

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
TRANSFORMING CARE PROGRAMME - LEARNING DISABILITIES

Date of the meeting	20/07/2016
Author	K Florey-Saunders, Head of Mental Health
Sponsoring Clinician	Dr P French, Clinical Lead MH CDG
Purpose of Report	To inform the Governing Body of the work being undertaken on the Transforming Care Programme for people with Learning Disabilities
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	N/A - Update on the overall joint programme
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : KFS

1. Introduction

- 1.1 One of the NHS 9 must dos is to 'deliver actions set out in local plans to transform care for people with learning disabilities.
- 1.2 This briefing aims to inform the Governing Body of the programme of work and our local action plan.

2. Background

- 2.1 NHS England has set out a clear programme of work with other national partners (the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), in [Transforming care for people with learning disabilities – next steps](#), to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home. The Transforming Care programme focuses on the five key areas of empowering individuals: right care; right place; workforce; regulation; and data.
- 2.2 The national plan, [Building the Right Support](#), that has been developed jointly by NHS England, the LGA and ADASS, was a milestone in the cross-system Transforming Care programme, and includes 48 Transforming Care Partnerships across England to re-shape local services, to meet individual's needs. This is supported by a new [Service Model](#) for commissioners across health and care that defines what good services should look like.
- 2.3 The plan builds on other transforming care work to strengthen individuals' rights; roll out care and treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays; and test a new competency framework for staff, to ensure we have the right skills in the right place.
- 2.4 The Transforming Care Programme is focusing on addressing long-standing issues to ensure sustainable change that will see:
 - more choice for people and their families and more say in their care
 - providing more care in the community with personalised support provided by multi-disciplinary health and care teams
 - more innovative services to give people a range of care options with personal budgets so that care meets individuals' needs
 - providing early more intensive support for those who need it, so that people can stay in the community, close to home
 - **but** for those that do need in-patient care ensuring it is only for as long as they need it

3. The Dorset Transforming Care Partnership (TCP)

3.1 The core membership of the Dorset TCP is:

- NHS Dorset Clinical Commissioning Group
- Bournemouth Borough Council
- Dorset County Council
- Borough of Poole
- NHS England

3.2 These organisations are working closely together to commission services for people with learning disabilities and or autism and are working towards more integrated commissioning, and have recently approved a pooled budget for campus clients. The partnership is outlined in the pan-Dorset LD joint commissioning board (LDJCB) terms of reference.

3.3 The Pan Dorset LD JCB includes Emma Seria-Walker, Jan Thurgood (Strategic Director, People Theme, Borough of Poole), Jane Portman (Executive Director, Adults and Children's Services, Bournemouth Borough Council) and Ali Waller (Head of Partnerships and Performance, Adult and Community Services, Dorset County Council). This meeting is chaired by Jan Thurgood, also the ADASS SW Regional Lead for LD and Deputy Senior Responsible Officer for the Dorset TCP. It also includes Dr Paul French, Chair of the Mental Health and Learning Disabilities CDG and Mike Wood as the Senior Responsible Officer for the Dorset TCP.

3.4 Key partners include:

- Dorset HealthCare University NHS Foundation Trust: provider of the health aspect of the Community Learning Disability Teams and Intensive Support Team
- Partnerships in Care: New residential unit with nursing in Blandford Forum, Dorset; Mild May Oaks, Hook Hampshire – Providing low secure care, assessment and treatment and complex care/rehabilitation

3.5 **There are no NHS or independent specialist LD hospitals within Dorset.** Consequently, those people requiring inpatient care and treatment are placed as close to the county as possible, within facilities that are able to meet each person's individual need. However, there is a commitment to reduce the numbers of people currently in hospital and prevent further admissions where possible, whilst maintaining a model of no hospital in-patient beds within the county. Dorset currently has fewer than the nationally defined benchmarked number of people in hospital inpatient units as a result of investing heavily into community support to reduce the reliance on inpatient care. The partnership is aiming to reduce this further and ensure that people can always be treated in the least restrictive setting as close to home as possible.

- 3.6 Health and Social Care assessment, support and case management is delivered in partnership with Dorset HealthCare University NHS Foundation Trust through a number of integrated Health and Social Care Community Learning Disability Teams, with additional support from a specialist Intensive Support Team. The teams undertake reviews to help plan appropriate discharges for people currently in out of area placements and in-reach into the mental health in-patient units in Dorset to provide support and advice to people with Learning Disabilities.

