

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD****6 December 2018****TRANSFORMING CARE PARTNERSHIP (for people with a learning disability and/or autism with a learning disability and/or autism, with behaviours which may challenge)****REPORT OF: JONATHAN EATOUGH, ASSISTANT DIRECTOR, GOVERNANCE, PROCUREMENT AND COMMISSIONING****LEAD CABINET MEMBER – CLLR PAUL WATLING****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

The last update report was presented to Board in December 2017.

This report provides an update on the current position in respect to meeting the targeted level of bed reduction by April 2019.

**Background**

In 2015, The NHSE published a report called 'Building the Right Support' (BRS) (NHS, October 2015) proposing closure of between 35 – 50% of beds used to support this cohort of people. Based on statistical data, targets were set to support the overall reduction of commissioned beds. The deadline for completion of the reduction is April 2019.

The Shropshire TCP Partnership works to ensure that individuals with Learning Disabilities and/ or Autism are able to live within the community. This will be achieved through appropriate joint strategic planning to ensure that appropriate community services are in place to support individuals on a daily basis and at a time of crisis. LAs and CCGs are working together to ensure that admissions only take place for those who need them, and when all community options have been explored.

The programme is led by a Senior Responsible Officer who is accountable to ensure:

- alignment of the TCP work stream within the broader context of the Learning Disability Commissioning Strategies for the two separate areas (Shropshire and Telford & Wrekin),
- delivery of the TCP Programme, and that
- all partners, including LAs, CCGs and NHSE as well as people with a LD and/or Autism and carers are involved.

### Recent changes to the TCP Leadership

The role of Senior Responsible Officer (SRO) has until recently been undertaken by the Director of Adult Services and Housing in Shropshire Council. Following initial agreement that the role of SRO would rotate between the Local Authorities, it was agreed that from September 2018 the role will be undertaken by the Telford & Wrekin Director of Children's and Adult Services.

Since May 2018, the role of Deputy Responsible Officer has been undertaken by the Director of Nursing and Quality at Shropshire CCG.

### **In-Patient Trajectories**

To meet targets set by NHSE the TCP has a trajectory target to April 2019, the end of the project. Although the trajectory in respect to the number of patients in NHSE funded beds was met in 2017/18 and at Q2 2018/19, the number of patients in CCG funded beds was not met in 2017/18 but projections indicate that the target will be met in Q4 2018/19

At the end of Q2 2018/19 was that there were 22 patients occupying a NHS funded bed which is 4 over the trajectory of 18 as indicated below:

	End of Q1 2018/19 actual	Q1 18/19 Trajectory	+/-	End of Q2 18/19 actual	Q2 2018/19 Trajectory	+/-
CCG	9	5	+4	9	5	+4
NHSE	13	15	-2	13	13	0
<b>Total</b>	<b>22</b>	<b>20</b>	<b>+2</b>	<b>22</b>	<b>18</b>	<b>+4</b>

There is an NHSE escalation process which the Shropshire TCP is in.

To effectively manage this process and to provide assurance to NHSE the TCP has undertaken a Root Cause Analysis (RCA) which includes a Recovery Plan which was presented to and accepted by the TCP Board in July 2018.

As well as monitoring the Recovery Plan at the TCP Board, in order to ensure no delays in the discharge of individuals who are ready, the TCP have put into place processes to ensure robust and effective Admission Avoidance and timely discharges.

These include:

- Weekly calls with DRO and TCP Partners, including providers where appropriate, to discuss individuals and what steps are needed to ensure their discharge
- Fortnightly calls with TCP, NHSE, NHSE Specialised Commissioning and LA to discuss patient level details, early identification of barriers to individual discharges
- Weekly monitoring of patients in the Long Stay cohort and their individual discharge plans.
- Care Treatment Review/Care Education Treatment Review (CTR/CETR) process in place following National Guidance. (Currently 100% compliance has been achieved and maintained)

- Multi - Disciplinary Team Approach adopted earlier to reduce need for an urgent meeting under the Local Area Emergency Plan (LAEP) process.
- Ensuring there is a system in place to support early intervention by Intensive Support Team.
- Assuring robust monitoring of those at risk of admission is in place at the monthly Dynamic Risk Register meeting. Ensure that all relevant individuals are on the register.
- No admissions without agreement from Commissioner (CCG) and a completion of an RCA where admissions cannot be avoided.
- Working jointly with organisations from across Health and Social Care (including education)

### **Current Position**

- **CCGs**

In Q3 there has been 1 new admission into a hospital bed funded by Shropshire CCG. This means that currently there are now a total of 10 individuals in a CCG funded bed when the trajectory indicates that there should only be 5 inpatients.

