

Learning Disability Transforming Care Partnership Annual Report 2016/17





Executive Summary

The Humber Transforming Care Partnership consists of Hull, East Riding of Yorkshire and North East Lincolnshire CCGs and Councils. The Transforming Care Programme, based on the documents “*Building the right support*” and “*Supporting people with a learning disability and/or autism who display behaviour that challenges*”, is a national plan to develop community services and reduce reliance on inpatient facilities for people with a learning disability, autism or both who display behaviour that challenges, including those with a comorbid mental health condition. It follows on from the Winterbourne View programme and recognises the key principle that hospital is not a home and that people with a learning disability, autism or both have aspirations to live as normal a life as possible in their own homes. This report summarises progress made in the first year of the programme and outlines the work plan for 2017/18.

It is no mistake that having “a good and meaningful life” is the first principle of the National Service Model for Transforming Care for people with learning disabilities.

Transformation is intended to:

- substantially reduce the number of people placed in inpatient settings;
- reduce the length of stay for all people in inpatient settings;
- provide better quality of care for people who are in inpatient and community settings;
- increase quality of life for people who are in inpatient and community settings.

This improvement in community settings is dependent on a successful transfer of resources arising from the closure of some hospital beds currently commissioned by NHS England and CCGs.

This document is hosted at www.hullccg.nhs.uk Supporting documents, including an Easy Read version, and regular newsletters will also be available on the same site

BACKGROUND

It has long been recognised that people with learning disabilities, autism or both have poorer health outcomes than the rest of the population. There have been many reports over the past ten years, such as *Six lives, A life like any other, Death by indifference*, that have highlighted the way health services have failed this vulnerable group of patients. For a minority of people, we remain too reliant on inpatient care. As good and necessary as some inpatient care can be, people with a learning disability or autism are clear they want homes, not hospitals. Following the national review into the Winterbourne View abuse, there has been a programme of resettling individuals from long-stay hospital placements to community living. In October 2015, this was taken a step further with the publication of two key national documents:

1. *Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – a service model for commissioners of health and social care services*. This service model set out five “golden threads” and nine key principles:

Golden Threads	Key Principles (“I” statements)
1. Quality of life	1. I have a good and meaningful everyday life
2. Keeping people safe	2. My care and support is person-centred, planned, proactive and coordinated
3. Choice and control	3. I have choice and control over how my health and care needs are met
4. Least restrictive support and interventions	4. My family and paid support and care staff get the help they need to support me to live in the community
5. Equitable outcomes	5. I have a choice about where I live and who I live with
	6. I get good care and support from mainstream health services
	7. I can access specialist health and social care support in the community
	8. If I need it, I get support to stay out of trouble
	9. If I am admitted for assessment and treatment in a hospital setting because my health needs can’t be met in the community, it is high-quality and I don’t stay there longer than I need to

2. *Building the right support* is a national plan to develop community services in line with the key principles and reduce inpatient capacity nationally. It aimed to build on the early learning from six fast-track areas, which were chosen on the basis of their higher reliance on inpatient care, and to support local commissioners to implement similar changes in their services for their populations.

The Transforming Care Programme required local authorities, CCGs and NHS England Specialised Commissioners to come together to form Transforming Care Partnerships (TCPs) to develop and implement suitable three year plans to achieve three key aims

- Reduce reliance on inpatient care
- Improve the quality of care
- Improve the quality of life

Forty eight Transforming Care Partnerships were created nationally and the Humber Transforming Care Programme Board was established including senior leadership from CCGs and Councils (Adult and Children Services) across the East Riding of Yorkshire, Hull and North East Lincolnshire. In addition there is senior representation from Humber NHS Foundation Trust (HFT), NHS England (Yorkshire & the Humber), Yorkshire and Humber Specialised Commissioning Team, and the Chair of the Humberside Multi-Agency Public Protection Arrangements (MAPPAs) Strategic Management Board. Other agencies are involved in specific workstreams. The Senior Responsible Officer (SRO) is Jane Hawcard, Chief Officer at East Riding of Yorkshire CCG and the Deputy SRO is Alison Barker, Director of Adult Social Services at Hull City Council.

