

Title of paper:	Service Changes at Surrey and Borders Partnership NHS Foundation Trust (SABP) for People with Learning Disabilities		
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Exec Lead:	Dr Jill Evans		
Date:	10 th July 2015		
Meeting:	Governing Body		
Agenda item:	10	Attachment:	07
For:	Agreement		

Executive Summary:

This paper sets out and seeks approval to the reconfiguration of services for people with learning disabilities commissioned from SABP on behalf of the six Surrey Clinical Commissioning Group's. This model ensures that we meet the national requirements of Winterbourne View Transforming Care and Preventing Premature Deaths for people with learning disabilities and local aims of care closer to home. It embraces the 5 essential functions of the modern specialist learning disabilities community health services. Aligning the Intensive Support Service and Intensive Support beds together into a single unified service model will allow us to more effectively meet the needs of people who have behaviour that challenges or severe mental health issues. It will help us to keep people in their own settings by providing community based intensive support that will include community based assessment and treatment including working out of hours and across 7 days per week. For people whose behaviour or mental health issues becomes too intense for their community setting, the intensive support team will bring them into an intensive support bed, work with them to stabilize their condition, and support them back into their community placement working with their current care team.

This report describes a commissioning change that affects services that each of the Clinical Commissioning Groups represented in the Surrey Collaborative commission. It describes overall change and notes specifically the intention to decommission an in-patient service within that context. The report provides information on the



engagement and consultation with the Learning Disability Partnership Board, Surrey and Borders Partnership NHS Foundation Trust and Surrey County Council in a process of overall service change.

This is a proposed change:

- To de-commission the 7-bed in-patient service at Bramdean, Fairmead, Worple Road, Staines, Middlesex TW18 1ED
- To use the resources released by the de-commissioning of Bramdean to establish a new Intensive Support Service for people in the community whether in the family home or independent provider services and in assessment & treatment in-patient beds.
- To support SABP re-provision of the assessment and treatment service currently located at Charlwood near Gatwick to improved accommodation and more central location at Epsom and maintaining the current number of 7 beds / places which are contracted.
- To revise Community Learning Disability Team (CTPLD) work practice to align better with the approved recommendations of the National Learning Disability Professional Senate.

To draw the Intensive Support Service, revised CTPLDs, existing Acute Hospital & Primary Care Liaison Service and re-sited, upgraded assessment & treatment beds into a coherent, unified service model.

Compliance section

Please identify any significant issues relating to the following

Risk Register and Assurance Framework	
Patient and Public Engagement	Co-production and engagement on these changes including the closure of 'Bramdean' was initiated at the Partnership Board (Learning Disabilities) in May this year. A presentation to members including carers, service users, providers, advocacy services and CCG representatives was followed by discussion with general support to the direction being expressed. Request was for people to provide any further comment in writing. The write up from this is attached as appendix 4.
Patient Safety & Quality	People in receipt of services related to the Intensive Support Service will have an improved experience



	through a 'preventative' focus, with access to services 7-days a week and provision of pre-crisis intervention 7-days a week. The overall revised service model meets the requirements of Transforming Care (Winterbourne View) and Preventing Premature Deaths including a better alignment with primary care services.
Financial implications	The proposed change is cost neutral for the commissioning CCGs. However in respect particularly of the Intensive Support Service and in-patient service the proposed service model is expected to be better value as it moves from a crisis reactive service to a preventative, planned intervention model. The focus will be on sustaining people in their existing residence including supporting independent sector provider services and social care to adapt to a person's changing need. Admission for assessment & treatment will be reserved strictly for people whose behavioural and mental health needs become too intense for a community setting. Overall it is expected that admissions will be reduced to the local SABP beds and out of county admissions together with the numbers of people who would otherwise become wholly dependent on full NHS funding.
Conflicts of interest	None to note.
Information Governance	None to note.
Equality and Diversity	An Equality/Diversity impact assessment has been undertaken to inform the change proposal /programme and implementation. The decommissioning of Bramdean and the reallocation of resources to the new Intensive Support team will have a positive impact on people with learning disabilities who require support through a period of crisis. People with learning disabilities will have access to intensive support within their own home, and this will reduce the risk of placement breakdown and inappropriate admission to an inpatient bed.



