Manchester City Council
Report for Resolution

Report to: Health and Wellbeing Board – 9 March 2016

Subject: *Transforming Care for People with Learning Disabilities and/or Autism*: GM Learning Disability Fast Track

Report of: Hazel Summers, Strategic Director Adult Social Services

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Summary

This report will provide members with information about the NHS England *Transforming Care for People with Learning Disabilities and/or Autism* programme and the local implementation within Greater Manchester known as the GM Learning Disability Fast Track.

Recommendations

That the Health & Wellbeing Board notes the content of the report and request future updates as to progress against attainment of agreed targets within the GM Learning Disability Fast Track Programme.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	N/A
Educating, informing and involving the community in improving their own health and wellbeing	N/A
Moving more health provision into the community	The GM Learning Disability Fast Track programme centres on a shift from inpatient provision to support within the community
Providing the best treatment we can to people in the right place at the right time	The GM Learning Disability Fast Track approach is aimed to provide the best possible care and support solutions for adults with a learning disability
Turning round the lives of troubled families	N/A
Improving people's mental health and wellbeing	The GM Learning Disability Fast Track provides support for people with a learning disability to access social networks and to provide early intervention to prevent crisis escalation
Bringing people into employment and	Individuals will be supported to participate

leading productive lives	in busy community life and develop functional, meaningful, interesting and community living skills
Enabling older people to keep well and live independently in their community	The GM Learning Disability Fast Track programme centres on a shift from inpatient provision to support within the community for older people who are in Calderstones or other similar provision

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Background

1.1 Following the publication of the Winterbourne View Final Report in December 2012, Sir Stephen Bubb, Chief Executive of the *Association of Chief Executives of Voluntary Organisations* highlighted a widespread failure to design, commission and provide services which give people with a learning disability/autism the support they need close to home. The follow up report *A Time for Change*, published in November 2014 noted, despite the mandate for change, between 30 September 2013 and 30 September 2014 admissions to inpatient facilities exceeded transfers by 383 (41%).

1.2 The response by NHS England, published in January 2015 *Transforming Care for People with Learning Disabilities and/or Autism* confirmed the actions to be taken to bring about the necessary changes and the revised governance arrangements to be put in place to ensure implementation. Specifically, it identified reliance on inpatient care as a factor that varies across the country, meaning that some areas would need to go harder and faster to really meet the needs of this vulnerable group closer to home. In this context the North of England was identified as an area where commissioners who want to re-shape services faced a particular challenge and so would warrant particular attention.

1.3 NHS England announced five Fast Track sites to receive extra support to transform services for people with a learning disability and/or autism and challenging behaviour or a mental health condition. The focus of the transformation was to improve lives by closing inpatient beds and strengthening services in the community. The Calderstones NHS Trust inpatient facility in Whalley, Lancashire was identified for closure with patients transferred to alternative community provision. This facility was extensively used by all ten GM areas but especially Manchester, Bolton and Wigan.

1.4 The Fast Track work is part of a broader cross system learning disability programme. This work is anticipated to accelerate change across localities and also help shape the approach NHS England is taking to transforming learning disability services across the rest of the country, by co-producing:

- the details of national and local models of care as we move towards
- national planning assumptions for reconfiguring community based and in-patient services
- ways of using public funding more flexibly to get better outcomes for individuals, building on co-commissioning arrangements, and efforts to promote personal budgets
- the support to be provided centrally to support transformation efforts and thereby reducing health inequalities.

2. Aims and objectives of the GM Learning Disability Fast Track

2.1 NHS England has identified Greater Manchester as a Fast Track area for learning disabilities and autism. This programme provides a focus on transformation activity to improve community based care and reduce the use

of inpatient beds. As part of the programme, GM has successfully bid for £3m from NHS England to pump prime activity and accelerate the delivery of outcomes.

