

**Health and Wellbeing Board**

**17 September 2019**

**Learning Disabilities and Transforming  
Care Update - Durham**



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**Report of NHS Durham, Darlington and Teesside Learning  
Disability and Mental Health Partnership**

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**Purpose of the Report**

- 1 To provide the Health and Wellbeing Board with an update in relation to the progress against the Transforming Care Programme and local implementation.

**Recommendations**

- 2 Members of the Health and Wellbeing Board are recommended to:
  - (a) Note the content of the report and local progress
  - (b) Continue to support the collaborative development of new models of community care and support for this client group

## Background

- 3 Following the Winterbourne View scandal a national programme was launched aimed at reducing reliance on long stay learning disability hospitals. NHS England committed to a programme of closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community. 'Building the Right Support' (2015) set out key requirements for commissioners and providers to further develop strong local leadership and build a new generation of community-based services.

## Progress

- 4 In order to ensure that the community model is effective and robust in Durham, we have worked jointly across health and social care to develop a number of initiatives aimed at increasing the availability of good quality safe housing and support, particularly for those people with more complex needs.
- 5 The recent launch of the Durham Joint Commissioning Strategy for Adults and Young People with Learning Disabilities has brought together a number of strategic aims to be delivered to ultimately improve outcomes and quality of life for people with a learning disability and/or autism through the development of more person-centered community based care, support and housing.
- 6 The introduction of our NHS Learning Disability and Mental Health Partnership has prioritised the implementation of a case management function that provides dedicated management support to people who are within inpatient settings and also those people in the community in receipt of healthcare. Alongside this, supported through joint investment from the two Durham Clinical Commissioning Groups (CCGs) and Transforming Care, we have also mobilised a Provider Liaison Team that supports providers within the community who may be experiencing challenges in the care that they are providing to people due to their complexity, or to people and families in their own homes. The teams offer specialist advice and support, formulating strategies and techniques to prevent crisis and help people remain at home, often preventing avoidable admissions to hospital.
- 7 The commitment to reduce the number of specialist inpatient beds across the North East and North Cumbria has been a challenge. There continues to be a pressure on admissions to learning disability inpatient settings which can be attributed to a number of issues such as avoidable crisis; lack of safe place or as in recent weeks, the closure of Whorlton Hall and the associated impact on surrounding inpatient beds to accommodate displaced patients.

- 8 In order to add more timely intervention opportunities for professionals and providers in preventing avoidable admission and/or crisis, the Care and Treatment Review process and Adult Complex Care Support Registers remain an essential mechanism to assessing risk and mobilising support. More recently the Complex Care Support Register process is being implemented across children and young people, enabling support to be determined and coordinated for families and schools with a multi-agency approach. This is essential in preventing children young people from being admitted to hospital and from being excluded from education.
- 9 There have continued to be a number of successful discharges from inpatient settings, notably for some people who have been in various hospital settings for a large part of their lives, many since childhood. Quality of life outcomes for people who have left hospital are evident, with people living more inclusively in their community. Whilst we continue to develop more individualised care and support for people, this does prove to be more expensive to commission.
- 10 Ensuring we achieve quality and value for money through working collaboratively with our provider market is essential. Close monitoring of care packages through more individual reviews, quality assurance compliance and contract frameworks are all areas where we are increasing our combined resources.
- 11 Inpatient capacity across Durham has reduced significantly and includes the closure of beds provided at Whorlton Hall. Alternatives to offer specialist care and support for people who require a phased approach to their discharge to the community are being considered with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV), this includes patients who are subject to restriction but require a rehabilitative response that could be provided in a less restrictive setting.
- 12 Table 1 shows the number of patients within CCG commissioned inpatient care and those within Specialised Commissioning (SC) commissioned inpatient care, alongside the individual planned discharge dates for each patient. Whilst the indications are that the discharges will be achieved for those people in CCG commissioned inpatient beds by Q4, (in line with CCG Planning Guidance) the discharge of patients currently within specialised beds remain at risk based on current individual patient profiles and indicative discharge dates. This can be as a result of legal restriction, clinical presentation, or delays in identifying suitable accommodation and support.

Table 1

Southern CCH	CCG Rating	SC Rating*	Total inpatients		Planned Discharges							
					Q1		Q2		Q3		Q4	
Inpatient numbers as at 1/8/19			CCG	SC Adults	CCG	SC	CCG	SC	CCG	SC	CCG	SC
DDES	G	A	2	8	1	0	0	1	0	3	1	2
North Durham	G	A	5	9	2	1	0	2	1	1	2	0

\*Specialised Commissioning (SC) rating subject to further validation with NHSE

- 13 The number of inpatients within learning disability inpatient settings has reduced significantly, for those patients who are admitted for assessment and treatment, their plans for discharge are closely monitored and this has seen length of stay reduced overall.
- 14 The health inequalities experienced by people with a learning disability and/or autism are stark; people with a learning disability are four times more likely to die of something which could have been prevented than the general population (Disability Rights Commission, 2006), they will often have poorer physical and mental health than other people. Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are meant to be prescribed for.
- 15 An example of the work underway in one of these areas, STOMP (Stopping the Over Medication of People with a Learning Disability) shows the progress that has been made on collecting data about the trends and numbers of patients in Durham who are prescribed psychotropic medication for management of behaviour that challenges. A total of 5253 patients were identified as having learning disabilities or autism (or both) in the two CCGs. Of these, 1920 patients (36.5%) were identified as taking a psychotropic medication, with a total of 3262 medications prescribed. This is higher than the national average of 30%.
- 16 Following a successful bid for first phase funding through the Transforming Care Programme we have commenced a structured psychotropic medication review service for relevant patients who are registered with an in scope member GP practice with the aim of improving the safety of these medications by reducing prescribing, amending primary care clinical records and making suggestions for monitoring requirements. This work will also scope the extent of additional services that may be required for patients.

17 The Durham Darlington and Tees Mental Health and Learning Disability Partnership has set out the key priorities for delivery across the Southern CCG Collaborative footprint in relation to Learning Disability and Autism. This will further consolidate a number of shared key themes identified for action in relation to:

- (a) Autism Diagnosis and Support
- (b) CAMHS Pathways
- (c) Personal Health Budgets
- (d) Health Equality

The 'Partnership' has provided a unique model that presents system leadership across the CCG's and our Provider Trust. This coupled with the level of integration and leadership across Integrated Care System / Integrated Care Partnership (ICS/ICP) will further strengthen the commitment to deliver improvements across Learning Disabilities and/or Autism for adults and children across Durham.

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## **Implications**

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### **Legal Implications**

None identified as a result of this report.

### **Finance**

None to report as a result of this report.

### **Consultation**

None required as a result of this report.

### **Equality and Diversity / Public Sector Equality Duty**

None to report as a result of this report.

### **Human Rights**

None specific as a result of this report.

### **Crime and Disorder**

None to report as a result of this report.

### **Staffing**

None to report as a result of this report.

### **Accommodation**

Noted the interface with regard to the Durham Joint Commissioning Strategy for Adults and Young People with Learning Disabilities Risk.

### **Procurement**

None as a result of this report.