

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 10th January 2013
Report of: Cheshire and Wirral Partnership NHS Foundation Trust
Subject/Title: Learning Disability Service Redesign

1.0 Report Summary

1.1 This report is to brief committee members on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Learning Disability Service re-design

2.0 Recommendation

2.1 That committee members note the report and comment on CWP's approach to the Learning Disability Service Redesign public consultation commencing in January 2013

3.0 Reasons for Recommendations

3.1 To progress the programme proposals and consultation as outlined in the report

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable

6.0 Policy Implications

6.1 Not applicable at this stage

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 None for the local authority

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None for the local authority

9.0 Risk Management

- 9.1 There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. We have used these assessments to inform the evaluation process we plan to put in place to monitor the proposed service change to:
- demonstrate the benefits outlined in the consultation are achieved and
 - potential adverse impacts are minimised.

10.0 Background

- 10.1 This briefing provides an outline of the forthcoming consultation on the proposed changes to trust-wide learning disability services provided by Cheshire and Wirral Partnership NHS Foundation Trust. The changes are proposed as part of the NHS efficiency saving requirements, of which the Trust has to achieve over £13m of savings over the next three years. The learning disability service redesign is part of this process
- 10.2 Learning Disability services comprise community learning disability teams, respite services and inpatient services (assessment and treatment; and low secure). In recent years we have seen a move towards more proactive support to service users and carers in their own homes, and working to prevent admission to hospital based services such as assessment and treatment.
- 10.3 The landmark publication 'Valuing People' (Department of Health, 2001) described how learning disability services make a critically important contribution to meeting people's health needs and have developed new roles and ways of working. More recent evidence shows, that despite these changes, unequal treatment continues. Following the investigation of events at Winterbourne View Hospital (Department of Health, July 2012), reducing admissions to learning disability hospital units and enhancing community services were confirmed as a national priority in the interim report and confirmed in the full report (Department of Health, November 2012). As part of this response, the Government have produced a concordat: programme of action. This states:

The Government's Mandate to the NHS Commissioning Board sets out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people".

In the summary of the Government response, it is stated;

"The review makes it clear that the Government expects urgent progress to be made on improving standards. In your area you can expect that:

- NHS and social care commissioners will review all current hospital placements by June 2013;
- NHS and social care commissioners will support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1st June 2014;
- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviours which accords with the model of care by April 2014. “ (Department of Health - A national response to Winterbourne View – December 2012)

10.4 In response to the challenges outlined above, the objective of the review was to ensure that:

“Quality services, with positive evidence based outcomes, are provided to meet the health needs of people with learning disabilities and are delivered as efficiently as possible within the available financial resource”.

10.5 A review of Learning Disability Services provided by CWP was undertaken in 2011 that considered all community and inpatient services. Information from a review of national and local evidence regarding the needs of people with learning disabilities was used to inform the proposed way forward. The review also considered the views of the existing primary care trust (PCT) and the Care Quality Commission on interim report on inspections of assessment and treatment services nationally. Other aspects of the review included alternative models of care in learning disability services nationally, an audit of service users needs, data collection, analysis of work activities and analysis of caseload weightings.

10.6 The findings of the review were that it was clear that the following improvements were required:

- Care Pathways: establish an improved clinical model with better service user outcomes
- Community learning disability teams: Redesign LD community services
- Inpatient Services: Reduce the reliance on inpatient facilities

11.0 Recommendations from the review

11.1 Care Pathways

The needs audit completed as part of the review process demonstrated that most of the needs currently being addressed by the Community Learning Disability Teams fall into four primary areas - **challenging behaviour, mental health, physical health including profound intellectual multiple disability, and forensic needs (offending behaviour).**

As such the review recommended that each pathway be defined and include direct clinical, crisis intervention, transition, capacity building and strategic functions, in order to provide specialist support to best meet the needs of service users. Each pathway should:

- include care bundles (individualised packages of care) that are based upon evidence for clinical efficacy and best practice to ensure that there is clear

focus for the work of staff in the teams; including for inpatient care to ensure high quality multi-disciplinary care and reduced length of stay.

- include outcomes and outcome measurement.
- include crisis intervention and intensive work to prevent admission and/or out of area placement.
- include dedicated therapy resources.
- support for specific activities to improve partnership working, address inequalities and build capacity for working effectively with people with learning disabilities in other agencies and organisations.

11.2 **Community learning disability teams**

The review recommended a redesign of the current community teams to provide a core team in each area. This would reflect the level of need within each of the four care pathway areas to maximise the beneficial impact for service users. This would also ensure equal access to expert level clinical input and leadership. These changes would have no impact on where service users currently receive support from community teams, and will improve the quality of the service.

