

## North Yorkshire Delivery Board Workshop 14<sup>th</sup> July 2016 – Notes

### Present

Richard Webb	Corporate Director of Health and Adult Services, NYCC – in the Chair
Nigel Ayre	Delivery Manager, Healthwatch, North Yorkshire
Wendy Balmain	Assistant Director, Integration, NYCC
Neil Bartram	Technology and Change Business Partner, NYCC
Michelle Beaumont	Learning Disability Consultant, Tees, Esk and Wear Valleys NHS Foundation Trust
Alex Bird	Chief Executive Officer, Age UK, North Yorkshire
Katie Brown	Commissioning Manager, Adult Social Care, City of York Council
Kathy Clark	Assistant Director, Health and Adult Services, NYCC
Simon Cox	Chief Officer, Scarborough and Ryedale CCG
Dilani Gamble	Chief Finance Officer, Harrogate and Rural District CCG
Liz Hodgkinson	Deputy Executive Nurse, Harrogate and District CCG
Shaun Jones	Head of Assurance & Delivery NHS England – North (Yorkshire & The Humber)
Colin Martin	Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Victoria Pilkington	Head of the Partnership Commissioning Unit
Michaela Pinchard	Head of Integration, NYCC
Rachel Potts	Chief Operating Officer, Vale of York CCG
Janet Probert	Chief Officer, Hambleton, Richmondshire and Whitby CCG
Mike Proctor	Deputy Chief Executive, York Teaching Hospitals NHS Foundation Trust
Philip Pue	Chief Clinical Officer, Airedale, Wharfedale and Craven CCG
Keren Wilson	Chief Executive, Independent Care Group

Richard Webb welcomed people to the Workshop. He advised that the discussion on the Better Care Fund with the full Delivery Board would not now be required, so the sole Item for consideration was Building the Right Support.

### **Building the Right Support across York and North Yorkshire – A local plan to develop community services and close in-patient facilities for people with learning disabilities and/or autism for all ages**

Richard stressed that this was an important issue for the health economy and one which included substantial risks and responsibilities.

A report by Victoria Pilkington had been circulated, which outlined the background to this initiative; its objectives; and risks.

Kathy Clark and Victoria Pilkington delivered a presentation and highlighted the following points in particular:-

- The initiative was driven by the outcomes of the Inquiry into Winterbourne View.
- The programme was centrally driven and its main driver was to reduce the number of people with learning disabilities in hospital settings.
- The programme was an all age one and aimed at those in in-patient care; people at risk of being admitted to hospital; people known to local services; and everyone with a learning disability and/or autism.
- Amongst the commitments made were:-
  - greater choice for patients and carers;
  - personalised support from multi-disciplinary teams, both in the community and close to home;
  - ensuring people are only in hospital for as long as there was a clinical need
- Currently, there were 15 CCG inpatients. By 2017/218 we will be expected to have reduced that figure by one bed. By March 2019 the target was to reduce down to 9, which would be challenging.
- A £30 million Transformation Fund had been established nationally, of which £150,000 had been awarded to the North Yorkshire and York Transforming Care Partnership. This resource, which was non-recurrent, required match funding. Initial conversations had been held with TEWV NHS Foundation Trust.
- The new service had to be in place by December 2016.
- Options included:-
  - increase positive behavioural support services; and
  - increase crisis prevention
- This would be high profile and tightly performance managed. The key question was: *Would the additional monies deliver the requirements of Building the Right Support?*
- A piece of work had been undertaken looking at the reasons why any people with learning disabilities had been in hospital for more than 12 weeks.

## Discussion

The following comments were made by Delivery Board Members:-

- We need to work with the market to ensure providers are equipped to provide the support required.
- PIPS – an initiative involving health, social care and housing - had accessed grants in Durham and Stockton.
- There is a responsibility on everyone to understand the whole funding envelope, as a reduction in beds would be required.

- There is a balance to be struck in that, although the reduction in people in hospital would govern release of funding, it was important not to solely concentrate on the number, as that did not tally fully with the principle behind building the right support.

Victoria Pilkington posed the following questions:-

- What are the key risks?
- How can we mobilise the health economy to create the right outcomes for individuals?

### **Feedback**

- Finance was an issue at every level. Could the resource be phased in?
- Might it be possible to help people who do not meet the criteria for the initiative to have a better quality of life? The quality of the workforce could be upscaled.
- Providers need to be ready for this.
- It is crucial to understand the population locally. We need to work with providers to assist people at the highest risk.
- Could we re-invest existing resources differently?
- There is a need to engage with the market.
- Given the potential for people to come back into the community, the community needs to be able to respond accordingly.
- Service users must be involved in the design of services.
- National Models of good care would be useful.
- A shared understanding is required as to how to use the funding and shape workstreams.

Kathy Clark advised that a Regional Event would be held to get views of people affected once and thereby avoid duplication.

### **Summary**

- The principle of reducing the number of people with a learning disability in hospital settings is supported.
- Engagement to take place with the provider market.

- Consideration be given as to how to support people around positive behaviour support.
- We should not be unduly constrained in our thinking by the requirement of reducing the number of people in hospital settings.
- Be creative e.g. rather than seeing the £150,000 (£300,000 with match funding) as definitive, consider if we could pull in other spend to work alongside this.

### Next Steps

Report back to the Transforming Care Partnership Board.

**Action:** SC/VP/KC

Update the Commissioner Forum at its meeting on 11<sup>th</sup> August or 8<sup>th</sup> September 2016.

**Action:** VP

Adjust the draft Learning Disabilities Strategy to reflect elements of today's discussion.

**Action:** KC/VP