2.2 Greater Manchester's ambition for Learning Disabilities services is predicated on four key objectives:

i **A 60% reduction in non-secure beds**. This will see a reduction in the number of beds from 77 to 30 by 2020 (equivalent to 10.7 non-secure beds per 1 million populations). These 30 beds will be comprised of 6 crisis or acute inpatient beds for stays of up to 6 months and 24 continuing care/rehab/ forensic beds for longer stays up to 24 months (with a small number that may be longer term).

ii **A 34% reduction in the number of low secure commissioned beds**. It is however noted that the requirements of low secure in-patient beds are more difficult to forecast and therefore the plan is to aim to achieve a minimum 34% reduction in the number of beds, with the potential to achieve a greater reduction through improved use of forensic out-reach support to avoid admissions. This further reduction would see the need for low secure commissioned beds reduce from 53 to 35 by 2020 (equivalent to 12.5 beds per 1 million population).

iii **Improving in/out reach intensive support**. This will ensure greater support within a community based setting and enable the reduction in the number of beds required. The redesigned and re-profiled community services will adopt principles of positive behavioural support which will filter through into commissioned contracts and workforce development programmes.

iv **Expansion of community based accommodation**. This work will be made possible with an accompanying expansion in the specialist residential flat models in GM providing an additional 4 x 6-8 supported home placements creating a total of 24-30 additional places.

2.3 These outcomes were supported by **seven principles** within which service delivery models will be developed and delivered:

i. All people with learning disabilities and / or autism will be supported within the community wherever possible;
ii. People with severe disabilities and complex support needs will be integrated into typical neighbourhoods, work environments and community settings, rather than creating a situation where people with severe disabilities and complex support needs get stuck at the wrong (most restrictive) end of a continuum, or in more restrictive placements that do not prepare them for moving to less restrictive placements;
iii. Support will be provided for the placement of individuals with severe disabilities and complex needs in homes and natural settings. This will include earlier interventions and support at times of crisis to

minimise the reliance on in-patient services and the need for out-of-area placements;

iv. Community living arrangements will be family-scale and / or in line with age-appropriate communal styles. They will all enable individual to have their own space;

v. GM commissioners will encourage the development of social relationships between people with severe disabilities and complex needs and a range of other people;

vi. Individuals will be supported to participate in busy community life and develop functional, meaningful, interesting and community living skills;

vii. Families and service users will be involved in the co-design, development, active delivery and monitoring of services. This will incorporate a real and honest appreciation of where choice and self-control need to be balanced with safety and well-being issues.

3. Challenges

3.1 The scale of the challenge for GM is significant. CCG bed usage at the beginning of this year was 77, and through the programme of activity this is planned to reduce to 59 by March 2016 and subsequent further reductions to between 30 by March 2019.

3.2 The headline statistics are:

- There are fewer people aged over 65 with a learning disability than in the general population, but this proportion has increased in the last 20 years and is expected to continue to do so.
- 150 people from GM are currently using in-patient facilities. As well as the decrease in bed numbers admissions run at 11 per 6 months
- There are currently 215 placements at risk of breakdown. Within this the 18-34 year old cohort are at greatest risk of placement breakdown (however this wide age band may mask a greater proportion in the under 25 age group which could potentially be linked to transition)
- The majority of support packages can be categorised as costing either £50,000 – £99,000 per annum or £100,000 - £199,000. This data however does not include those currently cared for at Calderstones or people supported by smaller care packages.
- The number of people currently supported in a local residential setting is just below 900.
- GM has the second highest number of inpatients per 10,000 population across the country

3.3 GM is committed to significantly re-shaping services for people with learning disabilities and/or autism. The aim is to ensure that more services are provided in the community and closer to home, with a shift away from long-term hospital and out of area institutional care. The Health & Social Care Devolution Agreement presents an opportunity to make significant progress at scale and pace, so that every person with learning disability / autism gets the right care in the right place across GM.

4. Required Investment from GM

4.1 The identified Fast Track areas with extra technical support from NHS England were required over the summer/autumn of 2015 to draw up transformation plans incorporating evidence of CCG matched investment in order to support award form the transformation fund.

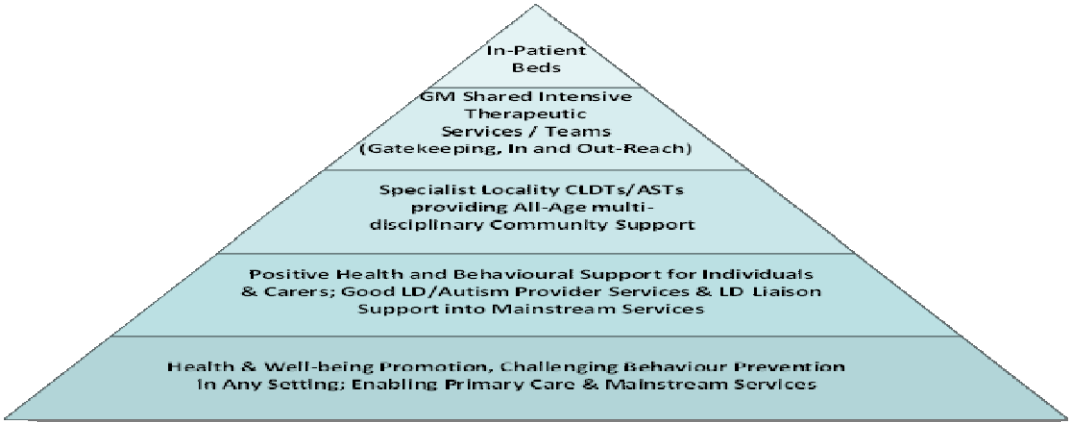
4.2. GM has committed £3m funding from CCGs to support the transformation activity and a further £1m for the Calderstones redevelopment in which there is an additional investment of £1m from Lancashire. This will be matched to the £3m funding already committed to GM through the Fast Track Transformational Fund with the potential for further funding to support for Calderstones to come from NHS England for both GM and Lancashire.