OUR VISION

After consulting stakeholders the Partnership agreed a vision statement

Our vision is underpinned by the nine principles of 'Building the Right Support'. The Transforming Care Partnership is committed to improving safe care and treatment to make sure that children, young people and adults with a learning disability and/or autism have the same opportunities as anyone else to live satisfying and valued lives and are treated with dignity and respect.

OUR PLAN

Our plan was published in June 2016 and you can find it at www.hullccg.nhs.uk/HumberTCP along with an easy read version and newsletters.

As we wrote our original plan we identified the following issues which demonstrated that we need to change things for people with a learning disability, autism, or both:



As a result we agreed to undertake the following pieces of work

- Develop systems to better identify young people with complex needs who will need ongoing care and support, and for whom early intervention might prevent future development of behaviours that challenge
- Gain a better understanding of the current spend on this group of individuals and the likely costs of care in the community compared to inpatient treatment
- Develop robust care pathways and services for individuals who have significant care and support needs as a result of complex autism and require ongoing or intermittent behavioural management support and clearer pathways into and out of inpatient care
- Develop a care market shaped to attract high quality providers of services which can meet the needs of individuals with complex needs and challenging behaviours
- Further development of enhanced / intensive support services to intervene at times of crisis and provide an alternative to admission, funded through a reduction in local beds
- Develop community forensic services, on a Yorkshire and Humber footprint in partnerships with the Specialised Commissioning Team at NHS England (Year 2)

A key principle of the national programme is that a hospital is not a home and that people should not remain as inpatients any longer than necessary. National planning assumptions are that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units or 'locked rehabilitation' units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

For the Humber TCP these equate to a reduction in commissioned inpatient beds as follows

	Baseline 31/03/2016 <i>actual</i>	End Year 1 31/03/2017 <i>plan</i>	End Year 2 31/03/2018 <i>plan</i>	End Year 3 31/03/2019 <i>plan</i>
Number of NHS England commissioned inpatients (low and medium secure services)	27	26	21	16
CCG commissioned inpatients (Assessment and Treatment unit and locked rehabilitation)	18	16	12	9
TOTAL	45	42	33	25

These are net figures and we recognise that individuals will need to be admitted at times but this should only be where the required assessment or treatment cannot be provided in the community, and for as short a time as possible. Too often people have been admitted because there is not a suitable care setting for them in the community and the challenge of the transforming care programme is to develop community services so that no-one is left in hospital unless acutely unwell

It must be noted that this reduction in the number of people in inpatient learning disability hospitals will lead to a reduction in the number of beds available both nationally and locally. Indeed, it is through the closure of beds commissioned by NHS England that resources will be released to develop enhanced community provision including Community Forensic Services.

Hull, East Riding of Yorkshire and North East Lincolnshire CCGs will also reduce the number of beds commissioned but the majority of these will be beds in locked rehabilitation units, often out of the area. These beds are usually provided by the Independent Sector and purchased on an individual basis. The savings from ceasing to use these beds will be used to fund care packages for the individuals with highly complex needs who are thus discharged.

As part of NHS Humber Foundation Trust's ongoing programme to transform/enhance community provision for people with learning disabilities in Hull and the East Riding of Yorkshire, Townend Court is proposing to consolidate its three wards to two, which will mean a reduction of beds. This will mean that more support can be given to keep people at home or in their placements, meaning that fewer people will lose their tenancies as a result of being admitted to hospital. Townend Court will continue to be the local inpatient Assessment and Treatment unit, a base for community LD services and the point of contact for service users and carers, as it is now.

We will continue to engage with service users and carers to them informed of progress as things change and as we develop enhanced community services, through newsletters and attendance at local user and carer groups and partnership boards.

Year one: challenges and performance

The primary measure of performance within the national Transforming Care Programme is the number of people in inpatient settings.

