

**BOARD PAPER - NHS ENGLAND**

**Title:**

Transforming Care for People with Learning Disabilities and/or Autism

**Lead Director:**

Jane Cummings, Chief Nursing Office for England

**Purpose of Paper:**

To update the Board on the recently published national plan for building community services and closing inpatient services for people with a learning disability and/or autism

**The Board is invited to:**

No action required – this paper is intended as an update only

# UPDATE – TRANSFORMING CARE FOR PEOPLE WITH A LEARNING DISABILITY

20 November 2015

## 1.0 PURPOSE

- 1.1 To update the Board on transforming care for people with a learning disability and/or autism who display behaviour that challenges – in particular, publication on 30 October by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) of the national plan and national service model.

## 2.0 BACKGROUND

- 2.1 Over many decades, as a society we have significantly reduced our reliance on institutional care to support people with a learning disability and/or autism, closing asylums, campuses and long-stay hospitals. For a minority of people however, there is still an over reliance on inpatient treatment for people who could, given the right support, be at home and close to their loved ones.
- 2.2 Over the last few years, and with added momentum since the introduction of Care and Treatment Reviews (CTRs), hundreds of people have been supported to leave hospital – but others are admitted in their place, often to inappropriate care settings, so the number of inpatients has remained fairly steady. We have not made enough progress when it comes to changing some of the fundamentals of care and support.
- 2.3 Consequently, at the Public Accounts Committee in February, NHS England committed to closing some inpatient services for people with a learning disability and/or autism who display behaviour that challenges, and building new services to better support them in the community. We committed to publishing a more detailed plan in October.
- 2.2 Over the summer, we worked with six ‘fast track’ areas to support them to draw up plans for closing some inpatient services and strengthening support in the community, and through this process developed our plan for wider, national transformation.
- 2.3 In July we also published (jointly with the LGA and ADASS), a draft national service model, describing what health and social care services should be in place to support people with a learning disability and/or autism whose behaviour challenges.
- 2.4 Building on the learning from fast tracks and engagement with a range of stakeholders on the draft service model, on 30 October NHS England, the LGA and ADASS published a national plan for closing inpatient services and strengthening community support and a final version of the national service model, alongside the final version of the Care and Treatment Review (CTR) policy guidance.

## 3.0 CONTENTS OF THE NATIONAL PLAN & SERVICE MODEL

### The new services we need

- 3.1 People with a learning disability and/or autism who display behaviour that challenges are a highly heterogeneous group. Some will have a mental health problem which may result in them displaying behaviour that challenges. Some, often with severe learning disabilities, will display self-injurious or aggressive behaviour unrelated to any mental health condition. Some will display behaviour which can lead to contact with the criminal justice system. Some will have been in hospital for many years, not having been discharged when NHS campuses or long-stay hospitals were closed. The new services and support we put in place to support them in the community will need to reflect that diversity. These are described in the joint NHS England, LGA and ADASS national service model (a summary of which is at Annex A).

- 3.2 Implementing this model, and giving people greater power over the services they use, will result in a significantly reduced need for inpatient care. We expect that as a minimum, in three years' time no area will need capacity for more than 10-15 inpatients per million population in CCG-commissioned beds (such as assessment and treatment units), and 20-25 inpatients per million population in NHS England-commissioned beds (such as low-, medium- or high-secure services).
- 3.3 These planning assumptions will mean that, at a minimum, 45 – 65% of CCG-commissioned inpatient capacity will be closed, and 25 – 40% of NHS England-commissioned capacity will close, with the bulk of change in secure care expected to occur in low-secure provision. Overall, 35% - 50% of inpatient provision will be closing nationally with alternative care provided in the community. The change will be even more significant in those areas of the country currently more reliant on inpatient care.
- 3.4 Just like the rest of the population, people with a learning disability and/or autism must and will still be able to access inpatient hospital support if they need it. What we expect however is that the need for these services will reduce significantly. The limited number of beds still needed should be of higher quality, closer to people's homes, and we will work to bring lengths of stay in line with best practice nationally.

