ANNEX 1 – Detailed Scheme Description

For more detail on how to complete this template, please refer to the Technical Guidance

Scheme ref no.
LTC1
Scheme name
Learning Disability Out of County Link Worker
What is the strategic objective of this scheme?
People with a learning disability are likely to need long term support from both health and social care. It is important to design a system that can support them to have a good life where they feel in control of their care and can call on the right services when they are required. Integration of pathways, systems and, where appropriate, services are the key to achieving this ambition. In light of Winterbourne View and the Special Educational Needs Reforms we are currently reviewing existing arrangements and looking for opportunities to revise our local offer to people with learning disabilities and complex needs and young people in transition. The aim of the scheme is to develop a unified approach in ensuring that the health and social care needs of people placed 'out of county' are met robustly improving outcomes for the individual. The scheme will be to provide an Out of County Link Worker role working with service users who are placed out of county (Rutland) as well as to work with those service users who are placed in Rutland by another local authority. The role is to ensure improved co-ordination amongst services both within the host authority and placing authority.
Overview of the scheme Please provide a brief description of what you are proposing to do including: - What is the model of care and support? - Which patient cohorts are being targeted?
Due to a lack of specialist provision locally, Rutland has service users placed out of county in specialist school and residential placements. These service users often have complex needs requiring significant health involvement and a number are in receipt of CHC funding. In Rutland we currently have a number of young people transitioning into adult services who have complex needs requiring specialist provision out of county. There are currently 16 Rutland service users aged over 18 who are placed out of county. The total cost of these placements to both Adult Social Care and the CCG is

close to £1.4 million per year of which the CHS contribution amounts to approximately £550,000 of this total. Within Rutland there are approximately 33 service users placed in residential care by out of county authorities.

There are 9 young people who within the next 3 years may need specialist residential college placements out of county as well 2 young people currently in specialist out of county school placements.

Whilst the individual's placement is the responsibility of either the Local Authority, GEM CSU or both, the individual's health provision is, in the main, met by local host NHS services, privately, by the commissioned provider or a mixed provision. In some cases services may still be being provided by the placing authority to people out of county as well as the individual receiving services from local and independent provision. As such, effective co-ordination and co-operation of services for people out of county can be poor, needs can be over looked and outcomes for the individual's health and wellbeing reduced. The Winterbourne View Serious Case Review identified gaps in service provision and called for more effective review by placing authorities of individuals with complex needs placed out of county. The Winterbourne View concordat makes it clear that plans need to be put in place to ensure that individuals receive personal care and support in appropriate settings.

This new role will work with all complex cases where the individual is placed out of county (Rutland) and all complex cases where the individual is placed within Rutland by another authority. Their role will be to key work those individuals in ensuring:

- Effective communication with all services providing care and support to the individual.
- Provide support to care providers, family, carers, professionals in 'navigating' their way around care provision.
- Ensure joined up working between host NHS provision, private/independent sector provision and placing authority provision.
- Support and work with care providers and service users by offering appropriate support, advice guidance, sign posting and ensuring that referrals are made to appropriate health and social care services.
- Ensure effective communication with CCG for CHC or potential CHC cases.
- Assist professionals and providers with transition into new and returning out of county placements ensuring consistency of care.
- Ensure continued liaison with placing authority as necessary.
- Provide support and key working role to improve service user independence, improve connection with local community and to support contact with important people and ensure funding authorities receive best value.

This proposal supports the following Joint Rutland Health and Wellbeing Strategy priorities:

- Making health and social care services more accessible.
- Helping people live with the longest healthiest lifestyle they can.

- It is anticipated that this role will ensure that people's health and social care needs are more effectively met resulting in the following:
- Improved health and wellbeing for individual service users.
- Care providers are more supported in meeting the needs of service users.
- Increased independence reducing the need for specialist provision.
- Improve the transition between services for people aged 14-25.
- Reduction in the overall cost of the placement.
- More accurate understanding of services user needs supporting repatriation to responsible authority or alternative provision, again potentially reducing costs.
- For those out of county cases placed in Rutland decrease in demand of local health and social care services.

It is proposed to develop a one year pilot role for an Out of County Link Worker who will be managed and based at RCC. This can either be a secondment opportunity from health or a new role directly employed by RCC. The post holder will be of a health background, Band 6, preferably a LD Community Nurse background given the particular health focus of the role.

The role will work with all service users aged from 14 years upwards who have complex needs and are either placed by Rutland or GEM CSU out of county or those people with complex needs placed in Rutland by other Local Authorities/CCG's.

The delivery chain
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Commissioners involved – ELRCCG and Leicestershire and Rutland Local Authorities – both LAs are involved as the commissioning and provision of health LD services is joint and across LLR therefore it is important that changes and model development are considered at a Leicestershire & Rutland Level – taking into account the local impact of any changes

Providers –

Leicestershire Partnership Trust – LPT are the main local provider of adult LD services if secondment is preferred method of service delivery.

Rutland County Council to manage the service.

