

## Learning Disability Fast Track Locality Plan

**Developing new models of care for people who have learning disabilities and / or autism and / or behaviours that challenges who live in Durham and Darlington.**

**Locality Area(s):** North Durham Clinical Commissioning Group, Darlington Clinical Commissioning Group, Durham Dales and Easington Clinical Commissioning Group, Durham Council and Darlington Council

**Who are the key Leaders to deliver this plan:**

Donna Owens for North Durham CCG, Darlington CCG and Durham Dales and Easington CCG, David Shipman for Durham Council and Mark Humble for Darlington Council

## **What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?**

Locality plans have been developed through a process of robust multi-agency partnership with coordinated through the Joint Local Authority / CCGs Commissioning Group for Learning Disability and Mental Health. Beneath this group there is a focused workstream group, the Joint Planning Group for Complex and Community Needs, which has been working on the post – Winterbourne / Transformation agenda since 2013. Membership of the workstream group includes senior operational and commissioning managers from Durham and Darlington local authorities, the three CCGs, and Tees Esk and Wear Valley NHS Foundation Trust.

Consultation and engagement has taken place throughout the development with both the Durham and Darlington Peoples Parliaments, "Making Changes Together" (a user-led parents organisation in County Durham) and the Durham and Darlington Learning Disability Provider and Stakeholder forums.

We want to use this approach to build on well established, robust partnership relationships across Durham and Darlington. Through the existing joint working groups we have undertaken analysis to establish those people who might be at risk of coming into inpatient settings, have a history of crisis, failed packages or admissions, and those who are progressing toward step down from secure settings. This work has also started to bring in the intelligence relating to children's packages of care.

The level of information has enabled the group to look at service development models to build on community resilience and provide preventative targeted support and intervention to those most at need.

There are three strands to this proposal which will deliver sustained and robust change to the way that services are currently delivered to prevent unnecessary admission and support people safely

### **Proposal 1: Community based accommodation – Workforce Development and Time Out Facility**

The Joint Planning Group has been using local intelligence, gained through CTR's, safeguarding alerts, reviews and shared feedback, to consider community based solutions. A model has been developed by the group which will support 6 people with high support needs in the community and maximize their independence, by delivering social care and health services in an integrated and flexible way; for example; If someone is stable, they will be supported in their own tenancy; with additional levels of support being introduced as required. Additional support could include health and therapeutic interventions within the person's tenancy, to avoid any admission to hospital. When high support is required, this will be delivered by a joint social care and health team. In addition to this, one unit will be provide a 'time out' facility, offering the person a period of alternative safe care in emergency situations where remaining in the home environment is not a suitable option (eg safeguarding or staffing issues) and would prevent people being admitted to inpatient beds as the only source of 'a place of safety', and would provide the facility for people to bring their current staff team with them.

The Joint Planning Group, which had identified through analysis of local demand that there were thirty two identified patients living within hospital settings in County Durham and Darlington, of which 75% could live in the community in well-designed accommodation with the right level of support, have been working with a local Landlord and a site has been identified that would support the detailed design specification that has been developed and would remodel the service so that it meets the current and future needs of people with complex learning disabilities and challenging behaviours.

The development is proposed as the first of three schemes which would provide up to 30 units of accommodation in the community, located across Durham and Darlington.

To fund the remodelling of the site the Landlord 4 Housing Group has applied for Homes and Community Agency (HCA) funding from the Care & Support Specialist Housing Fund (CASSH). The outcome of the bid is expected in mid-November 2015. The first

phase of this has received a positive response. In addition to CASHH funding, the landlord will provide a financial contribution circa. £240,000.

The 'time out' facility will require a recurrent resource of **£20,352**, to support the void management and a further **£8,000** to meet the furnishing requirements (high specification resilient items),and including some replacement costs for the expected high level of wear and tear.

It is recognised however that fundamental to this is the delivery of high quality support and care. The shift from inpatient settings and the interagency working model will present challenges to the workforce and will include a number of cultural and service based training and development needs.

In order to underpin the new services for the 30 patients identified in County Durham for hospital discharge in the next 2-3 years, to achieve consistent, best practice in relation to Positive Behaviour Support , to pilot training tools and develop practice standards for the region the required training resource is as follows;

1 day PBS awareness training 300 staff ,15 people per course, =20 days training

2 day in-depth training – 200 staff = 28 days training

48 days training at a cost of £700 per day = £33,600

Development of training tools/course materials £5,000

Total £38,600

This will link in with the overarching regional bid to develop the PBS Regional Hub.

