The GM Learning Disabilities Fast Track Strategic Plan – Update

Commissioning For Reform: The GM Commissioning Strategy

On 1 April 2016 a new era in GM’s history begins when it becomes the first region in the country to have devolved control over integrated health and social care budgets, a combined sum of more than £6 billion. For the first time, Health and Social Care will become integrated and local people will be taking charge of decisions on the health and care services for GM.

With local services working together, focussed on people and place, we want to transform the role of public services and take a more proactive approach rather than responding to crises. We want to transform the way we use information, empowering our frontline workforce to make more informed decisions about how and when they work with individuals and families. Building on the principles of early intervention and prevention, GM aims to deliver the appropriate services at the right time, supporting people to become healthier, resilient and empowered.

Our approach to commissioning must support this new era of GM public services: we must commission services at the right spatial level, in collaboration with one another, and with a focus on the outcomes we are seeking to achieve for GM.

Greater Manchester is committed to significantly re-shaping services for people with Learning Disabilities and / or autism, to ensure that more services are provided in the community and closer to home, with a shift away from long-term hospital care. The Health & Social Care Devolution Agreement presents an opportunity to make significant progress at scale and pace, so that every person with learning disability / autism gets the right care in the right place across GM.

Greater Manchester has developed 7 principles within which service delivery models will be developed and delivered. These are based on recognised best practice:

- All people with learning disabilities and / or autism will be supported within the community wherever possible
- People with severe disabilities and complex support needs will be integrated into typical neighbourhoods, work environments and community settings, rather than creating a situation where people with severe disabilities and complex support needs get stuck at the wrong (most restrictive) end of a continuum, or in more restrictive placements that do not prepare them for moving to less restrictive placements
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- Support will be provided for the placement of individuals with severe disabilities and complex needs in homes and natural settings. This will include earlier interventions and support at times of crisis to minimise the reliance on in-patient services and the need for out-of-area placements.
- Community living arrangements will be family-scale and / or in line with age-appropriate communal styles. They will all enable individual to have their own space.
- We will encourage the development of social relationships between people with severe disabilities and complex needs and a range of other people.
- Individuals will be supported to participate in busy community life and develop functional, meaningful, interesting and community living skills.
- Families and service users will be involved in the co-design, development, active delivery and monitoring of services. This will incorporate a real and honest appreciation of where choice and self-control need to be balanced with safety and well-being issues.

As a result of the Winterbourne View we know that our commissioning approach for services that support those with Learning Disabilities have to deliver fundamentally different outcomes; we need to deliver care and services closer to home and in the community. Our commissioning approach will need to ensure those with learning disabilities are supported to fulfil their potential and make a significant contribution to the GM.

Our new commissioning approach cannot be confined to macro commissioners, whether they operate at locality or GM level. To deliver new models of care we need to drive demand reduction through a programme of behaviour change – the role and behaviour of the micro commissioner will be integral to delivering integrated care closer to home. We need to support micro commissioners to embrace new models of care, and to challenge existing activity.

**Where do we want to be?**

Greater Manchester’s ambition for Learning Disabilities and Autism services is predicated on four key objectives:

1. **60%+ reduction in non-secure beds** – this will see a reduction in the number of beds from 82 to 30 by 2020 (equivalent to 10.7 non-secure beds per 1 million of the population). These 30 beds will be comprised of 6 crisis or acute inpatient beds for
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1. Stays of up to 6 months and 24 continuing care/rehab/forensic beds for longer stays up to 24 months (with a small number that may be longer term)

2. **40%+ Reduction in the number of secure commissioned beds** - although the requirements of low secure in-patient beds are more difficult to forecast we are aiming to achieve a significant reduction in the number of occupied beds and the potential to achieve an even greater reduction through improved use of forensic outreach support to avoid admissions. This further reduction would see the need for secure commissioned beds reduce from 77 to 41 by 2020 (equivalent to 14.3 beds per 1 million population) since fast track plan initiated.

3. **Improving in/out reach intensive support** – this will ensure greater support within a community based setting (including more crisis support options) and enable the reduction in the number of beds required. Our redesigned/re-profiled community services will adopt principles of positive behaviour support which will filter through into commissioned contracts and workforce development programmes.

4. **Expansion of community based accommodation** - This work will be made possible with an accompanying expansion in the specialist residential flat models in GM providing additional supported home placements.

Greater Manchester has committed £3m funding from CCGs to support the transformation activity and this will be matched to the £3m funding already committed to GM through the Fast Track Transformational Fund with the potential for further funding to support for Calderstones/Mersey Care to come from NHS England for both GM and Lancashire, although this is yet to be confirmed.

**The 16/17 Key Action Plans**

1. **Development of a common ethical commissioning framework**
   To develop a commissioning approach that enables the market to offer care solutions that represent best value, offer high quality affordable services and that can be purchased from within the personal budgets that people with a learning disability have to spend.