Expected Discharges- CCG

Before the end of March 2019 the indication at this stage is that 6 patients will be discharged and potential for a further 2 discharges. If these discharges do take place the TCP would meet the end of year trajectory of 5 patients in a CCG funded bed.

- **NHSE Specialised Commissioning**

In Q3 there has been 1 new admission into a bed funded by NHSE Specialist Commissioning, This means that there are now a total of 14 individuals in a NHSE funded bed.

Expected Discharges - NHSE

Before the end of March 2019 the indication at this stage is that 4 patients will be discharged. If this is the end of March position the TCP will be 1 off the year-end target of 9 patients in a NHSE funded bed.

### **Issues**

- This is a challenging cohort of individuals who need high intensity care and support.
- It has been recognised that in order to create spaces for appropriate admissions in the future numbers need to fall below the target figures but to date the number of discharges has not kept up with the number of new admissions or end of quarter trajectories
- The Estimated Date of Discharge (EDD) of a number of current inpatients in a NHSE funded bed has been put back until after March 2019 due to a review of their current clinical presentation. This means that there are fewer people ready for a discharge before March 2019
- Processes are in place to support people in the community in order to reduce the risk of people being admitted into a hospital bed (Admission Avoidance Register etc). However, a number of people are admitted into hospital with a mental health illness and are

subsequently diagnosed with autism (generally the case for children and young people)  
When this happens the person will become part of the TCP Cohort. People may come into the TCP cohort through the criminal justice route.

### **Recent changes and Developments**

A number of changes and developments have been implemented and have had a positive effect on the delivery of the TCP Programme. These include:

- A Care Co-ordinator was recruited to work in the TCP Team in April 2018 and this has improved efficient working across agencies.
- Improved communications between all partners has helped to better understand patient needs and improve discharge planning
- CCGs are required to hold a register of people who have been identified as being at high risk of admission into hospital. Consent must be obtained by the referrer before people are added to the register. (Care and Treatment Reviews (CTR): Policy and Guidance including policy and guidance on Care, Education and Treatment Reviews (CETRS) for children and young people) (March 2017) A recent review of the Risk Register has improved communications by the relevant agencies and professionals and more effective working is in place to avoid admissions and support transition work including identifying future care/accommodation needs
- There is improved understanding and application of the legal frameworks under which patients are to be discharged and this will also support timely discharges.
- Initiatives to improve health inequalities put into place including:
  - Participating in National Audit in respect to Stop over Medication of people with a learning disability or both (STOMP) across the TCP area
  - Introduction of a Steering Group with the aim of supporting The Learning Disabilities Mortality Review (LeDeR) Programme (LeDeR programme was established as a result of one of the key recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). CIPOLD highlighted that some people with learning disabilities were dying sooner than they should. Some of the reasons for this were related to the standard of health and social care that they received. On this basis, the fundamental principle of the LeDeR Programme is to identify the learning in order to make improvements to the quality of health and social care for people with learning disabilities. The University of Bristol runs the LeDeR Programme. The Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England commissions it
  - A Local Area Contact role is in place (Local Area Contacts are the link between the regional and national LeDeR Programme team, the local Steering Group and local reviewers)
  - Local Reviewer training has taken place and development of a register is progressing to ensure timely completion of reviews into premature deaths (Local reviewers are responsible for undertaking reviews of the deaths)
  - The TCP has also been successful in an application to NHSE for monies under 'Doing Things Differently'. These monies have been made available in order to support the delivery of the Transforming Care Programme.

In total Shropshire TCP has been allocated a total of £120,000 and will be used to support the following:

- Additional support for the CTR process, including raising awareness of the process to social care staff
- Consultant support to review C&YP pathways
- Provision of training in respect of Personal Behaviour Support (PBS is a framework for providing long term support for people including, but not exclusively, those with a learning disability, autism, mental health conditions and head injury. The overall aim of PBS is to improve the quality of the person's life and the quality of life for those around the person. It is especially important for people who have, or may be at risk of developing, behaviours of concern
- Provision of additional community support where required to support admission avoidance for example: short term additional support in the home.

