



Working Together  
for Future Services

# Learning Disability Provider Forum

March 2017

# Agenda

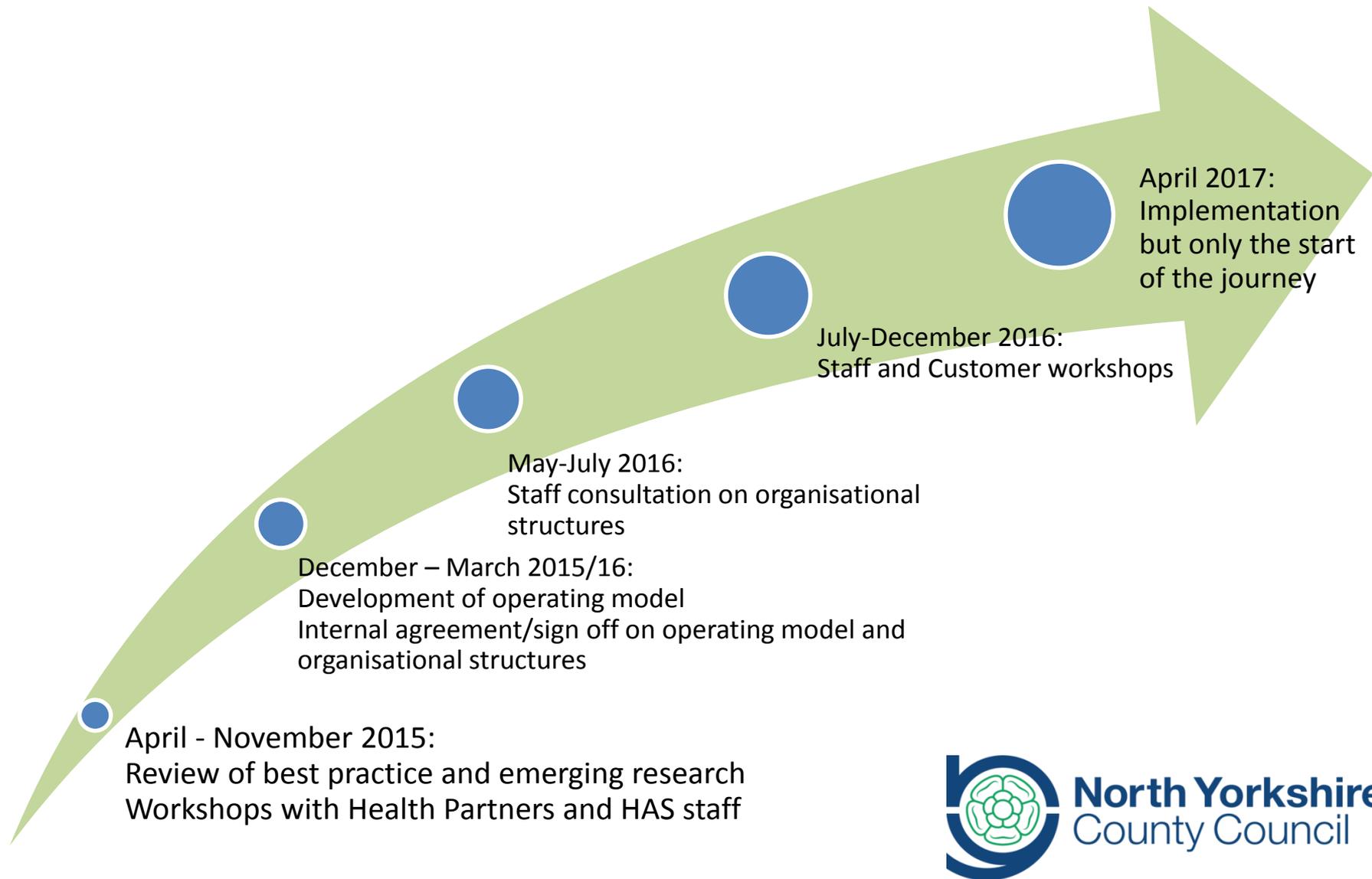
Time	Agenda Item
09:30 – 09:40	Tea and Coffee and Welcome
09:40 – 10:10	HAS Care and Support restructure and Strength Based Approach (Jonathan Lindley)
10:10 – 10:30	<u>Updates</u> Live Well Live Longer – LD Strategy Update Transforming Care Partnership Update Forum Update Sleep-in Services Update
10:30 – 10:45	Break
10:45 – 11:00	Meet the Provider “Who, What, Where, Good Practice and Networking”
11:00 – 11:45	Learning Disabilities and Health Screening
11:45 – 11:55	“Food for Thought” – Updates from the LD Partnership Board
11:55 – 12:00	Task and Finish Group
12:00	Close