Outline Timeline:		
Task	**Target Date**	**Responsibility**
Proposal agreed	September 2014	ELRCCG

Job description and person specification to be developed	December 2014	RCC
Role is advertised	December 2014	RCC
Interviews commence	January 2015	RCC
Appointment made	January 2015	RCC
Post Commences	April 2015	RCC

The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

- Winterbourne View Concordat
- Provide the right model of care and drive up the quality of care
- Children & Families Act 2014 (SEND Reforms).
- Care Act 2014 – Places greater responsibility on joined up care and ensuring closer identification work at an early stage between CHC, ASC and CSC for young people in transition.

The Care Act 2014 places greater requirements for improved communication between children's social care, adult social care and CCG's for young people who may require CHC funding.

Investment requirements

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

Band 6 £25,783 - £34,530 plus on costs.

There will be a cost of additional admin support per week yet to be determined. It is anticipated that this role will need 4 hours admin support per week at a cost of £1716 per annum plus on costs.

Impact of scheme

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

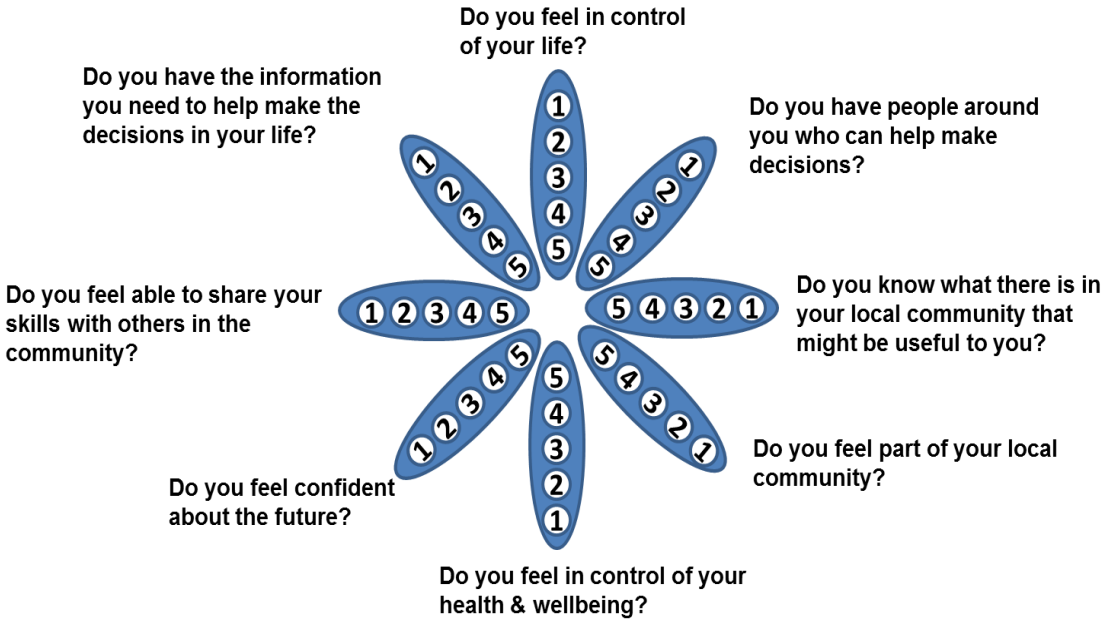
- Improved service user outcomes (see below).
- Reduction in spend on out of county placements.
- Reduction in the number of service users being placed out of county or by other authorities inside Rutland due to improved health and wellbeing decreasing the level of need.

Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

We would seek service user feedback in terms of measuring outcomes for individuals (see below for possible example).

Reduction in spend on out of county placements.



What are the key success factors for implementation of this scheme?

Improved health and wellbeing for out of county service users. The role will also contribute to the prevention and wellbeing agenda for the Care Act and support the Winterbourne Concordat.

Factor	Explanation
Partner engagement	All partner agencies need to work effectively with the new role and help identify suitable service users for the post holder to work with.
Assessment criteria and tools	The assessment and eligibility criteria in terms of establishing those most in need and complexity will have to be established but in essence the role will work with service users aged 14 years and over, placed out of county, or within Rutland by another authority.
Monitoring & KPI tools	In order to evaluate the progress of the individual and the success of the project, there must be realistic, measureable and agreed KPIs. These should be reported at regular stages to give an understanding of the progress and risks of the project as it develops.
Governance & escalation	Governance is a challenge in any partnership programme. The governance of this programme should enable clear and transparent assessment and escalation of risks. This can be achieved through: Agreement on the KPIs of the programme; Clear routes for issues escalation and resolution; Clear and transparent monitoring reports; oversight from the team manager from Rutland County Council responsible for monitoring the role and from the Health and Wellbeing Board who will receive regular reports.
Support System & tools	In order for the proposal to be as successful as possible, there must be appropriate supporting systems and processes in place. Part of the role entails co-ordination, advice and signposting of local service and community assets as well as establishing links and networks within the host authorities. As the post is to be managed by RCC access to RCC IT infrastructure is required and a knowledge of wider health and social care economy is essential.