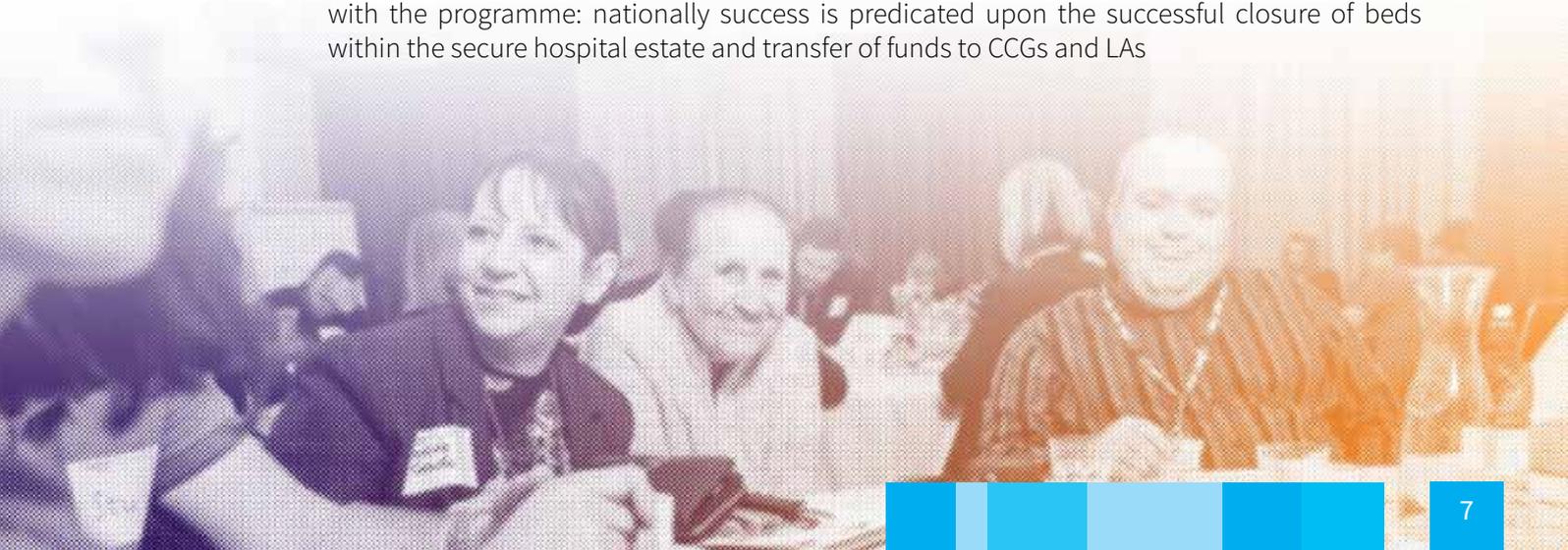
Performance 2016/17	March 2016	March 2017
NHS England commissioned inpatients plan	27	26
Total NHS England commissioned inpatients: actual	27	23
variance from plan	0	-3
CCG commissioned inpatients plan	18	16
Total CCG commissioned inpatients: actual	18	22
variance from plan	0	+6
TOTAL VARIANCE	0	+3

These are net figures and during the year 22 people were admitted and 18 discharged from CCG commissioned inpatient care, mainly at Townend Court Assessment and Treatment unit. One of these 'stepped up' into NHS England commissioned care and there were five discharges from low and medium secure units. This means that overall we are not achieving our set trajectory. There has been a lot of work undertaken to identify the reasons for this and to mitigate the pressure for inpatient care:

- A local (Hull and East Riding) culture among care providers and families of seeking admission when there is a crisis, developed over the years because we have a local inpatient unit. In contrast, North East Lincolnshire, with no local Assessment and Treatment unit, has had no admissions during the lifetime of this programme;
- Closure of one residential unit had a small impact of increasing admissions but more significantly reducing the capacity in the community for discharging patients;
- A significant number of people have had their discharge delayed from Townend Court because it has not been possible to identify appropriate placements and we identified the need to expand