5. Model of Delivery and Governance

5.1 The intention is deliver the Fast Track plan in the context of the wider GM public service reform agenda, incorporating the necessary levers and incentives to enable sign up to changes across localities. This activity has supported NHS England in confirming longer-term national financial solutions to the proposed new service models currently in development such as for example;

- Use of dowry payments for long stay patients transferring from inpatient settings to local communities. This is now confirmed and dowry payments will transfer to the individual person if they have been in long stay hospital placements for longer than five years. This payment will cease upon the persons death.
- Adoption of ‘pooled budgets’ for learning disability services across NHS England, CCGs and local authorities
- Principles of ‘funding following the patient’ across the life course and gain-shares

5.2 Greater Manchester has developed its own Fast Track plan (and also worked in partnership with Lancashire to consider the impact of the plans for hospitals such as Calderstones). This has been attained through developing joint high-level plans to re-design specialist and forensic care pathways to enable reduced reliance on in-patient models. The GM Fast Track work will require action within a tiered model description of commissioned services, with tier 5 constituting the inpatient part of specialist learning disability provision. This is evidenced in the model below.



5.3 To support the development and implementation of the Fast Track programme, a Learning Disability Fast Track Programme Board was created. This brings together representation from across public service agencies in GM including CCGs, local authorities, and NHS England. The governance arrangements enable the adoption of a GM view of Learning Disabilities, reducing the incidence of fragmentation, variation, and silo working.

5.4 Delivery of the Fast Track programme has been led by Theresa Grant (Chief Executive, Trafford Council), and Caroline Kurzeja (Chief Accountable Officer, South Manchester CCG), providing a cross public sector perspective of improvement activity. This has provided both a health, and social care perspective on transforming services and understanding the wider impact of change.

6. Performance against the GM Fast Track Plan

6.1 Work continues to progress to deliver the GM Learning Disability Fast Track and regular reporting is being provided into the Fast Track Programme Board. As of January 2016, seven of the twelve CCGs had discharged 50% or more of their original in-patient cohort. Of the remaining CCGs, only one needs to discharge more than one patient in order to reach the original 50% target.

6.2 Six CCGs are currently meeting the 10% inpatient reduction target and each of these CCGs are also currently reaching the 13% inpatient reduction target. Targets are set and confirmed through a series of Care and Treatment Reviews (CTRs) which include an independent clinician, an expert by experience and the patient, family and/or advocate. The CTRs map progress towards discharge and indicate a level of confidence about the proposed date for discharge for each of the in-patient cohort.

6.3 Across Manchester's three CCG's, plans are in place to complete 29 Care and Treatment Reviews [1] by the end of March 2016. The final Care and Treatment Reviews are being completed at the time of writing.

[1] Care and Treatment Reviews (CTR) 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

6.4 There are 32 patients across Manchester's Health and Care economy that fall within the NHS England 50% ambition cohort. Broken down by CCG area, this means that NHS North Manchester CCG has 5 patients, Central and South CCG's have the largest numbers with 14 patients for Central Manchester CCG and 13 patients South Manchester CCG.

6.5 Since 31 March 2014 Manchester's Health and Care Economy have discharged 11 patients and secured the appropriate transfer of care[2] for 2 patients. This breaks down for each CCG as 2 discharges and 1 transfer of care for North Manchester CCG. NHS Central Manchester CCG has secured 4 discharges and 1 transfer of care. NHS South Manchester CCG has secured 5 discharges.

