

Nottinghamshire Transforming Care Partnership for Learning Disabilities and Autism: Update on progress between January and June 2016, early findings from public consultation, and changes made to proposals in light of those findings.

1. Background

Transforming Care for people with learning disabilities and autism has been a national priority since the publication of the DOH report “*Transforming Care: A National Response to Winterbourne View Hospital*” in December 2012. Although work was undertaken nationally to review all inpatients at CCG level and establish treatment and discharge plans for people to move on from hospital care, this work did not have the impact on services that was expected, with many long stay patients remaining in hospitals with no forecast date for discharge. Nottinghamshire was selected to be a ‘fast track site’ for the transformation of services for people with learning disabilities and autism following the announcement by NHS England, the Local Government Association and Association of Directors of Adult Social Service on 12 June 2015 that five ‘fast track’ areas were being established that would be the forerunners of transformation of services for people with a learning disability and/or autism and challenging behaviors, or a mental health condition. The fast track areas were asked to submit a transformation plan by 7 September 2015 which described how they would strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium secure) and close some in-patient facilities.

The Nottinghamshire plan was submitted on 7th September detailing our ambitions, how we intended to work with our population, key stakeholders and the proposed governance arrangements and bidding for £1.68 million from the national monies.

Feedback on the plan and confirmation that we had been allocated £1.21 million from the available national funding was received from NHS England on 5 October.

2. Nottinghamshire Transformation Plan

The Nottinghamshire Plan detailed a widespread Programme of changes to the types of services available, and the way in which services are delivered, in order to strengthen the resilience of already existing community services, identify and address gaps in service provision, minimize the need for people to be admitted to inpatient areas, and enable complex individuals to safely transition from hospitals to structured community based provision. A robust governance structure was established to oversee the work of the Nottinghamshire Programme, and a priority for 2015-2016 was to launch a public consultation to understand the views of our public, including parents, carers and users of our services, on our proposed service model.

The future model of care and support in Nottinghamshire will be focused on enabling access to mainstream universal and community support with enhanced specialist, specialist and targeted community based support only provided when mainstream services cannot provide the support required or people are identified as being at risk of their needs and behaviours escalating and/or deteriorating. Inpatient settings will only be used to complement community services e.g. short breaks, crisis, or where inpatient settings are mandated.

Commissioning these new-style services will reduce the demand on hospital placements which are disempowering and unsettling for individuals and their families. This will allow the amount of in- patient beds to be reduced over time.

The model seeks to underpin key principles from Nottinghamshire's original plan published in September 2015 in which it aspired for its service users to agree with the following statements:

“People work together to plan my care and act fast when things change”

“I am involved in deciding where I live and who I live with.”

“I am supported to stay out of trouble”.

“If I need to be in hospital, then I only stay as short a time as is necessary”.

Support and care in Nottinghamshire will be orientated around the person and their family, friends and informal support networks. It will have six levels of services around the person as illustrated in figure 1.