# Care and Support Pathway Health and Adult Services

# The Model: Background

- Built on extensive research
- Built on learning from other Local Authorities
- Embedded requirements of the Care Act and Social Work reforms
- Reviewed practice which already worked well e.g. START, Personalised Planning and Better Value
- Workshops with Partners including CCG, provider trusts and voluntary organisations
- Input from operational HAS staff
- Reorganise our internal resource

# The path to Transformation



# The Model: Objectives

- Improved Prevention offer
- Improved offer at first point of contact
- Professional assessment throughout the pathway
- Embedding a strength based approach to practice
- Development of practice
- Integration
- To be compliant with all regulatory requirements
- Becoming a Reablement organisation
- Provide a consistent internal structure
- Move to generic adult social care teams
- Safeguarding is responded to across the pathway

**Referral to Service:**  
Public  
Health Partners  
Trusted Assessments?  
Trusted Referrals?  
Hospital Notifications?

**Intermediate Care**  
(Ryedale and Selby Hub, Fast/Rapid Response)

**GPs and Community Health Services**  
E.g. District Nurses

Stronger Communities

Public Health

Living Well

**Care and Support**

**24 Hr**  
(Professionally Qualified Staff within the Customer Resolution Centre)

**Independence and Reablement Service**

**6-12 Weeks**

**Assessment Function**  
(Occupational Therapy and Assessment Staff)

**Reablement Delivery**  
(Includes Independence Coordinator)

**Planned Care and Support**

(Locality Assessment Teams)

**Providers**

Extra care  
PCAH  
Day services  
EPH  
Respite  
Supported employment

**Exit to:**  
Information, Advice and Guidance/Living Well Team/Voluntary, Independent and Universal Services

# Delivery timeline to 1<sup>st</sup> April 2017



# Vision and Culture



# Our Vision for Adult Social Care Practice

## Practice

- Care Act Compliant
- Strength Based and solution focused
- Whole family approach
- Move away from care management to community social work
- Social work is an intervention
- Move to risk enabling
- Active case management
- Modernising personalisation
- How we connect people
- How we use our information to improve things for people
- Use of family group conferencing

## Culture

- Practice will come from a position of what matters to the person – outcome led
- Work with people in a way that makes sense to them – uses a common sense approach
- Supports people to maximise their own resources to live independent lives
- Solution focused
- Customers receive service but also help shape future services
- Our assessments start with a conversation with the person and will build our relations
- Whole system approach
- Learning organisation that values the input from people who use services and their carer

# What we've done so far

## Support & Infrastructure

- Developed draft care standards
- New case file audit tool
- Tools and guidance
- Re-fresh procedures
- Peer Support sessions
- Care Act compliance
- Implementing social work reforms
- CSM Forum

## Service delivery

- Launch of screening tool co-designed with customers
- Pilot team in CRC
- Re-designed C&S pathway
- Assessment as intervention
- Wellbeing principal
- Whole family approaches
- Prevention
- Pause
- Practice Team

## Review & Evaluation

- External critical friend review: Helen Miller
- 3-month review of strength-based re-assessments including case file audits
- Some customer engagement
- Planning for diagnostic with Jenny Pitts
- Social Work Health Check

# Lead Practitioners / Practice Advisors

## Lead Practitioners

- Senior Social Workers who hold portfolios in specific areas, 2 portfolio's each:
  - (LD, Dementia, Carers, CHC, Autism, Mental Health, Social Work interventions, e.g. motivational interviewing, and End of life care)
- Will be a lead for legislation and support the Principal Social Worker, for example Human Right's Act.
- Principal OT, Senior OT 's portfolio's associated with telecare and equipment, moving and handling
- Responsible for development of practice in specific portfolio
- Will receive specific training to support knowledge
- Will deliver training to practice advisors and staff
- Will develop training and practice materials for staff
- Will attend conferences and specific condition related events
- Will review best practice research
- Will be able to develop CPD based on area of specialism
- To work to the Principal Social Worker and peers to share knowledge within the Practice team
- Service Manager Portfolio's - LD, health integration.