	Staff will be highly skilled in Positive Behaviour Support, mental health, autism and challenging behavior. Staff will work in an innovative new community based Intensive Support service which will enable better support for people with complex mental health and behaviour that challenges.
Any other legal or compliance issues	None to note.
<p>Accompanying papers (please list):</p> <ul style="list-style-type: none"> • National Learning Disability Senate Guidance on LD Specialist Health services and practice March 2015 • Intensive Support Team Draft Pathway • Surrey Learning Disability Partnership Board response to service change proposal May 2015 • Direction of Travel Paper April 2015 • Learning Disability draft Standards and KPIs 	
<p>Summary: What is the Governing Body being asked to do and why?</p> <p>The Governing Body is being asked to <u>note the information provided</u> within the paper regarding proposed changes to Surrey and Borders Learning Disability services and <u>approve the service redesign and reconfiguration</u> in order for implementation to take place October 2015.</p>	



Service Changes at Surrey and Borders Partnership NHS Foundation Trust (SABP) for People with Learning Disabilities

1. Introduction, Background & Context

- 1.1 From 2007 a series of new reports in the public domain exposed a range of concerns from institutional indifference, unnecessary deaths, mal practice and criminal acts towards people with learning disabilities in the NHS and related services. These reports compounded pre-existing concern about the plight of people with learning disabilities set out in prior investigations. Some issues were reported as confined to relatively small segments of the service sector while others were shown to have a national reach. Criticism extended to all levels of the system from the front-line, to commissioning and government departments. It crossed interagency boundaries.
- 1.2 Recent reports on the responses to these concerns was commissioned by NHS England and led by Sir Stephen Bubb with publication of an 'Independent Report into the Future Care of People with Learning Disabilities' as well as the more recent publication of 'Transforming Care for People with Learning Disabilities – Next Steps' are the latest stage in picking up the actions recommended in 'Winterbourne View – Time for Change'.
- 1.3 Alongside this strand of work an enquiry was launched following Mencap's report 'Death by Indifference'. The enquiry examined why people with learning disabilities sometimes live shorter lives than other people. The Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) was published subsequently with a Government response made in 2013.
- 1.4 Taken together NHSE and Governmental requirements fall into two broad, but inter-locked ranges of work for Surrey.
 - 1.4a: At the local strategic level a formal reshaping of inter-agency commissioning under the leadership of Surrey County Council is intended to create a positive, responsive surrounding within which personal health needs can be met effectively. This surrounding is the context within which improved frontline health services can be embedded and sustained. NHSE expectations include integrated commissioning, care pathways and financial structures.
 - 1.4b: The parallel interwoven strand of work is change to front line service practice and models of service delivery. Expectations again range widely from improving mainstream primary and secondary care service treatment of people with learning disabilities to change in specialist health services and associated in-patient services.
 - 1.4c: Linked into these efforts is the recent creation of a peer group network of family, health and independent sector service representatives and specialist health professionals intended to improve responses to people with challenging behaviour and keep services grounded by families and carers. The group is known as the Positive Behaviour Support Network
- 1.5 The changes described within this paper are about the component of local services commissioned through the Mental Health and Learning Disability Collaborative from Surrey and Borders Partnership NHS Foundation Trust (SABP). These changes improve SABPs ability to support mainstream health

and social provider services and respond specifically to requirements to reduce the number of specialist in-patient admissions for people with challenging behaviour and complex needs. Consequently this proposal includes a decommissioning of a step down in-patient service to the reuse of this resource to fund and staff an intensive support service within a unified service model of improved support for individuals.

- 1.6 Accordingly the MHL D Collaborative on behalf of the Surrey and NEHF CCGs have worked with SABP, the current provider, on alternative best practice models of provision with eventual decommissioning of 'Bramdean' and a contract variation effected for the agreed service changes. In preparation for in-year change all the service specifications carry a caveat to incorporate agreed change to meet NHS England requirements as well as local variations.

