REPORT TO: Healthy Halton Policy & Performance Board

DATE: 15 September 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Developing a Comprehensive Community Learning Disabilities Services Infrastructure

1.0 PURPOSE OF REPORT

1.1 The four Boroughs of Halton, Knowsley, St Helens and Warrington, together with the NHS Knowsley, NHS Halton and St Helens and NHS Warrington, wish to develop a Model of Care to support the development of a comprehensive community based service infrastructure for adults with learning disabilities.

1.2 The objective is to transform the quality of care, service model and configuration of services for people with learning disabilities across the four boroughs. This is to be achieved through the development of a more effective range of community support services to enable people to remain at home and avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service.

1.3 Commissioners wish to engage and consult with service users, carers, Learning Disability Partnership Boards and key stakeholders on this proposed model of care. This consultation process will occur through the months of August and September 2009.

2.0 RECOMMENDATION: That

Healthy Halton Policy and Performance Board members' are asked to note and comment on the following report.

3.0 SUPPORTING INFORMATION

3.1 In recent years community based services in the four boroughs have undergone significant change and development, accompanied by an apparent reduction in the requirement to use of the available in-patient hospital capacity. This transformation provides an opportunity to reflect on both the availability and quality of current in-patient provision and about the quantity and range of locally available community support services, particularly in relation to the capacity to respond to challenging behaviour.

3.2 Commissioners in the four boroughs believe that in the light of the changes in community focused services, and the reduction in use of in-patient services that it would be timely to refresh the model of care for specialist Learning Disability services, informed by current national strategy and good practice guidance, in order to see if further development of the local model of service would enable services for adult with learning disabilities to be further improved.

3.3 The Model of Care

The model of care presented below is founded on the principles enshrined in Valuing People[1] and re-affirmed in Valuing People Now[2] of 'Rights, Independent Living, Control and Inclusion', with services delivered in a person-centred way with a focus on enabling service users to access mainstream services including mainstream health services wherever possible. The model is intended also to promote the key objectives of Putting People First[3] and High Quality Care for All[4] which include encouraging choice and control, personalisation, health and well-being, prevention, early intervention, enablement, and delivering services as locally as possible. There is a significant focus on meeting the needs of people with challenging behaviour and this has taken its direction from the "Mansell report"[5]. The elements of the model concerned particularly with 'repatriation' from out of area placements have been informed by the Key Principles of 'Commissioning service close to home'.[6]

The model of care makes particular reference to:

- Principles and Practice
- Management Support and Commitment
- Workforce Development
- Transition Arrangements
- Community Services
- In-Patient Services
- Repatriation from Out of Area

Each of the elements of the model is presented in summary form

below.

The model is based on the premise that people with learning disabilities including people with challenging behaviour can lead fulfilling lives in the community supported by 'ordinary' learning disability services. They will sometimes have physical or mental health problems and should be supported to access mainstream health services. Where they need more specialist support, including specialist support arising from challenging behaviour they will have access to skilled support staff and where necessary the support of specialist professionals to assist assessment and help plan more effective support.

[1] Valuing People: A New Strategy for Learning Disability for the 21st Century (DH, 2001)

[1] Valuing People Now a new three year strategy for people with Learning Disabilities (DH, 2009)

[1] 'Putting People First: A Shared Vision and Commitment to the Transformation of Social Care' (DH, 2007)

[1] High Quality Care for All: NHS Next Stage Review final report (DH, 2008)

[1] Services for people with learning disabilities and challenging behaviour or mental health needs and challenging behaviour: The 'Mansell Report' (revised edition DH, 2007)

[1] 'Commissioning Service Close to Home' (DH, 2004)

3.4 Principles and Practice

Good quality learning disability services will have an approach based on strong community support services, planned around people in the environment that they are in, focussing on person-centred care, and looking at each individual's needs. This approach should be applied to all, including people with very complex needs. The service will be committed to achieving the outcomes of 'rights, inclusion, independence and choice', and to ensuring that it 'sticks with' individuals in spite of the difficulties experienced in meeting their needs.