6.6 In order to achieve the 50% ambition for Manchester, 16 patients need to be discharged or transferred to a more appropriate care setting. As NHS England measure performance by each CCG rather than Manchester as a whole, Manchester is **4 (rather than 3) discharges away** from securing this target. Broken down by CCG this means that **North Manchester has met the 50% ambition**. Central Manchester CCG needs 2 discharges and South Manchester CCG needs 2 discharges. Manchester has an ambition to discharge 6 patients by 31 March 2016.

7. Risks to delivery of GM Learning Disability Fast Track Programme

7.1 There are a number of risks to the successful delivery of the GM Learning Disability Fast Track Programme:

- In submitting the GM bid for the Fast Track process it was agreed to match fund the work from within Greater Manchester. If this funding is not available then there would be an adverse impact upon the scale and pace of reform. It would also impede GMs ability to deliver its agreed outputs. To date there has been no indication that this risk will materialise.

- Connected to this is the risk of pooling resources across the health and social care landscape. Learning disabilities cuts across both areas of work and partners across GM will need to work closely in each locality to take joint decisions and understand the impact of their decisions on wider public sector agencies. Having a joint lead from both local authority and health sectors will mitigate this risk.

- The closure of Calderstones hospital has also been highlighted as a significant risk to the programme. Whilst it is clear Calderstones will close, there is a risk that the organisations/service delivery becomes clinically unsustainable due to the reducing number of patients. To

the right care, in the right place that meets their needs, and they are involved in any decisions about their care.

[2] An appropriate transfer of care is where care is transferred to a more suitable environment.

mitigate this risk there is GM representation on the Calderstones Closure Programme Board. This will give partners across GM early indication of any potential problems which need to be addressed for GM residents.

7.2 By working collaboratively across agencies and across GM the risks presented by the Fast Track Programme are largely mitigated, or minimised.

8. Opportunities for Increased Collaboration

8.1 Greater Manchester has demonstrated through its successful Fast Track application process that it can work collaboratively to transform Learning Disability services across a broad geographic area covering all 23 commissioning agencies within GM.

8.2 The publication of the GM Health and Social Care Strategic Plan further demonstrates that GM is able and committed to working collaboratively as a single place to deliver improved, less fragmented services, in increasingly community based settings with a significant focus on, preventative activities.

8.3 The establishment of a Greater Manchester Joint Commissioning Board (GMJCB) provides GM with a vehicle through which services can be collaboratively commissioned. Work is currently being undertaken to establish which services can be commissioned once by both CCGs and local authorities. This presents GM with a significant opportunity to agree greater benefit, improved patient outcomes and economic efficiencies could be derived from commissioning Learning Disability services on a broader footprint.

8.4 It is acknowledged that the characteristics of demand from Learning Disability services across GM is broadly homogenous (albeit with variance around the level of that demand). It is also recognised that Learning Disability services typically work with smaller volumes of people but at a relative higher cost to other Adult Social Care client groups. Those with demand on Learning Disability services typically have complex needs leading to a higher degree of tailoring packages to individual client requirements. Commissioning as a group of localities therefore offers potential benefits via increased value for money.

8.5 This benefit could be further augmented as GM progresses its ambition to undertake holistic outcome based commissioning across the whole of public service. Increased collaboration and commissioning at a GM scale affords individual commissioning agencies the ability to broaden the range of providers they have access to.

8.6 Increased collaboration across GM has significant potential to address local resilience issues, through more effective market management and an increasingly diversified offer available locally. It also provides an opportunity to develop more efficient care pathways between different types of support.

8.7 Operating at a GM level provides the opportunity to present a consolidated sub-regional offer to encourage a more diverse market. Commissioning at scale also affords GM a significant opportunity to address market failure, and to create a market that is able to provide the range of services required across GM. This will begin to address issues resulting from a lack of provision in some areas.

8.8 GM is already committed to delivering services closer to home and within a community based setting. The Learning Disability Fast Track is a prime example of this. The development of a community asset base for GM provides a significant opportunity to build a suite of community based services that support GM residents with learning disabilities to live a fulfilled life in their local community.

8.9 Integrated commissioning across GM and through the GMJCB will reduce the incidence of fragmentation, and afford commissioners the ability to commission holistically, and provide/commission services that meet the often complex needs of individuals with Learning Disabilities.

8.10 Work is progressing through the GMJCB working party to identify how the remit of the GMJCB can be broadened.

9. Recommendations

9.1 That the Health and Wellbeing Board notes the content of the report and request future updates as to progress against attainment of agreed targets within the GM Learning Disability Fast Track Programme.