2. Current Services

- 2.1 Currently a 'block' contract is in place with SABP.
- 2.2 The learning disability element of the 'block' contract includes:
 - 2.2a: Assessment and treatment in-patient services at April Cottage – 7 beds contractually dedicated to Surrey. 3 other beds are available to other commissioners.
 - 2.2b: Bramdean – a step down in-patient service within the assessment and treatment pathway. 7 beds are purchased contractually for Surrey.
 - 2.2c: Community Learning Disability Teams (CTPLDs) – there are two peripatetic teams. One for East Surrey and the other for West Surrey and North East Hampshire. The Teams operate from a total of six bases.
 - 2.2d: DGH acute and primary care liaison nursing services for Surrey.

3. Proposed Change

- 3.1 The core change is to a unified model of service incorporating the current CTPLDs, Liaison Services and assessment and treatment in-patient beds with the newly created Intensive Support Team.
- 3.2 This model ensures that we meet the national requirements of both Winterbourne View Transforming Care and Preventing Premature Deaths for people with learning disabilities and local aims of care closure to home. It embraces the 5 essential functions of the modern specialist learning disabilities community health services nationally recommended to commissioners (appendix 1). Aligning the Intensive Support Service and Intensive Support beds together into a single unified service model will allow us to work more effectively to meet the needs of people who have behaviour that challenges or severe mental health issues. It will help us to keep people in their own settings by providing community based intensive support that will include community based assessment and treatment including working out of hours and across 7 days per week. For people whose behaviour or mental health issues becomes too intense for their community setting, the intensive support team will bring them into an intensive support bed, work with them to stabilize their condition, and support them back into their community

placement working with their current care team. The pathway illustrating this in more detail is attached at appendix 2.

- 3.3 The Intensive Support Team will be created from the resources freed by the decommissioning of 'Bramdean'. It will form, with the 7 assessment and treatment beds the Intensive Support Service. The essential feature of the service is that this Team will as necessary staff the in-patient service with named practitioners supporting individual service users along the care pathway pre-admission, during their stay and post discharge. However the **primary role** of the Team is to keep people in their own settings through intensive support using specialist formulations enabling families, carers and provider services to respond and adapt effectively to meet a person's needs. The Team will focus on people whose behaviour and/or mental health needs severely challenge their support networks. If those challenges become too intense the Team will bring the person into the dedicated in-patient service. The Team will operate a 7 day week service in community settings as well as the in-patient component of the service.
- 3.4 The assessment and treatment in-patient service known as 'April Cottage' is located near Gatwick. Later in 2015 the service will move to refurbished, more geographically central, improved accommodation (with a contracted 7 rooms with ensuite facilities) in Epsom when it will form part of the Intensive Support Service.
- 3.5 The CTPLD health professionals will adopt a service model providing clinical expertise to individuals and across the health and social care sector with a strong focus on registered patients, service improvement, health facilitation and promotion. The service model is based on recommendations of the National Learning Disability Senate setting out 5 essential functions (appendix 1) . It requires changes in both function and staffing skill mix. New care pathways place primary care services at the central initiation point for engagement of the team.
- 3.6 Acute and primary care liaison nursing services will continue to support mainstream health services. Within the revised service model liaison nurses will more easily be able to draw on CTPLD support for individuals receiving health treatment and for their non-NHS support services.
- 3.7 Underpinning these overall changes a new care pathway is being devised. An overarching pathway has been identified with current work focussed on the Intensive Support Service pathway within it and is illustrated below.



4. Service Transition & Consultation

- 4.1 Co-production and engagement on these changes including the closure of 'Bramdean' was initiated at the Partnership Board (Learning Disabilities) in May this year. A presentation to members including carers, service users, providers, advocacy services and CCG representatives was followed by discussion with general support to the direction being expressed. Request was for people to provide any further comment in writing. The write up from this is attached as appendix 3.
- 4.2 A key action to ensure successful remodelling of services on this scale is the decommissioning of 'Bramdean' and utilisation of the resources released. Although this closure is a component of the change a challenge to that action and subsequent delay has the potential to disrupt the overall programme of change. The changes within SABP involve several inter-dependent work streams proceeding together.
- 4.3 All 6 people currently in-patients at 'Bramdean' have had individual needs assessments and care reviews which have generated individual discharge plans following the normal process of individual assessments with involvement from family and carers or advocates. Although it would be planned that a smooth transition to alternative services including social care providers will take place some of the plans are particularly bespoke and may take a longer period of time and so SABP have put in place 'back up' plans which include access to 4 newly created self-contained flats.
- 4.4 SABP intend to retain the current staff group from Bramdean and the skills they offer as a platform for further development and improvement of ability. The improvement of ability will come from SABP training both the Bramdean and April Cottage staff in Positive Behaviour Support and mental health issues. The Trust has undertaken discussion widely with its learning

disabilities workforce and reassured that there is no intended redundancy as a result of the service development.