3.5 Management Support and Commitment

Successful services are well organised and managed and deliver an individualised service through skilled staff. They will have a committed group of professional and front-line staff, working with the sustained support of senior policy-makers and managers, (Mansell 'Characteristics of exemplary services').

3.6 Workforce Development

Good services invest in training for the direct care staff of the service. Where services have accepted that people with complex needs and challenging behaviour should be a priority they will ensure that all staff are competent in working with them, and are equipped to understand the behaviour and to respond appropriately.

3.7 Transition Arrangements

Each area will have in place robust and sufficiently resourced transition arrangements. These will be consistent with the objectives of the current national policy and guidance and have the support of all of the relevant services for children and adults.

Young people with behaviour that challenges should be the subject of focused attention and support.

The arrangements will specify that no young person is placed in a distant residential school or other distant placements when their needs can be met effectively nearer to home. Commissioners will ensure that the necessary work is undertaken to build the capacity and confidence of local communities to support young people with more complex needs.

Effective transition support should be based on person-centred planning and partnership working and place young people's needs and aspirations at the centre of the transition process. This will help the processes of consolidating identity, achieving independence, establishing adult relationships and finding meaningful occupation.

3.8 Comprehensive Community Support

Comprehensive community support requires:

- An appropriately resourced Community Learning Disability Team
- Accessible specialist professional support
- Education, work and day opportunities
- The capacity to respond to crises 24 x 7
- Accessible resources to facilitate effective support for people with challenging behaviour
- Policies and protocols for the prevention of placement breakdown
- Respite / short breaks for carers of people with challenging behaviour
- Effective integration of the components of the service.

3.8.1 *Appropriately resourced CLDTs*

Effective community services should have at their core an integrated Community Learning Disabilities Team that is sufficiently and appropriately resourced to fulfil its role in meeting local needs including the capability to respond effectively to the needs of people with complex needs and challenging behaviour. Effective CLDTs will led to a greater level of admission avoidance and accelerated discharge from in patients services. Funding will be based on the principles of supporting individuals to live independent fulfilling lives, resources currently committed to in patient services should migrate to community services as activity migrates.

The workloads of the CLDTs will be carefully monitored, so that the impact of any change in in-patient capacity and of any refocusing of the use of in-patient services (such as focusing solely on meeting acute mental health needs) can be identified at an early stage and effectively managed.

3.8.2 *Accessible specialist professional support*

Where the CLDT is unable to meet all of the needs of an individual and requires additional specialist input this should be readily accessible.

The specialist service professionals such as psychiatrists, psychologists and speech and language therapists need to have the capability to respond effectively to the needs of people with complex needs and challenging behaviour and to respond in a timely fashion in situations of crisis including potential placement breakdown.
The specialist/Intensive Team professionals should work closely other community colleagues in a programme to repatriate people from out of area placements.

The CLDT will work to support Primary Care services in delivering high quality health services including health screening.

3.8.3 *Well-Integrated Community Services*

The various elements of community services for people with learning disabilities will operate more efficiently and effectively where there is good joint working, with a high level of co-operation and co-ordination, and where services share the same priorities. If this cannot be achieved within current structures consideration should be given to service redesign.

3.8.4 *Education, work and day opportunities*

People with learning disabilities, including people whose behaviour challenges should be able to access continued education, supported

employment and day opportunities, and this should positively contribute to the stability of community placements. Smaller scale and individually designed arrangements may be more appropriate for people with challenging behaviour.

3.8.5 *Crisis response capacity: 24 x7 access to advice and support*

When people are experiencing a crisis it is essential that the service can respond to their needs with appropriate and effective advice and support 24 hours a day, 7 days a week. As well as improving service accessibility and responsiveness this will positively impact on the number of out-of-hours admissions to in-patient units.