## Practice Advisors

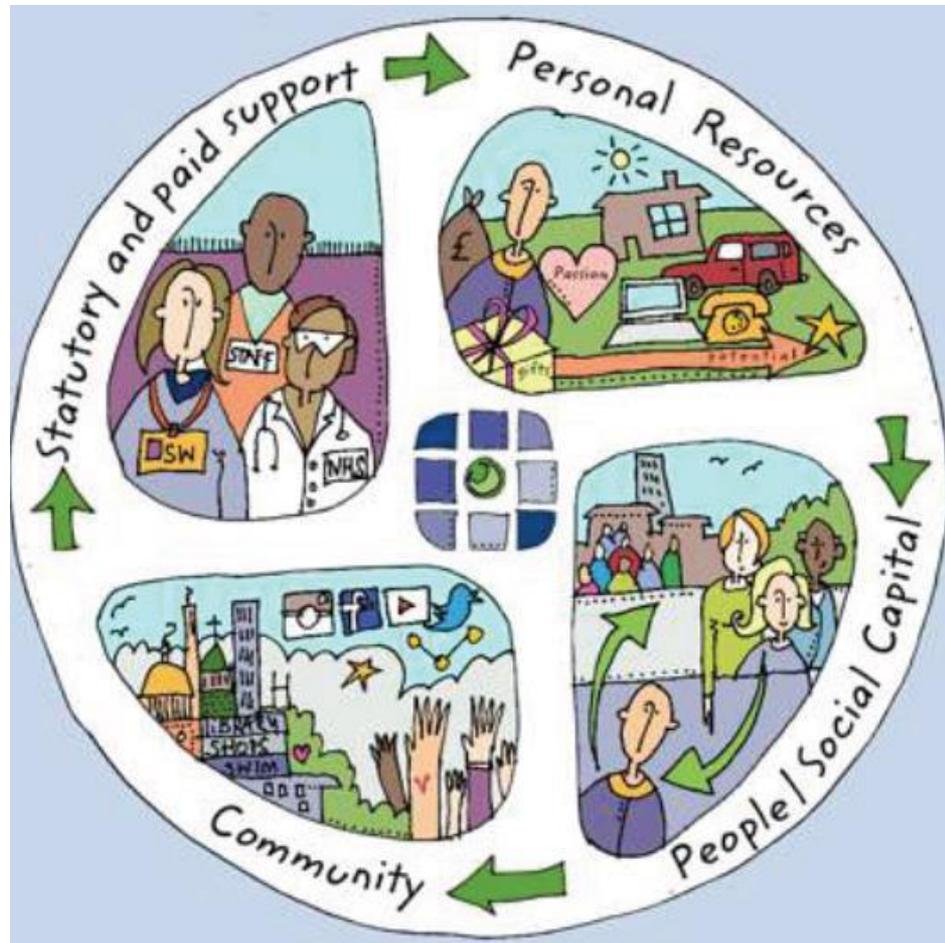
- Staff within teams who hold specific knowledge of particular areas, similar to previous champion roles held for Autism and Dementia but this role will have a clear focus unlike previously
- Responsible for sharing knowledge across teams regarding area of expertise
- Link in with the Lead Practitioners to help identify areas of gaps in relation to issues fed back from the ground
- To share good practice with Lead Practitioners to ensure consistency in practice
- Clear duties and responsibilities which this role will work to and including their accountabilities and expectations of the role.
- Will act as a 'go to' person in their locality area
- Will have the opportunity to have additional training to support knowledge
- Will be able to develop their CPD based on additional responsibilities
- Informal support networks outside of peer support sessions.

