Greater provider engagement and market shaping to enable providers to develop new offers and have a greater emphasis on outcomes. There is a need to attract new providers to the locality.							£2.5k
Health and social care to work together to ensure that services are community based and specialist services are there when people need them to avoid unnecessary hospital admission – 8am to 8pm provision from Community Teams.							£10k

***CCG have agreed match funding of £45,000**