It would be consistent with current commissioning guidance to develop this service through investment in the existing mental health crisis response service. Linkage to services such as appropriate short break facilities and to the out of hours management system for local learning disability residential services could help to provide some flexible options to help to lessen immediate pressures and provide 'holding solutions' until the day-time services can resume responsibility (a wide range of 'options for respite' for meeting the needs of people in crisis can be found in Mansell p19). Where the person in crisis is in the 'core group' (see 'An Effective Response to Challenging Behaviour' below) they should have in place a well thought out contingency plan which should assist the effective management of the situation.

3.8.6 *Respite Care/Short Breaks*

Commissioners should ensure that opportunities for short breaks tailored to individual needs are available to every family supporting a person whose behaviour presents a challenge at home. Providing carers with a break when they are under pressure will prevent crises developing and help to prevent placements from breaking down. Where current services cannot meet these needs, additional and more robust respite services should be commissioned.

3.8.7 *A Placement Breakdown Pathway with Access to Intensive Support*

Preventing placement breakdown will reduce the demand for in-patient admissions and for out of area placements. There should be an agreed Placement Breakdown Pathway to which all providers are signed-up. This will emphasise the priority that is placed on the prevention of breakdown and put in place a system designed to provide early and effective support including access to levels of additional resources in accordance with the level of need.

3.8.8 *An Effective Response to challenging Behaviour*

- Learning disability services should give priority to people with challenging behaviour, they are the people with the greatest need for services and marked improvements can be achieved by quality services
- The adoption of a challenging behaviour policy will underpin this and ensure that there is a consistent response across all services. It should commit staff to 'sticking with service users' and resolving problems
- The group of people whose behaviour presents a serious challenge to services should be identified, and the services that are assessed as necessary to meet their needs developed, through a person centred planning process
- The plans should be clear about environmental risk factors, triggers, warning signs and contingency arrangements and ensure that back up resources can be made available to sustain arrangements through difficult periods, and that 'all the stops are pulled out'
- There should be access to specialists who are knowledgeable about challenging behaviour who can provide specific support with individuals and more general advice, information and training. The option of a specialist Challenging Behaviour Team to fulfil this function should be actively considered
- All staff working with people with learning disabilities should receive appropriate training in relation to challenging behaviour commensurate with their role

3.9 Reducing Distant Out of Area Placements

People should not be located in distant placements when local arrangements to meet their needs can be achieved. The repatriation of people from distant out of area placements will be assisted by:

- A specific 'repatriation' project in each borough
- Responsibility for managing the project clearly assigned
- An identified member of the CLDT responsible for each individual in a distant placement
- An agreed and manageable programme – the complexity of the task and the time demands involved in returning each individual may be very considerable
- Criteria for evaluating who should return – a small number of people may be appropriately placed
- Focused attention on achieving family / carer support
- Development of expertise and resources (e.g. 'transition houses'

as in the Oldham project) over time

- Monitoring the programme (as a key measure of service quality)

3.10 In-Patient Services

3.10.1 Commissioning good quality in-patient mental health services

- People with learning disabilities have the same right of access to mainstream mental health services as the rest of the population
- Mental health services that are commissioned need to have the appropriate skills to address the specific needs of people with learning disabilities
- Psychiatric hospital care should be based on short-term, highly focused assessment and treatment of mental illness through a small service offering very specifically defined, time-limited services

3.10.2 Effective management admissions and discharges

- It is important to effectively monitor and manage the use of the available capacity particularly if it is being reduced
- Commissioners should ensure that only appropriate admissions take place and that they follow an agreed admission / discharge pathway with clear admission criteria
- The CLDT should ensure that people are moved on from the units as soon as possible once they are fit for discharge
- Length of stay of patients should be formally monitored and if there appear to be impediments to a timely discharge resources should be identified as a priority to enable discharge to proceed
- Having access to appropriate accommodation is essential and a unit that includes a step-down facility may be particularly helpful in this regard.