Year one: successes

- The TCP Board was established with a range of organisations across new footprint
- Transformation Fund bid - we were successful in attracting funding for additional case manager capacity to undertake regular Care and Treatment Reviews (CTR) to ensure effective and co-produced discharge planning
- Forensic discharge pathway developed- this is the outcome of work between the Transforming Care Programme Board, MAPPA (Multi Agency Public Protection Arrangements) and local forensic inpatient services
- Improved coordination between Specialised Commissioners and CCGs about planning for the discharge of individuals from forensic settings (low and medium secure hospitals)
- Development of a service specification, co-produced with a range of care providers, in readiness for a procurement exercise in 17/18
- Engagement with a number of providers new to the area and learning from their models of care
- Engagement with housing providers as we plan to develop new schemes
- Publication of two newsletters to keep stakeholders informed about the programme
- Establishment of new supported living schemes (four apartments in East Riding, 12 in North East Lincolnshire)
- Successful bids for DH funding for adapting properties in Hull and North East Lincolnshire to benefit from assistive technologies
- Workshops and engagement events
 - **11th May 2016: Transforming Care Plan engagement event at the Freedom Centre**
 - Attended by a wide range of service users, carers and providers from across the TCP area
 - Featured presentations about the Transforming Care National Context, using Personal Health Budgets and Integrated Commissioning, and workforce issues
 - Generated great interest in the programme and positive feedback
 - **9th November 2016: Improving Pathways at Times of Crisis**
 - Attended by range of clinicians from across the TCP with carer and service user representation
 - Presentations from inpatient and community services about how we manage times of crisis
 - Identified successful pathways in North East Lincolnshire and developed plan for Hull and East Riding to learn the lessons and implement change
 - **28th February 2017: Care Provider Development Workshop**
 - Attended by wide range of care providers, both local and new to the area
 - Consulted on a draft specification for a procurement of new care provision specifically for people being discharged through the Transforming Care Programme
 - Followed up with two smaller engagement events where the specification was refined in the light of feedback from providers and the Hull LD Partnership Board to reach the point of readiness to go to procurement
 - **9th June 2017: Working Together for Change**
 - workshop for Humber NHS Foundation staff within Learning Disability Services looking at how to shift care into the community more effectively
 - Comprehensive Finance plan submitted to NHS England showing the financial risks associated with the programme: nationally success is predicated upon the successful closure of beds within the secure hospital estate and transfer of funds to CCGs and LAs