## **Proposal 2: Transitions planning**

Two patients who have been in inpatient settings for over 10 years are currently being supported to transition to a bespoke community based provision. The development has been overseen by a project group of all key stakeholders and has also included a detailed transition plan that will enable inpatient staff to work into the new environment and support new staff in delivering consistent responsive care. The costed plan to support this discharge will require up to **£196,000** of non-recurring investment from the CCGs. This approach will build in sustainability; promote the greater likelihood of long-term success and prevention of re-admission.

## **Proposal 3: Community Support**

The discharge of these two patients will free up a five bed inpatient unit with an indicative release of £135,000 per bed. It is proposed to utilise the match funding allocation of this to deliver an enhanced community support service, offering increased access and specialised support.

The CTR process, admission reviews and community professionals feedback has supported the experience that the access to skilled support out of standard working hours can often prevent crisis and ultimate admission. It also provides a further opportunity to share skills and expertise amongst providers and to escalate issues before they increase in impact, including supporting a person's physical health.

This service enhancement will build upon the existing community model, providing increased intensive support to people within their care setting. The enhanced service will have the flexibility to operate extended core hours over 7 days per week and additionally allow some teams to work more flexibly across the 24 hour period to enhance the level, type and duration of interventions within peoples' home environment according to individual needs at the time.

The Durham & Darlington Community Learning Disability Teams currently support adults with a learning disability within a range of community settings, Monday to Friday, 09:00 – 17:00. The Assertive Outreach and Crisis Team provide support between 09.00-17.00 seven days/week and in addition there is a nurse and support worker on call evenings & weekends from 17.00 – 08.00 and their role is to provide access to Learning Disabilities nursing advice and guidance

This proposal aims to build on the current community service and to ensure capacity to provide person-centred support within their new services through increased operational hours and flexible ways of working. A key delivery element would be to work in partnership with independent sector providers, carers and families in the delivery of timely, bespoke support to individual needs via specialist health treatments, interventions and training in order to reduce the need for inpatient admissions. This would also enable people who currently reside inappropriately as an inpatient to be transferred to a community based supported service that will meet their specific needs safely and at reduced risk of re-admission.

The service will be provided within the individual's own home / care setting by developing joint working practices based on agreed frameworks, use of clinical pathways and the emerging training and development of provider organisations. The investment required will secure additional posts to deliver flexible hours of operation and capacity to build positive partnership with the new providers and deliver the necessary training and supervision to support staff delivering interventions. It will recognise the individual and joint responsibilities for the provision of robust support "right care right place right time" and improve the health outcomes and quality of life for people with complex needs.

By treating and caring for people in a safe environment we will also be able to:

- Ensure that people have a positive experience of care.
- Improve the likelihood of successful transition to community service.
- Reduce length of inpatient admissions and number of admissions
- Local provision means that individuals can return or be prevented from unnecessary out of area arrangements

The proposed costs for this service would require an investment of £400k by DDES and North Durham CCG's alongside a smaller investment of £150k by Darlington, to reflect the current population profiles.

Overarching direction, accountability and governance for this work is through the Health and Wellbeing Boards for Durham and Darlington, as key elements of Joint Health and Wellbeing Strategy implementation.

The plans are submitted with an assumption of the release of contracted 5 beds and the applicable match funding.

## RISKS, ISSUES & MITIGATIONS

Risk that...	Caused by...	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Proposed new accommodation services not delivered	Lack of HCA capital	H	L	Bid in place with HCA, into next round of process Alternative sources of capital investment identified	4Housing and Durham LA
New services not developed on time	Delays in planning Weak partnership working	H	L	Robust local partnership in place Project planning Clear multi agency governance structure	Durham LA
Insufficient patients ready for discharge resulting in new services not being viable	Deterioration in levels of need/MH	H	M	Robust MDT and CTR processes in place Clear joint commissioning arrangements established	CCG and Durham LA
Lack of skilled providers in the market place	Inadequate market management and capacity building	H	L	Robust provider engagement in place Market testing completed Range of commissioning/procurement models agreed	Durham LA and CCG
5 bed investment assumption not being realised	Bed reduction plan is not agreed with Provider Trust	M	M	Contract negotiation required with Trust	CCG

Lack of capacity to deliver PBS training	Skilled expertise/trainers not available	H	L	Links already in place with local and regional training providers	Durham LA and CCG
Failure of providers to recruit skilled workforce required	Lack of skilled workforce in the region Rates of pay too low	H	M	Workforce to be grown incrementally by providers Revision of commissioning framework price bandings	Health and Social Care Providers, Durham LA and CCG
Inadequate enhanced community teams	Delay in transfer of resource from hospital to community	H	L	Clear partnership framework, agreed priorities and explicit bed trajectory plan	CCG and Durham LA

## ASSUMPTIONS AND DEPENDENCIES

- HCA Capital Grant awarded for development of new service
- Release of investment through decommissioning of 5 beds is realised
- New service developed and delivered on time
- Enhanced Community Support/Early Intervention service in place in the community