

## **1. Barnsley's Learning Disability Programme – Key Workstreams**

### **1.1. Learning Disability Health and Social Care Self Assessment Framework (SAF)**

- 1.1.1. The 2014 Self Assessment Framework was formally signed off in January 2015 and was reported to Health and Wellbeing Board in April 2015.
- 1.1.2. An action plan is in place to address areas for improvement and this is delivered by the Learning Disability Health Group, which reports into the Adult Joint Commissioning Group, who will oversee progress on behalf of the Health and Wellbeing Board.
- 1.1.3. There was no requirement to complete a self assessment in 2015. Data was gathered from IHAL and ASCOF returns and shared with Commissioners for local evaluation. NHS England are currently revising the self assessment to align with the Transforming Care agenda.
- 1.1.4. Based on the 2014 results and current action plan the Learning Disability Health Group prioritised the following key areas for improvement in 2015/16:
  - Increasing the number of people with a learning disability receiving a health check.
  - Increasing the number of people with a learning disability who have a health action plan.
  - Contract Compliance and Quality Assurance.
  - Effective joint working.
  - Supporting people with a learning disability into and in employment.

### **1.2. Assuring Transformation**

- 1.2.1. The Transforming Care agenda puts a focus on local Commissioners to ensure there are clear discharge plans in place for any person with a learning disability receiving care or treatment in a hospital operated by either an NHS or independent sector provider.
- 1.2.2. Commissioners were required to develop a local register of all patients who met the criteria for Transforming Care (any individual with a diagnosis of learning disability and/or on the Autistic Spectrum in in-patient care). This was reported to NHS England to form a National Register.
- 1.2.3. Barnsley currently has 6 patients who meet the criteria for inclusion on the national 'register' receiving inpatient care as part of NHS England monitoring arrangements. There are a further 10 patients in secure provision.
- 1.2.4. From Autumn 2014 Commissioner led Care and Treatment Reviews have been undertaken for all existing patients. These involve a planned multi disciplinary and patient centred review of the placement and rationale with a

strong focus on developing plans for a pathway to discharge and future care provision.

- 1.2.5. During 2015 the monitoring requirements have progressively increased. Commissioners are currently required to complete weekly admission and discharge trackers and a fortnightly comprehensive update to NHS England, they are also required to update via the Health and Social Care Information Centre website on a monthly basis. All new patients, including those with a Learning Disability and/or those on the Autistic Spectrum that are admitted into general acute mental health inpatient beds, are to be reported, and this has significantly increased the numbers. Local Commissioners are also required to attend Care and Treatment Reviews of those in secure care, led by Secure Commissioning.
- 1.2.6. From July 2015 a new Care and Treatment Review (CTR) pathway has been implemented nationally. This includes the requirement to complete a Care and Treatment Review prior to a hospital admission or where this is not possible, conduct a 'blue light' meeting within two weeks of admission. It also includes the right for any party to request a Care and Treatment Review within six months of admission and a requirement to complete a Care and Treatment Review annually for all patients. Commissioners are also now required to create a 'at risk of admission' register to ensure good plans are in place for those people who may be at risk of admission to in patient care due to mental illness of challenging behaviours.
- 1.2.7. The leadership of the Care and Treatment review process by Commissioners locally has required a great deal of Commissioner capacity to deliver, however positive outcome for patients are being achieved with much better coordinated decision making about how to minimise time spent in hospital and innovative approaches of services working together effectively in the best interest of patients beginning to be evidenced.

### **1.3. High Cost Placement Review (Transformation Phase 1)**

- 1.3.1. In 2012 in partnership with Social Care and Health colleagues Commissioners began a review of all individuals in high cost residential placements to ensure people were receiving the right support, in the right place at the right time and that the cost of placements evidenced good value for money.
- 1.3.2. The initial phase of the high cost placement review has now concluded with 52 cases reviewed and negotiations with Providers completed. Overall savings of £630,000 per year across Health and Social Care funded packages have been achieved, 14% of this saving was for CCG funded packages, 8% for Social care funded packages.
- 1.3.3. The second phase of this project overlaps the Accommodation and Support Project described below, creating pathways for those individuals where progression opportunities were identified at phase 1 of the review process.
- 1.3.4. In addition to financial savings the project has achieved:

- people with a learning disability are being supported to progress towards getting the least intensive support needed to meet their needs which promotes greater independence and also maximises cost effectiveness in the system
- assurance of the quality and best value of individual placements
- assurance that individual packages are based on robust assessment and are appropriate in scale and type of service to meet individual need
- an understanding of the stratification of the population of Barnsley under review – this understanding will inform commissioning and service re-design plans
- local case management and commissioning staff have developed knowledge regarding the systematic use of fair funding methodology and re-negotiation skills
- the operational staff culture is changing to more aspirational, enabling and proactive approaches

#### **1.4. Accommodation and Support Project (Transformation Phase 2)**

1.4.1. The focus at Phase two is on people with Learning Disability in Supported Living services, of which there are around 150. As with phase one, the re-assessment of needs has demonstrated that some people are receiving more support than they need. The project has also found that the current supported living provision does not have the flexibility of accommodation and support to meet the needs of a wider range of people with Learning Disability and particularly those with more complex needs and challenging behaviour.

1.4.2. Overall, the current pattern of service provision for people with learning disability does not have enough differentiation to meet the full range of presenting needs. This reflects national learning, most notably through the Transforming Care agenda, that people with learning disability and complex needs and challenging behaviour are too often ending up in hospital and then staying in hospital for a long time due to a lack of good alternative services.

1.4.3. Plans to deliver a new model of community based services for people with Learning Disability are now being progressed following recent approval at cabinet.

#### **1.5. Community Services Transformation**

1.5.1. In addition to new models of community services a changed approach is also required from our NHS specialist Learning Disability Services.

1.5.2. SWYPFT provides specialist Learning Disability Services in Barnsley and they have been working closely with Barnsley Commissioners on the agenda and to redesign their own services in line with new requirements.

1.5.3. Barnsley needs services that are more responsive and able to support people with Learning Disability in their own environments, recognising early signs, instead of escalating issues leading to admission to hospital.

- 1.5.4. If people do need to be admitted to hospital, the environment needs to be appropriate and safe.
- 1.5.5. A multi disciplinary approach is needed to work together effectively to support people with Learning Disability to be discharged to appropriate levels of support to meet their needs and to maintain their health and wellbeing in community settings.
- 1.5.6. (Case Study) There has been a recent example of excellent responsive and collaborative working that has resulted in a young patient with significant needs being successfully returned to Barnsley, to be cared for in the Psychiatric Intensive Care Unit with additional support from the Learning Disability Service and involving previous know care staff and family members.