4. Key Actions for Dorset CCG and the Dorset TCP

- 4.1 **Deliver a building the right support (BRS) plan.** The partnership developed its plan in a very short time scales, and it was put forward as good practice by the regional team. The plan outlines how the Dorset TCP will reduce its use of inpatient hospital beds and provides projections over the next three years for this and community based packaged of care. It also contains detail on how Dorset will develop the national model of care and outlines bids for match funding for:
- Commissioning beds in a new LD residential care service with specialist nursing in Dorset. This would be used to provide step down from non-secure inpatient placements and short-term crisis management for people in community placements
 - Commissioning Care and Treatment Reviews
 - Developing the Bournemouth and Poole safe haven crisis service
- 4.1.1 The time scales were very challenging and the partnership is currently working with services users and carers, through a reference group, to engage further and co-produce the emerging model of care. The plan is being monitored through NHS England. Seven work-streams have been identified as follows: engagement and co-production; workforce development; person centred care (including personal health budgets, health equalities framework, person-centred planning, health checks); crisis/safe haven development; step-down service development; risk monitoring of TCP cohorts; and developing longer term community provision. NHS England has approved capital funding (subject to delivery against the plan) for the partnership to develop housing options to enable the discharge of inpatients.
- 4.2 **Implement Mortality Reviews:** In June 2015 NHS England, the Healthcare Quality Improvement Partnership (HQIP) and the University of Bristol announced the world's first national programme to review – and ultimately reduce – premature deaths of people with learning disabilities. The three-year project will be the first comprehensive, national review set up to understand why people with learning disabilities typically die much earlier than average, and to inform a strategy to reduce this inequality. Full details of the programme can be accessed via this link <http://www.bristol.ac.uk/sps/leder/>
- 4.2.1 The 2010-13 Confidential Inquiry into Premature Deaths of People with Learning Disabilities reported that up to a third of the deaths of people with learning disabilities were from causes of death amenable to good quality healthcare, i.e. they could possibly have been addressed by better healthcare

provision. The establishment of a national mortality review programme for people with learning disabilities was one of its 18 key recommendations.

- 4.2.2 Implementation of the mortality reviews is being led by NHS England and updates are provided through the Learning Disability Improvement Forum. There is concern that the process as outlined for the pilot will require a significant amount of time to undertake each review, this is therefore under discussion with NHS England. The Quality Directorate are leading this piece of work.
- 4.3 **Take responsibility for commissioning Care and Treatment Reviews from NHS England from 1 April 2016:** Care and Treatment Reviews (CTRs) have been developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition. The CTR ensures that individuals get the right care, in the right place that meets their needs, and that they are involved in any decisions about their care.
- 4.3.1 A CTR focuses on four areas: is the person safe; are they getting good care; do they have a plan in place for their future and can their care and treatment be provided in the community. They are carried out with:
- people receiving care in a specialist learning disability or mental health hospital – to see if they can move to a community setting
 - people who are at risk of being admitted to a specialist hospital – to see if there are any other options to prevent an admission
 - for people who do need specialist hospital care – to ensure they have a care plan with clear outcomes from the start that focuses on transferring them back to a community setting as soon as they are ready, to prevent unnecessarily lengthy hospital stays.
- 4.3.2 The CTR team involves the commissioner and two expert advisors – an individual or family member with experience of learning disability services (an 'expert by experience') and an independent clinician – to ensure that care plans meet individuals' needs. It also involves those who are providing their current care. Following the CTR, the review team makes recommendations, with follow-up checks to ensure the activity is being delivered.
- 4.3.3 Pre April 2016, CTRs were funded and administered via NHS England but from 1 April that responsibility fell to the CCG. Originally it was suggested that the guidance would recommend annual CTRs: this was reviewed and 6 monthly reviews are now required. Recent analysis suggests that the Dorset TCP will be responsible for around 50 CTRs over 2016/2017 with an indicative cost of between £40-50k which was highlighted in this year's TCPplan.
- 4.3.4 In the south, Care and Treatment Reviews were administered and coordinated by the Commissioning Support Unit (CSU) on behalf of NHS England for the first 12 months of this process. Wessex CCGs agreed to continue this arrangement as the CSU has built up expertise and confidence in coordinating the CTR process and have built good working relationships

with the clinical advisors and the Experts by Experience. They have the knowledge of who they can request to do an immediate community CTR, which can help support admission avoidance. A significant amount of work goes into coordinating a CTR and many of their Experts by Experience have a learning disability and know the current process.

5. Recommendation

- 5.1 The Governing Body is requested to note the national direction and actions that the CCG is required to implement. The full Dorset Transforming Care Plan is available as a [background document](#).

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