- 4.5 The benefit realisation for the service changes are very positive and the key areas are identified in the table below taken from the direction of travel paper authored by SABP in appendix 4.

Benefits	Commentary
Strategic & Reputational	Promotes wellbeing and recovery model Fits with the NHS England agenda for people with learning disabilities in Surrey and NEH. Put Surrey and NEH in the forefront of developments in learning disabilities.
People/ Services	Allows people in Crisis to be supported at home. Enables families and paid carers to develop the skills they need to support the changing needs of the complex people they support. People will only be admitted to an inpatient bed when it is absolutely necessary People will experience shorter lengths of admissions and will be supported by the same staff to return to their home settings.
Quality, Safety and Efficiency	More person-centred community based service for people with the most complex needs. Intensive support suite will enable people with more complex needs to be supported safely.
Innovation & Business	Provides an innovative service that is attractive to stakeholders
Workforce	Retains the current staff who have excellent skills in supporting people with the most complex needs Allows staff to be part of a greater community. Develops a highly skilled workforce trained to work in 24/7 and community settings. Aids recruitment as it will be an innovative service

- 4.6 Timescales for the wider change have been devised setting a timetable for engagement on the recommissioning of 'Bramdean' as follows:

- June – July 2015 proposal paper for change to CCGs governing bodies
- May – August 2015 engagement with Learning Disability stakeholders and staff and transition preparation
- October 2015 – Service change implemented

5. Financial Position

- 5.1 The service redesign is agreed with SABP to be cost neutral and within current envelope. A costing proposal for the new Intensive Support Team will be received in the course of the preparatory work and tested to ensure it is value for money, delivering on the relevant standards and KPI's specified (appendix 5) and with the intention of offering efficiency from a wider system

saving in terms of reducing and preventing out of contract in-patient admissions and increased dependency of health full funding currently being incurred.

5.2 The current proposal would not incur any redundancy cost as staff will be redeployed in the new service.

6. Key Points and Issues

- This is a proposed change in the way all learning disability services contracted by Surrey CCGs with SABP operate.
- Engagement has taken place to seek support and views about the overall change and the decommissioning of 'Bramdean'.
- There are a range of staff implications for SABP which the organisation is managing.
- There is risk to the programme of change and implementation of the new care model if the model is not collaboratively agreed across all CCGs and with SABP.
- It is our intention to provide the Clinical Commissioning Groups with an update in September 2015 of the outcome of transition preparation to the new service model to move forward then with final implementation with the service development in October 2015.

7. Recommendations/ Actions requested

7.1 The CCG is asked:

To note and approve the proposed changes to services provided for people with a learning disability by Surrey and Borders Partnership NHS Trust.

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Appendices:

Appendix Number	Description	Doc
1	National Learning Disability Senate Guidance on LD Specialist Health services and practice March 2015	 National LD Professional Senate G
2	Intensive Support Team Draft Pathway	 IST Pathway draft.pptx
3	Surrey Learning Disability Partnership Board response to service change proposal May 2015	 LD Partnership Board consultation on Bramd

4	Direction of Travel Paper April 2015	 Direction of Travel paper 27 April 15.docx
5	Learning Disability draft Standards and KPIs	 Draft Standards and KPIs across lifespan H

References:

- *Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers. By the National LD Professional Senate. March 2015.*
- *Transforming Care for People with Learning Disabilities – Next Steps. January 2015. ADASS, CQC, DH, HEE, LGA & NHS England.*
- *Winterbourne View – Time for Change. Transforming the commissioning of services for people with learning disabilities and/or autism. A report by the Transforming Care and Commissioning Steering Group, chaired by Sir Stephen Bubb – 2014.*