2. **Identification of exemplar care models for upscaling and implementation across GM**
   To identify schemes and initiatives that demonstrate good practice across GM localities and highlight what works and what does not. Where one locality is able to evidence an approach
or service that has resulted in good outcomes, then this will be automatically shared across all localities for consideration.

3. **Integrated commissioning functions, working closely with CCG’s and well connected with partners such as housing and VCS**

To develop a commissioning function across GM that is collaborative in nature between local CCG’s and Councils, reflects the importance of local connections and strategic priorities and can be flexed to support wholesale commissioning across GM when required.

4. **GM Discharge framework agreed and established**

To establish a framework for ensuring that work required to facilitate discharges from secure and non-secure environments is agreed and to include implementation of Community Treatment Reviews.

5. **Telemedicine and assistive opportunities pursued**

Take a positive risk taking approach to managing risk in a range of environments using telecare and other technology to mitigate identified risks.

6. **Workforce reform opportunities developed blending health and social care roles**

To ensure that where integrated teams are in existence, roles are developed to be deployed flexibly, recognising the points at which investment is required in specialist roles that can be used appropriately.

**Spreading GM Good Practice of What Works and Scaling Up – Key Work Streams**

- Needs Assessment and Service Utilisation Reviews
- Personalisation and Personal Health Budgets
- Setting up/Managing ‘At Risk’ Group Registers
- Assigning LT support and care coordinators/navigators for all individuals with long-term complex support needs
- Expert Case Management / CTRs / Discharge Coordination to anticipate and prevent premature deaths and avoidable behavioural crises
- Establishing Joint Resource / Funding Allocation Panel mechanisms (including S117) across GM
- Early Intervention and Transition approaches - Assertive Action Downstream for Children/Families Support (including co-working on the GM CAMHS Programme)
- SCN CLDT Development Action Learning
- Autism Complex Case Management Models
- GMP Street Triage/Liaison/Diversion/LDD Offender support
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- Specialist Intensive Support Team (in/out-reach and RC)
- GM Crisis Beds Model (LD and MH)
- Expanding other specialist Tenancies and Day/Respite/ Residential Schemes – Reinvesting in Some Old Models
- ESS+ De-Registration Plans for New Specialist Care Models
- Provider Market Development / MOA
- Joint Training, Positive Behaviour Network, Workforce Training and Development Programme – families, support staff and middle managers
- Reducing LD Health Inequalities and Promoting Mainstream Primary Care and Acute Health Action/SAF work
- Learning Lessons and local Mortality Review models to shape future practice
- Confirm and Challenge Co-Production with Honesty, Open-door Support and Personal Champion Models to Manage Disputes with Families and Discover Shared Solutions

**How We Will Measure Success (SMART)?**

- Reduced Admissions
- Increased Discharges
- Reduced Length of Stay
- 50% Reduced Inpatient Bed No’s (Low + Non-Secure)
- Robust Community Services
- Better Skilled and Supported Workforce Across Specialist and Mainstream services – And More Resilient Families
- All Those with Complex Support Needs and Their Families/Carers Identified Early with Better Access to Wrap-Around PBS Support/ Crisis Prevention Plans
- Improved Health Outcomes
- Increased Personal Health Budgets and Control
- Better Value for £ and Support for wider GM Sustainability Plans

The benefits of the new GM approach to Learning Disability services will mirror the desired personal outcomes in the National Service Model:

1. My care is planned, proactive and co-ordinated
2. I have choice and control over how my health and care needs are met
3. I live in the community with support from and for my family and paid carers
4. I have choice about where I live and who I live with
5. I have a fulfilling and purposeful everyday life
6. I get good care from mainstream NHS services
7. I can access specialist health and social care support in the community
8. I am supported to stay out of trouble
9. If I need assessment and treatment in hospital setting because my health needs can’t be met in the community, it is high-quality and I don’t stay there longer than I need to
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In addition to this GM has agreed to include a tenth outcome: “I feel and am safe, and I am supported to manage my risks”

The Refreshed Plan for Reducing the GM LD In-Patient Fast Track Plan Numbers

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GM LD In-Patient Fast Track Plan Rates per Million Total GP-Registered Population (2.858m)

Delivering on our ambitions will also contribute to meeting the financial challenge facing our public services - for Health and Social Care we are faced with a financial challenge in excess
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of £2bn by 2021 - reducing demand on expensive, reactive public services through greater integration, prevention and early intervention.

Underpinning the delivery of this ambition will be a new approach to commissioning services that focuses on delivering outcomes for residents, putting artificial boundaries to one side.

Our new approach will help us to deliver our strategic objectives of supporting GM residents to ‘start well, live well, age well’, whilst commissioning a financially and clinically sustainable health and social care economy.

April 2016