

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 12th September 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 provide an update on the outcome and implementation of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Learning Disability Service re-design to the Cheshire East Health and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 To note the contents of this report.

3.0 Reasons for Recommendations

3.1 To progress the programme proposals 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

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 In January 2013, the Cheshire East Health & Well-Being Board was advised on an intention to conduct public consultation on proposals to change learning disability services provided by Cheshire & Wirral Partnership FT NHS Trust. The key areas for consultation were:

- 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

10.2 Proposals regarding changes to learning disability services were subject to a three month public consultation (14th January – 7th April).

10.3 Between January and April we held five public meetings and three additional drop-in sessions across Cheshire and Wirral. 5,000 hard copies of the accessible consultation document were distributed, including a personal letter and factsheet to 1300 household addresses of all service users open to learning disability services at that time. 15,000 Foundation Trust members also received consultation information via the membership newsletter Engage.

10.4 Presentations were made to the Cheshire East Partnership Board, North and South Forums, including discussion at Clinical Commissioning Group meetings. Support for service users on an individual basis was also provided.

10.5 Public events were held in Macclesfield and Crewe, both in the day and evening.

10.6 As well as giving people the chance to express their opinions on the proposals via this variety of events and meetings, 343 responses to the consultation questionnaire were received and independently analysed by Liverpool University.

11.0 Feedback from Public Consultation

11.1 The results have been shared and approved by Trust Board on 26th June. The feedback was informative and extremely supportive of:

- adopting a care pathway based model;
- enhancing community services
- reducing reliance on inpatient assessment and treatment beds (closure of Kent House);

11.2 In addition, changes to the staff resource levels and skill mix has been made following internal learning to ensure safe and high quality inpatient assessment and treatment services.

11.3 Of those who commented, a number of concerns were raised against which we have provided the following assurances:-

Themes identified following independent analysis – contained within the consultation outcome report available on our website www.cwp.nhs.uk	CWP considerations
Resource levels: respondents expressed their concerns about resource levels, and possible funding cuts to the service.	In the proposal we are seeking to maintain or increase investment in community services, this is being achieved in the context of the need to make cost efficiencies across the whole of the NHS.
Locality of services: comments regarding the locality of services, particularly in relation to Wirral, where the closure of some local services seem to have generated anxiety around issues of travel and practical access to services and respites for service users and carers.	We acknowledge these proposals have caused anxiety in regard to the perception that Wirral is losing services. We have sought to increase community services and will support service users and carers should Wirral residents access inpatient services in Chester.
Autistic and autism-related conditions: concerns regarding care and service provision for service users with autistic and autism-related conditions.	We understand the significance of autism as a condition associated with a learning disability. We have proposed clinical nurse specialist at Band 8a to lead in each locality re challenging behaviour and autism, and introducing a Consultant Nurse Role for the first time in Challenging Behaviour and Autism.
Introducing a care pathway approach: concerns that the term “care pathway is difficult to understand” and queries around service users who have needs within different pathways. Assurance sought that expertise within “care pathway teams” would be shared.	Work has continued, led by the professional leads in learning disability services on raising awareness and promoting the understanding of the care pathway approach - which means developing a variety of means to explain what a specialist learning disability has to offer and what support is available for service users and carers. This process will also focus on raising awareness that the principle pathway of care will be determined by the main presenting health need at the time of delivery of a service. Additional health needs will be addressed at the

	<p>same time in as part of an individualised care plan.</p> <p>We have also provided assurance that expertise within community learning disability teams will be available based on the needs of service users and carers and clarified that our approach along the lines of 4 main areas of care did not intend to indicate “teams within teams”.</p>
<p>Reducing reliance on inpatient assessment and treatment services: agreement that inpatient services should only be used when really needed but concerns about capacity to meet need.</p> <p>Queries/concerns that supporting people in the community will work.</p> <p>Concern and seeking assurances re impact of proposed closure of Kent House on family carers, maintaining contact with their relative and maintaining community presence if accommodated in an assessment and treatment unit outside of Wirral.</p> <p>Concerns around implications for family and friends who have to travel further distances to inpatient services.</p> <p>Questions about the shift in resource from inpatient to community services.</p>	<p>We welcome agreement with the direction of travel to reduce reliance on inpatient assessment and treatment services. Whilst acknowledging that for a number of people with complex health needs, being supported in the community is extremely challenging, we are advocating the use of the least restrictive options in the community as an alternative to inpatient care.</p> <p>We will continue to work on measures to support family and friends maintain contact with service users within inpatient services. These issues will be addressed on an individual basis and reflected in transition and implementation plans. Whilst reducing the overall level and proportion of financial resource within inpatient assessment and treatment services, the proposal to close one inpatient unit (Kent House) allows us to provide a more robust staffing structure within the two remaining assessment and treatment units.</p> <p>We have however acknowledged that the proposal to close Kent House may impact on family carers and maintaining community presence. Both these impacts will be monitored as part of a transition and implementation plan. The service director will also continue to meet with colleagues from Wirral CCG to address and concerns raised.</p> <p>We will also continue to work with colleagues in mental health services to ensure provision of assessment and treatment beds for people with mental health needs as appropriate in local</p>