We are proposing enhanced community teams with more emphasis on specific professional disciplines, such as occupational therapy, psychology and speech and language therapy.

11.3 **Inpatient services**

The review recommended changes to bed-based inpatient services, involving the closure of one Assessment and Treatment Unit (Kent House); with a view to further reductions in the number of beds in the longer term. This shift in emphasis would enable Commissioners to reduce dependence on Assessment and Treatment Units and out of area placements, and concentrate resources where they are most needed to achieve good outcomes - as per national guidance and commissioner intentions.

Following the proposed closure of Kent House, the needs of service users in Wirral who require inpatient services would be accommodated at Eastway in Chester (if required, beds within Greenways in Macclesfield are also available).

The bed occupancy data considered as part of the review indicates that the average number of service users from Wirral and West Cheshire in Eastway and Kent House (between April 2012 and July 2012) was 9 – all of whom could be accommodated at Eastway (which has 10 beds).

Kent House is the smallest commissioned Unit and is not on a hospital site with access to 24 hour emergency support if required. This means people cannot get help quickly in an emergency. Kent House is also not in a building which meets the needs of all people with a learning disability.

Learning Disability assessment and treatment units provide intensive, multi-disciplinary, therapeutic assessment and treatment, which is person-centred

and tailored to the needs of each service user. An appropriate skill mix and staffing levels are crucial to the quality and success of the unit. Changes to the workforce in Assessment and Treatment, Respite and Low Secure Services are therefore also recommended in order to provide a clearer supervisory structure and appropriate skill mix and staffing levels to deliver safe, effective and efficient inpatient services.

11.4 Clear aims for the service

A core statement of the purpose of CWP's specialist learning disability services was agreed in the course of the review – "To enable people with learning disabilities to achieve good health, live locally and be supported in a place of their choice in the community".

This should involve working:-

- directly with people to meet complex needs not otherwise provided for in the wider NHS
- in partnership with people with learning disabilities, their families, carers and others to provide direct support to ensure that people are able to benefit from other non-CWP services and;
- strategically to develop ability across the health and social care economy to effectively respond to the needs of people, address health in-equalities, and achieve health and well-being.

12.0 Options considered following review

Following the review findings and recommendations, we considered the following options:

12.1 Option 1) Make no changes to learning disability services.

The challenge of the national economic situation, together with the specific NHS savings requirements, means that 'doing nothing' to the way we currently provide learning disability services is not a viable option. CWP, like every other service provider in the NHS, is being challenged to 'do more for less'. In order to continue to provide quality and safe services, CWP has to respond to this challenge to remain a viable provider in the health economy.

12.2 In addition, by making no changes to services we would not be able to improve services based on the learning from the review we have undertaken. We want our services to reflect the latest best practice guidance nationally which is to focus delivery of services and pathways to meet people's needs locally, via enhanced community support rather than over-relying on the provision of assessment and treatment beds.

12.3 Option 2) Introduce a care pathway model which promotes supporting people in the community, with access to enhanced community services and access to inpatient services for those who need it.

We want our services to reflect the latest best practice guidance nationally which is to focus delivery of services and pathways to meet people's needs locally, via enhanced community support rather than over-relying on the provision of assessment and treatment beds. We also want to introduce

improved access to a range of therapies when people do access inpatient services.

12.4 We think option 2 is the best option to improve outcomes for service users. Proposed changes to trustwide learning disability services will go through consultation - running for three months starting Monday 14th January 2013. The public consultation will seek feedback from service users, carers, staff, our foundation trust membership and partner organisations.

12.5 The public consultation on the proposed changes will take several forms. This will include an easy read paper based document and questionnaire, an online questionnaire, and a series of public meetings held locally. Invitations to these will be extended to anyone with an interest in the developments. The meetings will be hosted and attended by senior officers from the Trust who will present an overview of the proposed changes, and will answer any arising questions and queries. Consultation events for East Cheshire are planned as follows:

East Cheshire Partnership Board, 24/01/13
East Cheshire North Local Forum, 14/02/13
East Cheshire South Local Forum, 21/02/13
Public Meeting, Greenways, Macclesfield, 28/02/13, 10.00-12.30
Public Meeting, Macon House, Crewe, 05/03/13, 10.00-12.30

12.6 The full consultation document will be circulated to committee members on 14th January 2013.

13.0 Access to information

Further information relating to this report can be provided by contacting the presenting officer:

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