Cumbria & North East Learning Disability Transformation Programme

Presentation to the Regional
Health Scrutiny Committee
28th June 2017

National case for change

- "Bring an end to the model of institutionalisation as a model of care for people with learning disabilities"
  - There is still a group of people in hospital who we think could be living in the community
  - Many people are admitted to hospitals for years, sometimes very far from home
- High inpatient bed usage
- Length of stay
  - Long, not consistent with description of assessment & treatment
- People with LD should have more choice and control
- Wrong care in the wrong place, moving to right care in the right place

National case for change

- Hospital is not a home

- Individuals struggle to get adequate care in the community and may spend years fighting for it

- £177,000/year for average inpatient placements £140,000/year for fully staffed average living costs in the community for those with higher needs

Context

- Pace of change is too slow – we've been here before!

- National drive following Bubb report and Public Accounts Committee on Care for People with Learning Disabilities

- Personal interest of NHS England Chief Executive

- National Reconfiguration Taskforce

- LGA and ADASS support

Regional Summary

- CNE AT position (Regional Dashboard) : 216 (16/5/17) 110 Non Secure, 106 Secure
- CNE local AT position: 213 (19/5/17) 92 CCG, 121 Spec Comms
- CNE planned discharges in 17/18: 93 in total, 50 CCG, 43 spec comms (20 to Step Down/rehab provision and 16 are CAMHS)
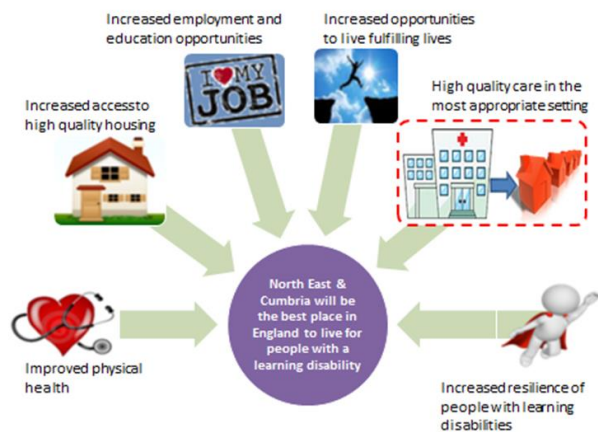- CNE unify Trajectories 17/18 – 18/19

Regional Summary cont..

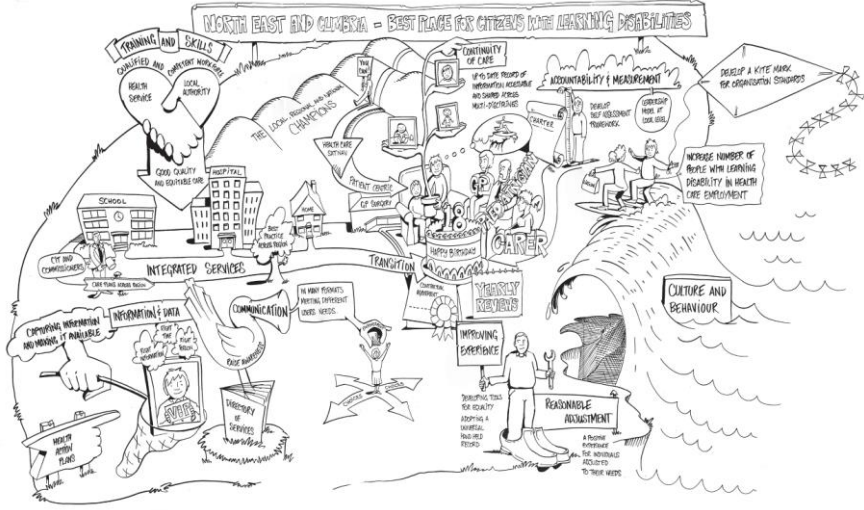| Final trajectories submitted to UNIFY 22/02/17	Year 2 (2017/18)				Year 3 (2018/19)			
	as at 30/06/17	as at 30/09/17	as at 31/12/17	as at 31/03/18	as at 30/06/18	as at 30/09/18	as at 31/12/18	as at 31/03/19
NHS England commissioned inpatients	108	104	100	96	92	88	84	78
Inpatient Rate per Million GP Registered Population NHS England commissioned	43.82	42.20	40.57	38.95	37.33	35.70	34.08	31.65
CCG commissioned inpatients	92	88	84	80	78	76	72	68
Inpatient Rate per Million GP Registered Population CCG commissioned	37.33	35.70	34.08	32.46	31.65	30.84	29.21	27.59
Total No. of Inpatients with learning disabilities and/or autism* (TCP level; and by TCP of origin)	200	192	184	176	170	164	156	146
Total Inpatient Rate per Million GP Registered Population	81.15	77.90	74.65	71.41	68.97	66.54	63.29	59.24
Population	2464705							

