

Report from the, Senior Responsible Officer for Bradford Transforming Care Partnership for Learning Disabilities and Autism to the meeting of the Health and Wellbeing Board to be held on 13th February 2018

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Subject:

Update on Bradford's Transforming Care Programme (TCP) for people with Learning Disabilities and/or Autism

Summary statement:

'Transforming Care for people with learning disabilities – next steps' by Stephen Bubb, is an all age, change programme focusing on improving services for people with learning disabilities who may have autism, who display behaviour that challenges, including those with a mental health condition. This programme will drive system-wide change and enable more people with a learning disability who have complex behaviour presentations, to 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.

The programme embeds existing approaches for integrated personalisation, co-production, engagement and communication with people with learning disabilities and/or autism and family carers.

As an all age programme (0 – end of life) it is aligned to existing programmes such as 'Future in Mind', Children and Young People – SEND, 'Home First' and 'New Models of Care' to ensure there is wide system change as to how services are delivered.

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1. SUMMARY

The purpose of this report is to provide an update to the Health and Well Being Board on the progress made in the Transforming Care Programme (TCP).

Bradford's plan for people with Learning Disabilities across the three CCGs and the Local Authority, goes wider than the national NHS England agenda of the TCP programme in that we are working to develop our community provision for all people with learning disabilities and/or autism by 'building the right support' for people, not just those who find themselves in in-patient beds. However, the national focus on this programme has meant a closer concentration on those who are in beds, both within area and out of area and in particular those who have been an in-patient for over five years.

As the programme reaches its final year (from an NHS England perspective) we have dedicated our March programme board to the wider issues facing people with learning disabilities and/or autism and seek to broaden the scope of our programme going forwards. This may require some changes in the current organisation and governance arrangements and these are to be worked through. Our intent behind these changes is sustainability and improvement for all.

This report highlights key pieces of work that will improve the quality of life and opportunities for people with a learning disability and autism in our district. In doing so, it highlights the need for changes in service delivery across health and social care to deliver on this.

2. BACKGROUND

The delivery of the programme within Bradford involves a collaborative approach across health and social care. It was a requirement of the national programme that the SRO was an 'accountable officer' from a CCG within the area covered by the programme and that the deputy SRO came from a local authority. This is a 3 year delivery programme (2016 – 2019).

Bradford district and Craven CCGs and the Bradford Council are focusing on three key areas for change:

1. Reshaping current provision of services to reduce dependency on in patient provision to support people with complex behaviour presentations
2. Develop the provider market with specialist providers to support people with complex presentations in the community
3. Promote mainstream health provision for people with Learning Disabilities.

Key objectives and outcomes for delivery of the programme

- Activity and Finance – the programme requires us to review and reinvest existing funding around LD services across health and social care that lead to new and innovative approaches for how people with complex presentations are supported in the community.
- Personal Health Budgets – the TCP programme needs to support the implementation of PHB and personalisation for people with LD. The use of PHB will create different options for people with LD and their families to get support to meet their needs.

- Market Development and Workforce Development Plans – a cultural shift is required across health and social care providers, community teams and clinicians. We need a skilled workforce who can support people with complex presentations using person centred approaches and to shift the power of decision making to one of engagement and enablement.
- Stakeholder and Co-production – this will be central to the whole programme delivery. We will develop an engagement Strategy Plan that will be co-produced
- Preparing for Adulthood – this plan must align with the integrated Preparing to Adulthood team. Journey to Excellence and the Children and Young People programme.

The scope of the programme since it started in September 2016 has grown to now include people with autism who do not have a learning disability or mental health issue and children and young people. In addition to this, the transforming care partnership now reports to NHS England on the LeDeR and STOMP (Stopping The Over Medication of People with Learning Disabilities) programmes.

The following summarises the progress made against work-streams:

Market shaping and development:

1) Housing:

- i) We are developing seven new housing schemes across Bradford and Keighley districts. In total this will offer people a choice of single and shared tenancies for up to eighty two people. The sites will vary in how support is delivered in that some of the schemes will offer a Core and Cluster housing model. This will support people with varied support needs from medium needs to those with complex presentations. There has been some slippage against the original timescales but we are confident that this aspect will be back on track this year.

2) Skilled Providers:

The support network is crucial to the success of people avoiding hospital admissions and continuing to live successfully within their local communities; this includes having a responsive health and social care provision and also skilled support providers. In addition to our housing plan above;

- i) We have held two provider events which were attended by 42 providers – many of them new to Bradford and some with good track records in supporting people with complex health and behaviour presentations.
- ii) As part of the Home First strategy we are discussing with these providers how the use of Individual Service Funds (ISFs - including the use of a Person Health Budget) can enable people to have more choice and say in planning their lives.
- iii) NHS England is also working with Bradford and other local TCPs to commission a regional response for individuals with complex needs who are currently residing out of area.
- iv) Bradford is in communication with Leeds CCGs to jointly commission a locked rehabilitation and/or a community rehabilitation service for people who are transferring from low secure services currently managed by NHS England.