# Modern Personalisation:



- Personalisation means thinking about care and support services in an different way.
- Starting with the person as an individual with strengths, preferences and aspirations.
- Person at the centre of their own care and support
- Enabling people to make choices about how and when they are supported to live their lives.
- Personalisation reflects social work values: respect for the individual and self-determination have long been at the heart of social work.

# What support exists around the person?



# So... What's next

- Implementation
- More Engagement
- New Conversations
- Practice Development

# Questions?



# Live Well Live Longer Update

- Health & Wellbeing authorisation
- Development of a draft implementation plan
- Involvement from the LD Partnership Board and self-advocates
- Launch event

# Building the Right Support

## *Reducing inpatient facilities and enhancing community services*

### **Target audience/population:**

- Complex LD and/or autism with behaviours that challenge; including those with a mental health condition

### **Vision:**

- 'Homes, not hospitals'

### **Two key objectives:**

- Preventing admissions into LD-specific inpatient beds
  - CCG Commissioned 'Assessment and Treatment' Beds and NHSE Specialised Commissioned 'Secure'/T4 beds
- Facilitating discharge and community resettlement
  - especially for those who have been inpatients for 5 years plus

### **Key issues**

- Future sustainability of new community services to prevent admissions
- Building the right community infrastructure ahead of resettlement
  - double-running costs and high cost of community care packages not being offset by savings made from bed closures
  - availability of providers locally who have the credentials needed to care for this complex cohort

# North Yorkshire and York TCP Inpatient Cohort

## **16** adult inpatients in CCG commissioned beds

- 10 in block contract beds
- 6 in spot purchase beds (4 outside of Yorkshire & Humber)
- 8 discharges planned
- 2 'ready for discharge' but cases in dispute
- 1 transfer to NHSE low secure inpatient services
- 5 still in active treatment/assessment
- **12 new 'homes' / community placements and care packages either secured or being sourced via brokerage process**
- **4 are returning to previous 'homes' / community placements**

## **22** inpatients in NHSE beds

- 16 adults
  - 4 'ready for transfer' and step-down to CCG Rehab beds
- 6 children
  - Admissions and discharges for U18 are fluid