Who are we developing services for

- People of all ages - adults and children - who have a range of complex needs including learning disability, autism spectrum conditions including Asperger's syndrome, plus people with additional mental health conditions, sensory impairments and physical disabilities
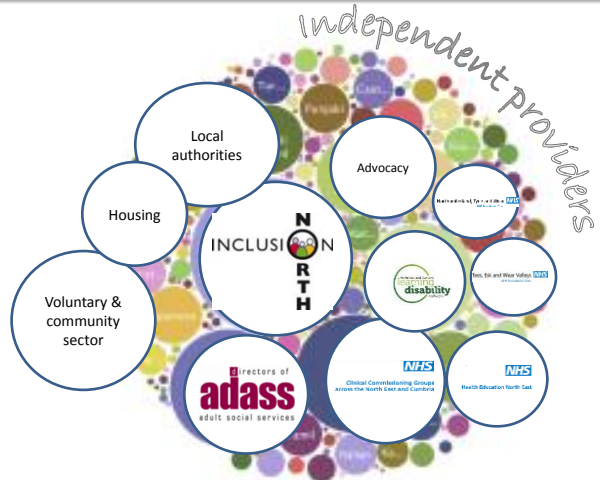
Not just about health ….

Co-production and complexity

Partnerships

Confirm and Challenge

Developing the local community model

- Getting it right in childhood
- Supporting Parents and Carers
- Transition to adulthood
- Adulthood to old age
- Support wherever someone lives
- Agreeing key principles for local models and where it works, economies of scale
- Avoid 14 different models!

Working together

We all have a part to play in supporting people with learning disabilities and or autism

- Health, social care and education
- Housing
  - look at prioritisation of allocation and link with planning.
- Occupation, training & employment
  - Employment Pledge
- Social care providers
  - commissioning, investment in training and support
- Leisure
- Self advocacy Rethinking advocacy Task and finish group
- Keeping safe

Current Position

Key Issues:

- CCG commissioned inpatients is outside of BRS 10-15 rate per million
- Spec Comm is outside of BRS 20-25 rate per million
- Current data reconciliation – NHS Digital May 17
- Consistent reporting frame – reliable quality data /information

- Rate of admissions is variable, the rate has increased and it remains a significant issue impacting on CNE inpatient numbers.
  - April 17 – 13 admissions in total of which at least 80% remain in an inpatient bed currently. Step down into CCG non secure beds (care pathway) is an area undergoing examination
  - Progress update: Resolution panel established, Task & Finish Group in train to consider positive collective risk taking interim scheme, contact with ODN planned (longer term solution) , Step down discussions with CCGs, spec comms ongoing

Current Position

Delayed Discharges

- Points to note: There are a number of delayed discharges in specialised commissioning, total identified 12 (May 17) A number have community as the designated destination, but there are also a significant number that require Step down into CCG non secure beds (care pathway) which is an area funder examination.

- Progress update: All delayed discharges in spec comms continue to be reviewed and their designated care pathway/designation re-examined. Strategic approach to be agreed between spec comms and CCGs, LAs to progress all spec discharges in a timely manner underpinned/informed by the 12 point discharge planning tool. Close monitoring of impact and outcomes. CNE local Target:100% of all currently identified and agreed spec comms delayed discharges to be discharged within the next 12 months.