3.11 Supported Accommodation and Residential/Nursing Home Care

- Decisions about where a person is to live need to be made on the basis of what is best for each individual
- Where people need to be supported other than with their families, supporting them in a home, (their own home or small residential home) near their family and friends will be the right decision
- Each authority needs to ensure that it has a range of appropriate accommodation options available to meet local needs and to make best use of the opportunities provided by personalisation to build flexible individualised models of support
- There may be particular complexities associated with the provision of appropriate local accommodation in relation to:
  - People returning from out of area

- Transition support for young people approaching adulthood who are in - or being considered for – an out of area placement
- Move on from hospital
- Placement breakdown / crisis support
- Step-down from forensic settings

Wherever possible the accommodation needs of people in any of these circumstances should be met within the above framework, however there may some people who need a period of relatively intensive support, together with focused rehabilitative work and the further development of skills to enable them to be able to successfully manage in the family home or in the locally available supported accommodation. Consideration should be given to commissioning small residential / nursing home facilities that can fulfil particular elements of this role in accordance with the particular gaps in current services and the particular needs of the local population in each borough.

3.12 Summary

Discussions with commissioners and local service managers, together with analysis of good practice in terms of national guidance and through service exemplars has provided the basis for the development of a model of care. The model of care is intended to facilitate the reduction in the numbers of individuals requiring admission to hospital and of distant out or area placements through local community infrastructure developments that are consistent with best practice and that will improve the service user and carer experience.

The key elements of the model of care are:

- A learning disability service that has strong leadership and is effectively managed with well trained and committed staff who have the capacity to respond effectively to challenging behaviour and to work with people through all levels of difficulty. A service that emphasises individualised services in the community achieved through person-centred planning.
- Transition services, in which there is good cooperation and coordination between services, which provide assured support into adulthood and through which people with complex needs and with behaviour that challenges, have their identified needs met through effective local arrangements.
- Comprehensive and well-integrated community support services, with well resourced CLDTs, that can readily access responsive specialist professionals. A service that can provide access to employment, education and day opportunities that have the flexibility to meet the needs of all service users including people

who challenge services. A 24 x 7 response to people in crisis giving them access to advice and support. A service that gives priority to meeting the needs of people who challenge and has policies, procedures and support structures to ensure that this can be achieved. Sufficient respite / short breaks arrangements that are able to meet the needs of people with challenging behaviour, and agreed pathways to prevent placement breakdown.

- A well-structured project to repatriate people from distant out of area placements.
- In-patient services that are focused on meeting the needs of people with learning disabilities that have a mental illness, that can provide skilled and appropriate support that is focused and time-limited, and with a well defined admission and discharge pathway. Length of stays monitored to assist the prevention of delays and resources made available to support discharge including the use of step-down arrangements.
- A range of appropriate supported local accommodation options designed around people's individual needs, together with small local units that can provide residential or nursing care to meet particular needs.

4.0 POLICY IMPLICATIONS

Specialist Services are currently commissioned from the 5Boroughs Partnership Trust. Halton has maintained a high number of people with learning disabilities in the community and therefore has consistently underutilised available beds. The model of care proposed would continue this direction of travel. It would also support the principles in Valuing People Now, which recognises that most people with learning disabilities should be supported within their communities.

5.0 FINANCIAL RESOURCE IMPLICATIONS

The Primary Care Trusts are the lead commissioners for specialised services while Local Authorities lead on the commissioning of Community services for people with learning disabilities. It would be expected that any disinvestment from specialised services would be reinvested in community services. The council and the Primary Care Trust have a strong partnership in this area and currently plan to establish a service in the community for people with challenging behaviour.

6.0 FURTHER IMPLICATIONS

7.0 OTHER IMPLICATIONS

8.0 RISK ANALYSIS

If the model is not adopted there is a risk that community services will not be strengthened, this in turn will lead to inappropriate use of inpatient services.

9.0 EQUALITY AND DIVERSITY ISSUES

The model proposed would promote the social inclusion of a group of Halton residents who often experience difficulty in accessing mainstream services.