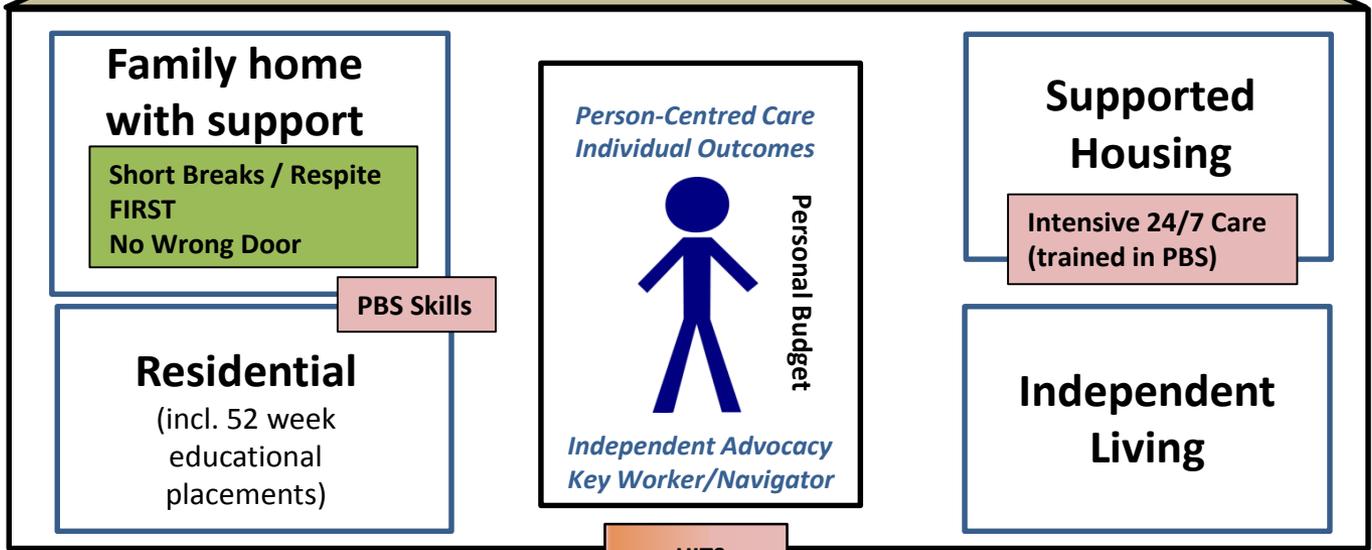
LD In-Patients

CTR Process & Timings



Secure & CAMHS T4 In-Patients

# BTRS Community Model 'My Own Home'



**Family home with support**

Short Breaks / Respite  
FIRST  
No Wrong Door

**Residential**  
(incl. 52 week educational placements)

PBS Skills

*Person-Centred Care  
Individual Outcomes*



Personal Budget

*Independent Advocacy  
Key Worker/Navigator*

**Supported Housing**

Intensive 24/7 Care  
(trained in PBS)

**Independent Living**

HITS

Co-Produced Care Planning  
Access to MDT  
Crisis/Risk Assessments  
Health Facilitation

**Community Learning Disability Team**

**CRISIS: Peripatetic Intervention Team & Out of Hours Support**

PBS Champions Transitions  
Primary Care Liaison  
Forensic Outreach

Dynamic Register

Primary Care: GPs, Dentists, Pharmacy  
*AHC / HAP*

Acute Care: Planned and Emergency  
*Hospital Passport*

**Mainstream Health & Social Care Services**  
*reasonable adjustments*

Mental Health Care: Planned and CRISIS, community forensic services  
*Green Light Toolkit*

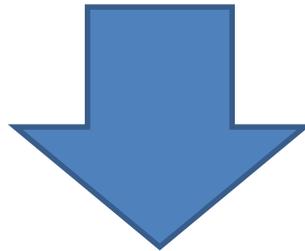
Education & Training  
Supported Employment  
Preparing for Adulthood  
Day Care  
Housing  
*EHCP*

**Current Model & Must Haves**

**Enhanced Model  
New elements & Gaps**

# Work in Progress

- Know and understand potential future demand on inpatient services:
  - The needs of our 'at risk' local population; including those with complex needs coming 'up stream' from Children's Services



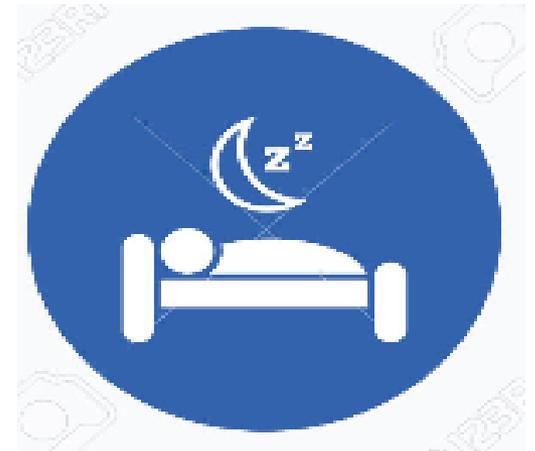
**To continue planning, building and enhancing community services (e.g. out of hours crisis prevention, respite and home intensive support to prevent inpatient admissions)**

# Provider Forum Update

- Website area has been created  
[www.nypartnerships.org.uk](http://www.nypartnerships.org.uk)
- Future agendas and forum dates
- Documents and slides from each of the previous forums
- Owned by all – please engage
- Improvements

# HMRC Living Wage Update

1. Information requests
2. information analysis
3. Payment generation
4. Discussion with providers
5. Future sleep-in service transformation



# Break

15 Minutes

# Meet the Provider

- Who
- What
- Where
- Good Practice
- Networking

# Food for Thought

## Updates from the Learning Disability Partnership Board

1. Support staff culture
2. Rights and responsibilities
3. Information and guidance accessibility
4. “Finding a new home” easy read guide
5. “Know you are safe” easy read guide
6. Annual health checks
7. Consulting Groups

# Task and Finish Group

16<sup>th</sup> March 2017