Current Position

Length of Stay (LOS)

Points to note: CNE May 17: local AT data snap shot) had 84 inpatients with a LOS of 5 years or more. 33 CCG, 51 Spec comms. Data suggests that the LOS regarding new admissions are reducing but there remains a significant number of inpatients approaching 5 years, and the number of 5 year plus inpatients is not reducing significantly per quarter.

Progress Update CNE is sighted on its regional/national trajectory. All CCGs have been set a trajectory in 17/18 (CCG and spec comms inpatients) based on planned discharges inclusive of 5 year plus. CNE have identified 33 inpatients with planned discharges.

CNE expects to exceed its Q1 trajectory overall (83). This reflects the inclusion of 3 additional inpatients who remain in hospital which will be added to the 5 year plus cohort and discharges planned & that have already taken place.
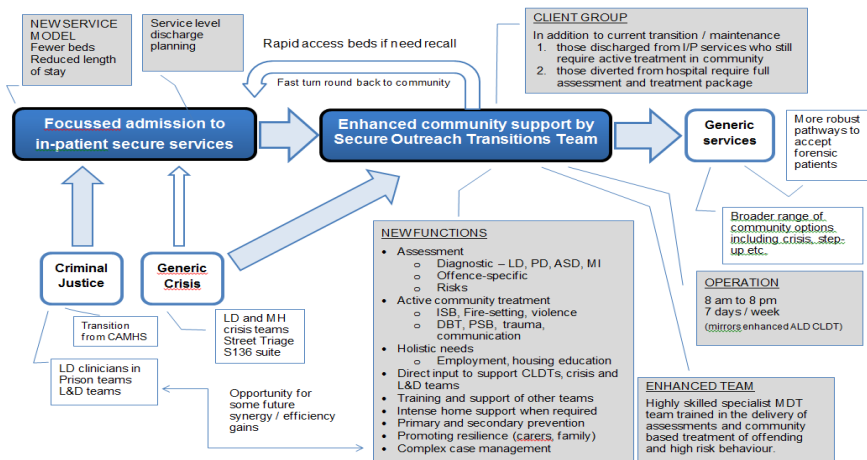
Financial Model

Key Issues:

Activity /trajectories, evidencing governance, sign off of Plan/Model. Shortfall in funding, Dowries. Transformation Funding Bid.

Progress update: Capacity Planning/Financial Model Workshop sessions. Modelling refreshed based on 3 Options (refer to inpatient trajectories, Bed closures based on varied occupancy rates 80 – 95%). Transformation Bid – enhanced community infrastructure.

Secure Outreach Team (SOTT)

New Secure and Forensic Care Model for Offenders with Learning Disability and/or Autism

Secure Outreach Team (SOTT) and interface with enhanced community services

Services provided
- TEWV – established pre 2015 and enhanced SOTT services
- NTW – new services operational 8th May 2017

Interfaces/ interdependencies
- Care providers
- Community Learning Disability Teams (Health and Social care)
- Inpatient – Low and Medium secure – CCG non secure wards
- Mental Health Services
- Criminal justice System
- CCG Forensic Transition Teams (NTW)

Core functions in line with National Specifications
- Risk assessment and management
- In reach to support to wards- supporting discharge
- Sustainable community support- collective risk taking training and development with providers
- Enhanced support 8/8 7 days
- Community Treatment options

Delivery and Impact required

- Reduced number of delayed discharges
- Realised Trajectory for planned discharges
- Reduced number of admissions to secure services (Baseline will be drawn from last three years admission rate)
- Reduced Readmission rates
- Reduced length of stay
- Improved community provider (resilience and competence)

Discussion points

- Cumbria – gap in provision
- Children and young people – gap in provision
- Support to people in non secure rehab wards/ CHC
- Out of hours support - 24/ 7
- Communication and establishing training and support within provider market
- Care coordination
- Case management – small case loads

Questions?