Reducing hospital beds:

1) NHSE Specialised Commissioned beds

- i) There are fifteen people from the district in low/medium secure services currently managed by Specialised Commissioning and funded by NHSE. The programme is focussing on reviewing and supporting (where possible) those people to return to the funding and commissioning responsibility of the CCG and/or LA. The current pathway for five of the fifteen people is as follows:
 - (a) Three people are planning to move to a community service.
 - (b) Two people are planning to move to a locked rehab service or a community rehab service.
- ii) Bradford does not have a local forensic community service to support people returning to our area from secure services. NHSE Specialised Commissioning is developing a regional 'Forensic Outreach Liaison Service' (FOLS) to support local TCPs where local forensic community support is not available. The aim is to have this service 'referral-ready' by March 2018.
- iii) The financial plan is showing a net cost pressure of £3.1m as at March 2019 (the end of the programme) but it is expected that this will reduce to a pressure of £2.0m on a recurrent basis.
- iv) This is partly offset by a non-recurrent dowry payment of approximately £120k per person paid by NHSE for people who are in a hospital setting for five years plus as of April 2016. The payment is only made when those people transfer to a non-hospital setting when they become the funding responsibility of CCG and/or LA. (Although it remains unclear how and if this funding will transfer to the CCG.)

There are eight people from Bradford who have been in a hospital setting for five years plus. Of these, three people are currently on a pathway to transfer from a hospital setting to either a locked rehabilitation service or community setting. Making the assumption that funding will transfer with these three people, there remains a risk of £2.7m which CCGs have accounted for in their financial plans but creates a cost pressure?

2) CCG commissioned beds:

- i) The CCG commission six learning disability beds managed by Bradford District Care Foundation Trust. Three local transforming care partnerships (Bradford, Leeds and Calderdale, Wakefield, Kirklees, Barnsley - CWKB) are in discussion to commission a West Yorkshire assessment and treatment service that will support all three transforming care partnerships within a risk sharing arrangement.

STOMP - Medication reductions for adults with learning disabilities:

In June 2016, a national 3 year campaign (STOMP) was started to ensure that people had medication reviews with a focus on reducing anti-psychotic medications when these were prescribed inappropriately. There does need to be recognition that for people with mental health issues, for example schizophrenia or manic depression, anti-psychotic medications may be required and can improve people's mental health and quality of life – so it's not a blanket statement that all anti-psychotic medications are inappropriate but that a review of medication is undertaken to ensure that what is prescribed is right for the person and not just given to manage people's behaviour.

www.england.nhs.uk/stomp.

1) What's happening locally?

- (i) Primary care: We do not have a clear picture at present of numbers of people who are being prescribed anti-psychotic medications which are overseen by primary care, i.e. GP practices. However there are likely to be a number of people who fall under this remit. These are potentially the people most in need of medication reviews and reductions as they are likely to be settled and well - they do not need input from specialist services. They may have been on medications for a number of years. Medication reviews are completed as part of the Annual Health Checks, but this has not highlighted the need to look in particular at those medications involved in STOMP campaign. Plans for this aspect are being developed.
- (ii) Specialist LD psychiatry, BDCFT: There are approx. 300 – 350 people under the care of the three Learning disability psychiatrists. Some of these people are prescribed one or more of the medications that fall under the STOMP remit (i.e. being prescribed off license for behavioural issues). Other people are prescribed these medications for a clear mental health issue and the medications are of benefit to the person.

We know that those people seen by psychiatry are getting, as a minimum, annual reviews and the large majority of people are being reviewed 2 or 3 times a year.

MAZAR's /LeDeR Project.

The previous report has updated the board on work taking place on LeDeR. The transforming care partnership is supporting the delivery of LeDeR across health and social care. The Health and Wellbeing Board is receiving a separate report at this meeting.

Autism.

Last year Bradford held a local autism event, hosted with representation across the statutory and voluntary sector, to understand current provision and pressure points and to steer the development of an action plan that will deliver the Autism Strategy. It is recognised that meeting the needs of people with autism is not just an issue for Bradford but is also an issue across the Yorkshire and Humber footprint. More work is required in order to respond to the needs of people with Autism. As a result, Bradford is part of scoping a response through the West Yorkshire and Harrogate Sustainable and Transformational Programme footprint on a collective approach to meeting the needs of people with autism.

Children and Young People.

Following a recent peer review of SEND - work is underway to develop a single pathway for children and young people that will sit across Children's, Adults, Education and Health. The transforming care programme is linking into this work.

Currently we are development a central 'Dynamic Risk Register' for young people at risk of admission to hospital or other residential placements. This register will help inform and plan preventative work for young people and their families and will form part of individuals Education, Health and Care plans (EHP). The register will link closely to the new Positive Behavioural Support Service within children's services.

We also carry out Care Education and Treatment Reviews (CETR) when it is identified that a young person is at risk of a hospital admissions. This process is a multi-disciplinary approach with support from experts who have had experience of being in hospital and ensure that the person's voice is heard within the review and clinical experts who act as a critical friend to finding alternatives to hospital. These reviews have had positive outcomes for individuals and also feed into the persons EHCP.

3. OTHER CONSIDERATIONS

There are no known other considerations at this point

4. FINANCIAL & RESOURCE APPRAISAL

The transforming care programme has flagged a risk to both Finance Director's for the CCG and LA of the financial implications of people transferring from NHSE funded low secure services to the funding responsibility of the CCG and/or the LA. It is unclear if dowries will move with those people who have been in hospital for five years plus. This is being tracked through the transforming care local and regional programme boards.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

As above

6. LEGAL APPRAISAL

Not applicable

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Not applicable

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable

7.5 HUMAN RIGHTS ACT

Not applicable

7.6 TRADE UNION

Not applicable

7.7 WARD IMPLICATIONS

Not applicable

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (For reports to Area Committees only)

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

Not applicable

9. OPTIONS

Not applicable

10. RECOMMENDATIONS

That the progress already made in delivering the national transforming care programme for people with learning disabilities and autism and to be aware of the identified financial risks as they are currently understood be noted.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None