	<p>services. This will be in line with the Greenlight document. Assurance has also been provided that any changes will improve the safety and effectiveness of care and treatment of service users and carers.</p>
<p>Enhancing support in the community: Queries as to whether there will be enough staff to support service users to remain in the community.</p> <p>Questions about whether staff will be available out of hours.</p> <p>Questions about staff roles in relationship to pathway working and how this links to the individual service user.</p> <p>Lack of understanding about CWP services and the role of the community team.</p> <p>The importance of joint working between health and social services.</p> <p>Improved population profiling is required to anticipate future needs of people with a learning disability.</p> <p>Health co-ordination posts: assurance sought that changes to these posts be discussed with commissioners.</p> <p>Health facilitation posts: assurance sought that the role of Health Facilitator will continue or increase.</p>	<p>The proposal is based on our intention to redirect resources from inpatient to community services, making the best use of our resources at the present time.</p> <p>Staff will be expected to work flexibly to meet service user needs and it is not intended that we have 'teams within teams'. Clinicians will work across the pathways and we will ensure that we have the right staff, with the right skills to meet service user needs.</p> <p>As part of an implementation plan we are working on clearly defining the care pathway approach which includes staff working flexibly to respond to crisis and raising awareness and promoting the understanding of the specialist learning disability services.</p> <p>CWP is also actively engaged in discussions with social service colleagues in relation to options of integration.</p> <p>Population profiling will be addressed as part of an implementation plan and written</p> <p>Acknowledgement has been given, and assurance provided, that health co-ordination posts will continue within this proposal.</p> <p>Acknowledgement has been given, and assurance provided, that health facilitation posts will continue within this proposal.</p>
<p>Evaluation</p>	<p>CWP will evaluate and monitor the impact of the changes and on patient safety during the implementation phase. The evaluation of the</p>

	<p>success of the project will be based on the key quality indicators as identified in the quality impact assessment and a review of the changes will be led by the Service Director for 12 months post implementation (Sept 2014). The evaluation will be presented to Board meetings.</p>
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Cheshire and Wirral Partnership NHS Trust has written to all partners, organisations, Clinical Commissioning Groups to notify them of the outcome of consultation in which we will acknowledge all feedback & provide assurances. In addition, presentations on consultation outcomes will be made to Clinical Commissioning Groups and Partnership Boards.

12. Implementation Plans

12.1 An implementation plan has been developed to take forward the proposals with an implementation date of 1st September 2013.

12.2 Learning Disability Services, led by Interim General Manager, Kate Fleming and Dr Mahesh Odiyoor, Clinical Director is progressing to implementation and will in due course commence a formal evaluation of the new service model and will communicate with and ensure the continued involvement of service users, carers, staff and partners over the coming months.

12.3 Ongoing progress continues to take place in Cheshire East: we do not anticipate any disruption to service users, carers or partners as in the majority of cases there will be no change to the individual staff members providing services.

12.4 We are completing materials which will help communicate what learning disability specialist services have to offer, and over the course of the next 3 months intend to raise awareness amongst service users, carers and partners of our services and how we can help address complex health needs.

12.5 Finally, the locality is still in the process of developing plans for this year in terms of identification of future efficiencies, and how as an integral partner in the provision of the learning disability services in Cheshire East, how closer integration with local authority social services and GP Practices as agreed with respective Clinical Commissioning Groups could be achieved.

12.6 Further information on the consultation and implementation can be found on the CWP website at www.cwp.nhs.uk

13.0 Access to information

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

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