

Health and Wellbeing Board

18 May 2016

Report from the NHS Partnership Commissioning Unit (PCU) on behalf of the York and North Yorkshire Transforming Care Partnership (TCP)

Building The Right Support Across York and North Yorkshire: A Local Plan to Develop Community Services and Reduce In-Patient Facilities for People with a Learning Disability and/or Autism who display behaviour that challenges, including those with a Mental Health Condition

Summary

1. This report has been prepared for the following reasons:
 - To inform Health and Wellbeing Board (HWBB) of the local planning that is underway to deliver the above three year programme between 2016 and 2019; a local response to the national NHS England (NHSE) plan¹
 - To advise the HWBB of NHSE requirements and timeline with respect to publishing a final local plan that meets local governance arrangements and approval processes
 - To receive any HWBB feedback and comments on the local draft plan
 - To gain HWBB support of the plan's visionary principles, underlying ethos and main objectives during development phase to allow members' comments to be incorporated into final version
 - To raise awareness of the challenges and risks associated with delivering the programme

¹ Published October 2015, NHSE

Background

2. In February 2015, NHSE publicly committed to a programme of closing inappropriate and outmoded inpatient facilities, and establishing stronger support in the community for people with learning disabilities and/or autism of all ages. The vision is simple and straightforward:

‘Homes, not hospitals’ – transforming care for people with learning disabilities and/or autism

3. Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. On condition that they are well enough, they should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.
4. Great strides have been made to achieve this vision with the wider learning disability population and now it is time to focus on redesigning services for those whose needs and behaviours are more complex, and can challenge services, and require more intensive support.
5. A Transforming Care Partnership (TCP) has been established to manage and deliver the ‘Building the Right Support’ (BTRS) agenda across the York and North Yorkshire geographical footprint; including representatives from Clinical Commissioning Groups (CCGs) and the Partnership Commissioning Unit (PCU), Local Authorities and Provider organisations. NHSE has mandated that this transformation redesign, requiring a holistic model, is to be undertaken across the York and North Yorkshire collaborative as this reflects the low numbers/high value of these services and thus the need for a risk sharing/economies of scale approach to commission and manage them across the TCP footprint.
6. Local plans have been submitted to NHSE, in accordance with their checkpoints, and need to be **finalised by 24 June**; and then published. According to feedback from the centre, the status of the York and North Yorkshire plan is currently ‘met with support’ – i.e. it meets all the main requirements of the NHSE approval

process subject to receiving clarity on the financial planning aspects of the local BTRS programme.

7. NHSE Transformation Revenue Funding is available on condition that any financial award would require evidence of commitment to match fund by the TCP; £30 million national money to bid against is available over the next three years
8. Additionally, £100 million of Capital Funding to develop housing options over the next five years.

Main/Key Issues to be Considered

9. For a minority group, there is too much reliance upon inpatient care and change has been limited and slow. NHSE objectives state that by March 2019, there should be no more than:
 - 10-15 inpatients in CCG commissioned beds (such as those in assessment and treatment units) per million population
 - For York and North Yorkshire, this equates to **9** CCG commissioned beds (and 12 beds are commissioned currently under a block contract)
 - 20-25 inpatients in NHSE commissioned beds (such as those in low, medium or high secure units) per million population
 - For York and North Yorkshire, this equates to 15 NHS England commissioned beds (and 16 beds are commissioned currently)
10. The expectation is that by closing some inpatient provision investment will shifted into support in the community.
11. With a total population of circa 800,000, people with a learning disability and/or autism in York and North Yorkshire have access currently to 12 inpatient beds; eight located in York and four in Middlesbrough. White Horse View, an eight bed unit, in Easingwold closed at the end of April 2016².

Consultation

12. In addition to the City of York Health and Wellbeing Board, consultation will take place with the North Yorkshire County

² Demand had declined since 2014 and was operating at 35% capacity

Council Health and Wellbeing Board (including their Commissioners' Forum), the PCU Management Board and Governing Bodies of the following CCGs: Vale of York, Harrogate and Rural District, Hambleton, Richmondshire and Whitby and Scarborough/Ryedale.

13. Consultation with relevant users of services and their family carers is being planned.

Options

14. Subject to further scoping, financial planning, releasing in-patient resource, and being awarded bid monies to ensure the right future and sustainable resources are in place, by March 2019 the TCP aims to reduce

- In-patient beds in line with national guidance

and, deliver instead

- An alternative community model, providing
 - An 'Enhanced' Community Learning Disability Team Service; extending operating hours to 7 days per week including Positive Behavioural Support (PBS) expertise and a Home Intensive Treatment (HIT) service providing an urgent care response into people's homes and the community
 - 'New home' housing option(s) with 24/7 PBS-trained carers; with contingency living units/facilities to provide 'interchangeable' stepped up/down, crisis and also respite care
 - Forensic Community Outreach for those discharged from low secure units and to prevent admission/re-admission

Analysis

15. The advantages and benefits of the above model/services are far reaching and include
 - Fulfils basic human right of living an independent life (where appropriate and possible)
 - Helps delay or avoid the need for care in a hospital setting; thus reducing the demand on in-patient services