Year two: our challenges and workplan

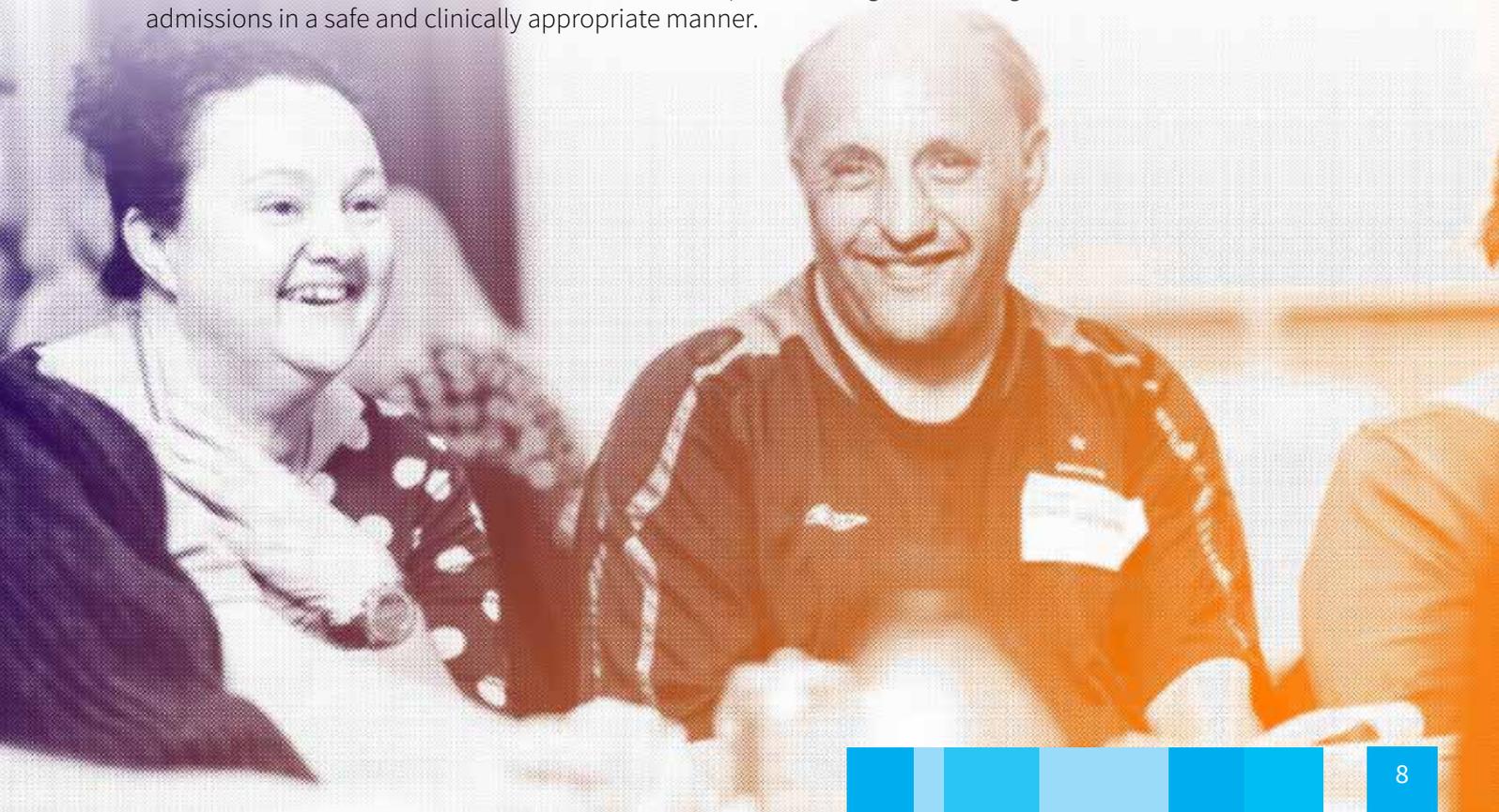
The development and shaping of a market to meet these challenges will be a significant challenge. Moving from commissioning as separate CCGs and Councils to a more integrated model of commissioning on a Transforming Care Partnership footprint offers opportunities to explore cross border arrangements. We have developed specifications for new services, in consultation with a range of providers and other stakeholders, and will conduct a procurement exercise in 2017/18 to widen the range of options for caring for complex individuals in the community. At the same time we are reducing the number of beds in the local Assessment and Treatment unit with a transfer of staff resource into the community.

Work plan for 2017/18

- Reconfiguration of services in Humber NHS Foundation Trust with a transfer of staff resource into the community to develop enhanced community services
- Procurement of new care providers, led by Hull CCG, to increase the options available when planning discharge or thinking about avoiding admission
- Further develop our housing strategy and engagement with housing providers.
- Community Forensic Services to be developed on a Yorkshire and Humber footprint in partnership with the Specialised Commissioning Team at NHS England
- Further develop systems to better identify young people with complex needs who will need ongoing care and support, and for whom early intervention might prevent future development of behaviours that challenge
- Ensure ongoing implementation of the Care and Treatment Review policy, including Care, Education and Treatment Reviews for young people
- Continue to work with NHS England to identify mechanisms for transfer of resource to CCGs and Local Authorities to reduce the financial risks to the programme

Conclusion

The Transforming Care Programme presents an exciting opportunity to redress some of the inequalities experienced by people with learning disabilities and autism, by focusing resources on their care in community settings rather than investing in inpatient provision, often out of area. However, this will only be achieved if commissioners are able to work together to support the required development of community services needed to resettle those individuals who have been in hospital for a significant length of time, and to reduce new admissions in a safe and clinically appropriate manner.





North East Lincolnshire
Clinical Commissioning Group



Humber
NHS Foundation Trust



East Riding of Yorkshire
Clinical Commissioning Group



Hull
Clinical Commissioning Group