### **Implementation**

- 3.5 To achieve this systemic change, 49 transforming care partnerships (commissioning collaborations of clinical commissioning groups, NHS England's specialised commissioners and local authorities) are mobilising. They will work with people who have lived experience of these services, their families and carers, as well as key stakeholders to agree robust implementation plans by April 2016 and then deliver on them over three years.
- 3.6 An alliance of national organisations will support these transforming care partnerships to deliver on this ambitious agenda, including NHS England, LGA, ADASS, Health Education England (HEE), Skills for Health, Skills for Care, the Care Quality Commission (CQC), NHS Trust Development Authority (TDA), Monitor, and provider representative organisations, working closely with people with a learning disability and/or autism as well as their families/carers.
- 3.7 As part of this alliance for delivery, and working alongside local commissioners, we will work with provider organisations to mobilise innovative housing, care and support solutions in the community. Our collaboration will focus on supporting commissioners to redesign services, scaling up community-based services, developing the workforce, accessing investment to expand community services, and securing the capital to deliver the new housing needed.
- 3.8 A new financial framework will underpin delivery of the new care model:
- Local transforming care partnerships will be asked to use the total sum of money they spend as a whole system on people with a learning disability and/or autism to deliver care in a different way that achieves better results
  - To enable that to happen, NHS England's specialised commissioning budget for learning disability and autism services will be aligned with the new transforming care partnerships
  - CCGs will be encouraged to pool their budgets with local authorities whilst recognising their continued responsibility for NHS Continuing Healthcare.
  - For people who have been in hospital for 5 years or more on 1 April 2016, the NHS will provide a 'dowry' – money to help with moving people home
  - During a phase of transition, commissioners will need to invest in new community support before closing inpatient provision. To support them to do this NHS England will make

available up to £30 million of transformation funding, to be matched by CCGs, over and above the £10 million already made available to fast track areas

- In addition to this, £15 million capital funding over 3 years will be made available and NHS England will explore making further capital funding available following the Spending Review
- From November 2015, 'Who Pays' guidance will be reformed to reduce financial barriers to swift discharge

3.9 Before the end of 2018, having built up community support and closed hundreds of beds, we will take stock and look at going further.

#### **4.0 IMPLICATIONS & NEXT STEPS**

4.1 Delivery against this national plan will have significant resource implications for NHS England and our national and local partners

4.2 We are now supporting local transforming care partnerships to draw up implementation plans, which we will review and assure in Q4 of the 2015/16 financial year, aligned with the CCG planning cycle.

#### **5.0 RECOMMENDATION**

5.1 The Board is invited to note progress on transforming care for people with learning disabilities.

**Author:** Jane Cummings, Chief Nurse Officer  
**Date:** November 2015

### Summary of the National NHS England, LGA and ADASS Service Model

1. People should be supported to have a **good and meaningful everyday life** - through access to activities and services such as early years services, education, employment, social and sports/leisure; and support to develop and maintain good relationships.
2. Care and support should be **person-centred, planned, proactive and coordinated** – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
3. People should have **choice and control** over how their health and care needs are met – with information about care and support in formats people can understand, the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.
4. People with a learning disability and/or autism should be supported to live in the community with **support from and for their families/carers as well as paid support and care staff** – with training made available for families/carers, support and respite for families/carers, alternative short term accommodation for people to use briefly in a time of crisis, and paid care and support staff trained and experienced in supporting people who display behaviour that challenges.
5. People should have a choice about where and with whom they live – with a choice of **housing** including small-scale supported living, and the offer of settled accommodation.
6. People should get good care and support from **mainstream NHS services**, using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the Green Light Toolkit).
7. People with a learning disability and/or autism should be able to access **specialist health and social care support in the community** – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.
8. When necessary, people should be able to get **support to stay out of trouble** – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or 'offending' behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.

9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a **hospital** setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.