- Helps improve parity of esteem by providing access to Community Learning Disability team services, 7 days per week, in the same way that people with physical health needs can access services when required
 - Tackles directly criticisms associated with 'institutionalism' and 'over supervision' of people with complex learning disabilities and behaviours that challenge services
 - Balances effectively the relationship between achieving personal independence for vulnerable individuals whilst avoiding and safeguarding against the potential risk to self-injury and/or harm to others
 - Reduces contact with the Criminal Justice System
16. Furthermore, these options (and with specific reference to the HIT service) have been informed by 'real life' experience and applying the learnings from the recent closure of in-patient services at Bootham Park Hospital following CQC inspection. This closure resulted in a number of patients needing to be found alternative appropriate service provision rapidly with the same provider service. All in-patient service users had their care plans reviewed and a number were found to be able to be supported appropriately in community if sufficient additional resource was put into the Community team model.
17. Subsequently, a HIT mental health service was created locally and many patients were discharged to this service. From September onwards, ongoing monitoring of the HIT service for these former mental health in-patients has indicated that a good standard of alternative care has been delivered. Indeed, anecdotal evidence from local voluntary organisations, such as Mind, has shown that demand for their crisis services has decreased as a consequence.
18. These experiences with a sister service have therefore helped give confidence to the TCP's local BTRS thinking and planning as to the possibilities of what can be achieved successfully when needing to find alternative models of care and support in the community for former in-patients, and those individuals who are at risk of admission, who are vulnerable and have complex needs.

Strategic/Operational Plans

19. The local BTRS plan is aligned directly with the national BTRS model and fulfils a key priority for the NHS contained within its Five Year Forward View (and thus the Vale of York CCG's local strategic plan) – transforming care for people with learning disabilities and/or autism. It also compliments the central and underlying principle of the Joint Health and Wellbeing Strategy which is for people in York to live full, healthy and happy lives.

Implications

20. The following challenges and risks will require careful consideration and attention throughout the development and delivery phases

Financial

- Insufficient funding within system to support new care model (competing financial pressures and other NHS priorities) – but Transforming Care in Learning Disabilities is in the Five Year Forward View top 4 (#3)
- Inevitable double-running costs as a result of needing to put in place alternative community services first before inpatient beds can be closed; especially in relation to NHSE Commissioned beds (as any financial costs released in this area will not automatically follow patients once discharged into CCG commissioned services)

Human Resources (HR)

- Workforce and Provider market place development will be a key activity to address perceptions about a lack of expertise and supply of suitable providers existing locally to provide care for those whose needs are more complex and require more intensive support

Equalities

- No negative impact

Legal

- Fine balance between the relationship of respecting personal independence as a basic human right versus mitigating risk

when supporting and caring for people with learning disabilities, particularly those who have a profound or severe learning disability. Complexities exist surrounding this relationship with the interpretation of what constitutes 'continuous supervision' and can be challenging for service providers and front line staff

Crime and Disorder

- Re-introduction and resettlement of individuals within the community who have come into contact with the Criminal Justice Service

Information Technology (IT)

- n/a

Property

- Limited access to affordable housing in York and North Yorkshire may impact finding housing solution(s) when resettling former in-patients into a 'home' within the community

Risk Management

21. Risks and challenges will be managed and mitigated as below:

Finance: acceptance of funding challenges and prioritisation in line with NHS Five Year Forward View

HR: Workforce development in PBS to ensure that relevant care staff are fully trained, supported and supervised on an ongoing basis to help meet the complex needs of those whose behaviour can challenge services. Engagement and relationship building with Providers to enable market place to respond to addressing new care and support needs locally

Legal: Ongoing close working required with legal counsel and the Local Authority to facilitate any necessary 'Deprivation of Liberty' applications when resettling within the community those with learning disabilities and/or autism whose behaviour can challenge services

Crime and Disorder: Ongoing close working with Community Policing and Offender teams via existing Safeguarding processes that are in place and embedded

Property: Review and assess existing properties owned by NHS Property Services and/or other stock owned by Housing Associations to identify which estates could be refurbished or modified so that they are 'fit for purpose' when resettling former in-patients or individuals who have complex needs

Recommendations

22. The Health and Wellbeing Board are asked to:

- Support the plan's visionary principles, underlying ethos and main objectives during development phase to allow members' comments to be incorporated into final version
- Note the associated challenges and risks with BTRS delivery
- Note NHSE's requirement for the TCP's plan to be approved (via local governance arrangements) and finalised by 24 June
- Consider and nominate HWBB Chair/member(s) who can approve – outside of the formal HWBB schedule - the final plan to achieve the NHSE 24 June deadline

Reason: To meet the NHS England guidelines in relation to the Building the Right Support Programme

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Report
Approved



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All

Wards Affected:

For further information please contact the author of the report

Background Papers:

Building The Right Support: National Plan

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

Annexes

Annex 1-Building the Right Support across York and North Yorkshire – Draft Plan (Available Online)

Glossary

BTRS – Building the Right Support
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
HIT – Home Intensive Treatment
HWBB – Health and Wellbeing Board
NHS – National Health Service
NHSE – NHS England
PBS – Positive Behavioural Support
PCU – Partnership Commissioning Unit
TCP – Transforming Care Partnership