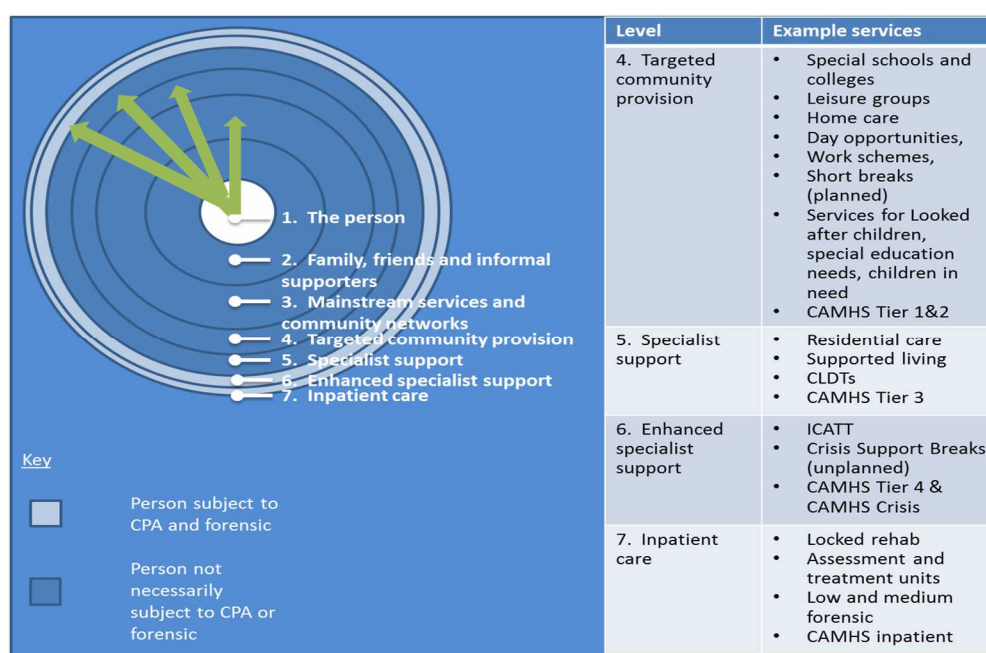


Figure 1: future model of care in Nottinghamshire

Terminology: CAMHS: Child and Adolescent Mental Health Services, ICATT: Intensive Community Assessment and Treatment Team, CPA: Care Programme Approach, CLDT: Community Learning Disability Team.

3. Public Consultation

The Public Consultation ran from 29 February 2016 to 20 May 2016. Pre-consultation informed the specific groups targeted. The consultation was intended to validate the plans we have produced to redesign services to keep people with a learning disability healthy, well and supported in their local community and that in-patient services are only used where community settings cannot provide safe and suitable alternatives to admission. A variety of methods used to gather feedback including:

Online questionnaires, a questionnaire included in the consultation document, drop in sessions, and questionnaires distributed to contacts on our stakeholder database. Professionals were encouraged to support service users to complete a survey where appropriate. All materials were available in easy read version with braille and other languages and formats available.

Please see the full version of the consultation document.

4. Who was reached by the consultation?

There were more than 387 face to face consultations, and 197 questionnaires completed of which:

- 85 or 43.1% (easy read and standard) completed by health, social care or educational professionals.
- 5 or 12.2% (easy read only) completed by paid carers.
- 137 or 69.5% (easy read and standard) completed by individual, carer or family member of someone who has a LD or completing on behalf of someone else.
- 45 or 22.1% (easy read and standard) completed by a member of the public.
- Detailed monitoring data was collected and included within the report, by the Nine protected characteristics in accordance with the 2010 Equality Act.
- Demographic data showed responses from all districts of Nottingham and Nottinghamshire (standard and easy read format)
- 48 or 30.6% completed by City residents but 45.7% of all easy read responses were from City residents
- 93 or 59.2% completed by County residents
- 16 or 10.2% completed by people indicating 'other'

5. What feedback did people give in the proposed model

Feedback suggested that there is broad support for the model being proposed. When asked whether they felt that people were better supported in the community the following responses were received:

- 118 or 70.1% (easy read and standard) agreed.
- 17 or 10.1% (easy read and standard) disagreed.
- 28 or 16.7% (easy read and standard) undecided.

People felt that it would be beneficial for both individuals and their carers to have support in the community

- 28 or 81.5% (easy read and standard) positive impact / better for individual.
- 1109 or 70.1% (easy read and standard) positive impact / better for carer / family.
- 6 or 3.8% (easy read and standard) negative impact / worse for individual.
- 19 or 12.3% (easy read and standard) negative impact / worse for carer / family.

6. Discharge arrangements and Housing Provision

"I am involved in deciding where I live and who I live with."

A lot of feedback related to issues with the current provision that is in place, in terms of both quality and quantity of housing, and the skills and experience of staff working in community provision. Concerns voiced about the Autumn statement made by the chancellor on housing benefits and a belief that this has created a reluctance in housing associations to provide appropriate accommodation due to risk of funding available for rent payments and housing benefits. This was a concern for people attending the drop in session as this will impact on suitable accommodation being available for people needing supported living. New buildings to support people were being considered but it was felt that this would now be affected and put on hold.

The importance of multi-agency discharge planning meeting was emphasised enough so that all agencies are aware of changing needs and their roles and responsibilities once individuals are discharged from hospital, and the need for good quality discharge packages focussed on the individual's needs was highlighted across the feedback. Other related comments that were prominently featured included:

- Inadequate or unsuitable housing
- Availability of housing and care providers
- We need appropriate range of housing and support to meet individual needs"
- Environment/ housing needs particular attention
- The correct type of housing is a major consideration, The physical aspect has to be fit for purpose as the corner stone to any support package"

7. Workforce Development

People's views and concerns about the skills, experience and training of the work-force in community based settings was a significant element of the feed-back captured through the consultation. The lack of skilled, well qualified staff working in community based residential and supported living settings is clearly a concern, as well as the ability of providers to attract the right calibre of staff and provide high quality training, supervision, as well as levels of remuneration. As well as feedback about support staff who are based in community placements, there was feedback relating to the statutory community teams relating to lack of flexibility, lack of cover during un-social hours, and lack of integration with other local teams and services. Comments included:

- Support work is not well paid and not respected"
- No teams with skills to manage all elements of a person's diagnosis e.g. challenging behaviour, mental health, LD and forensic risk (all present in same person)"
- Workforce has to be developed and care professionals need to be valued and developed, possibly with a skills framework"
- Workforce that is skilled enough to manage people with complex needs and challenging behaviour needed"
- Limited training opportunities for community staffs (specifically carers and HCAs) re: adapting communication, understanding PBS, assessing general mental health on a day to day basis etc."

8. How the Transformation Programme is responding to the Consultation

"I am involved in deciding how people meet my health and care needs"

Nottinghamshire County Council is in the process of commissioning a new Nottinghamshire-wide advocacy service on behalf of the CCGs and two local authorities to be operational by Q2 of 2016/17. Although the service will have a wide-spread remit for providing advocacy services, contained within this would be the requirement to provide comprehensive advocacy to people with Learning Disabilities and Autism, including the attendance at key meetings such as CPA reviews and Care and Treatment Reviews, so that the voice of service users is heard, and their views are paramount in the decisions that affect their lives.

"I am supported to stay out of trouble".

The early findings from the public consultation suggest that although there is broad support for the proposed service model in Nottinghamshire, there are a couple of emerging caveats to that support. People seem to be concerned that the changes might be a step too far too fast, and that inpatient services should not be de-commissioned until there is an appropriate range of alternatives based in the community. Given the complex nature of some of the individuals who have been in hospital long term, there is concern about an adequate level of skills, training and experience of the staff in community providers including supported living and residential care.

"I get support early on to minimise the impact of my challenging behaviours".

The Nottinghamshire TCP is revising its service model and programme plans for year 1 (16/17), in order to concentrate on the priorities of the programme and respond to the consultation feedback. For people who are at risk of going into crisis, particularly due to social stressors, issues with finances, housing and relationships for example, there is a need for us to commission short to medium term crisis care, or respite care within community residential settings. These services should allow people to have the breathing space they need to address their social issues, receive specialist support, and return home or move on to a more appropriate placement if required.

Nottinghamshire TCP is in the process of working with existing community providers to design a model of enhanced residential placements to meet three key elements:

- Crisis support
- Respite support
- Step down from long term hospital based care

Engagement with community providers is taking place on the 24th of June, and following this service specifications are being developed. The emphasis on all services is a model of enablement, maximising independence, and maintaining the vision for all service users to be working towards having their own tenancy.

"People work together to plan my care and act fast when things change"

Complementing the development of community based placements and support, will be changes and enhancements to existing statutory community based services. This will be so that people living in the community can access specialist skilled community support to include nursing, social work, OT and SALT when required and can have treatment at home in order to avoid hospital admissions, or to facilitate an earlier discharge from hospital. There is a need for specialist community teams to be operating out of hours as well as during the working week, in order achieve parity with other services such as mental health services, so

that service users, their families and carers have the right access to assessment and treatment services when they need them. A priority for the programme is to ensure that service users, their carers and families, have good access to urgent treatment/support when needed, and that specialist assessments of need can be undertaken at short notice and out of hours, to help determine the correct pathway and package of care for individuals.

Nottinghamshire TCP has undertaken soft market testing with community based providers to help understand the local market, and obtain feedback from the market on the feasibility of the proposed residential crisis and step down model may work. Complimenting this, a workshop has taken place with existing NHS and social care teams to look at how an ideal assessment and crisis response team may work alongside the new model, what the gaps in the current provision are, and how the local culture needs to change.

Alongside this, a Skills and Capabilities Questionnaire has gone out to all local providers, NHS, Private and third sector, to ask providers where their strengths and weaknesses lie in terms of staff training and skill, and where the gaps are in this area. Work is currently being undertaken to analyse the data received from this survey and will be used to underpin the work-force development plan, and key service specifications going forward.

“If I need to be in hospital, then I only stay as short a time as is necessary”

Nottinghamshire TCP continues to undertake and respond to the regular independent Care and Treatment Reviews that are carried out on individuals who are in hospital settings, within two weeks of admission and every 6 months thereafter as a minimum. A Nottinghamshire-wide Care and Treatment Review team is being commissioned by Nottingham City CCG on behalf of the partnership for late 2016/17, that will have the expertise to review children and young people, people with non-LD autism, as well as adults with learning disabilities, in order to help us understand better the needs of people who are in hospitals, what the barriers are to discharge, and forecast when they are likely to be discharged and require ongoing community provision and support.

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