### **Contractual Arrangements in place to ensure quality of care**

The TCP team work very closely with NHSE Specialised Commissioning, Local Authority Social Care and Housing and independent providers in order to ensure patients are supported in their discharge from hospital safely and effectively.

In terms of contracting for care services CCGs commission jointly funded services with the Local Authority who take on the role of Lead Commissioner when contracting with providers. The exception to this is when patients are 'stepped down' to a Locked Rehabilitation bed and are therefore fully funded by the CCG. However although all patients have complex care needs, early indications based on information to date are that those who are currently in the discharge planning stage have needs that can be met by community teams including Community Team Learning Disabilities (CTLTD) and services provided through Local Authorities but this is kept under review.

The Local Authority has a framework of care and support providers and due diligence is carried out on every provider to ensure they are financially stable, have experience of delivering services to individuals with learning disabilities and / or autism. This pre-qualifies providers on to a framework. Once they are on the framework they have the opportunity to bid for opportunities to deliver care and support. At this point additional quality questions are asked of providers which are evaluated against predetermined criteria.

Any contract will also stipulate the terms by which the service must operate and any Key Performance Indicators to be met. A contract management system exists which is based on risk and for this client group regular check-ins by the commissioner, contracts officers, Social Workers and other key staff ensures any issues are picked up quickly. The commissioning team incorporates an assurance function that can be deployed to complete un-announced in-depth inspection of a contracted service, providing yet another stage of rigour to the contract management process.

## Conclusions

There is no defined cohort and new admissions are added to the calculation of trajectories which adds to the challenge of finding suitable accommodation in the community and meeting the targets set by NHSE.

This is a challenging cohort of people and it takes time to assess carefully support needs and make sure that individuals have sufficient care and support to enable them to live well and safely in the community

Individuals should be able to live within the community with appropriate strategic planning and early intervention to avoid crisis and to reduce hospital admission.

Due to above there is be a possibility that the TCP will not be able to achieve the end of programme target of no more than a total of 14 in-patients on 31st March 2019

All partners continue to work together in order to ensure safe and timely discharges for all patients in the TCP cohort

### 1. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)

The Health and Wellbeing Board is asked to:

- 2.1. Note the progress set out in this report and request a further update report at the end of the project after April 2019
- 2.2. Note the changes to roles in particular that of Senior Responsible Officer and Deputy Responsible Officer

### 3. IMPACT OF ACTION - (How it is intended that action will make a difference)

The TCP Board will continue to work with key partners and stakeholders to:  
manage the process of planned resettlement between December 2018 and March 2019

### 4. SUMMARY IMPACT ASSESSMENT

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	<b>Yes</b>	If yes please state relevant priority Young people and adults with a learning disability and/or autism including mental health, and their carers.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	<b>Yes</b>	<b>Put our children and young people first:</b> This means we will work collaboratively with schools, special schools and colleges of FE. <b>Improve local people's prospects through education and skills training:</b> Building the Right Support states that councils should support individuals who are able and wish to enter into work.

		<p><b>Protect and support our vulnerable children and adults:</b> Social Care and the Third sector including community support initiatives.</p> <p><b>Ensure that neighbourhoods are <u>safe</u>, clean and well maintained:</b> Some people with behaviours which challenge, including those with a forensic history require additional steps to ensure their safety, the safety of family members and other members of the community.</p> <p><b>Regenerate those neighbourhoods in need and work to ensure that local people have access to <u>sustainable housing</u>:</b> named individuals will require accommodation which is bespoke to their individual needs.</p> <p><b>Improve the health and wellbeing of our communities and address health inequalities:</b> work will continue to take place via the Integrated Clinical Care work stream to widening engagement and training to all NHS services.</p>
	Will the proposals impact on specific groups of people?	
	<b>Yes</b>	Yes, those described in the TCP cohort – people with learning disabilities and/or autism with behaviour that may be challenging.
<b>TARGET COMPLETION/ DELIVERY DATE</b>	<p>Programme Delivery formally commenced in July 2016 and ends on 31<sup>st</sup> March 2019 for resettlement.</p> <p>Work to prevent unwarranted admissions will extend beyond that date.</p>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	<b>Yes</b>	<p>The proposal in the submission currently considers the reduction of inpatient in beds commissioned by both NHSE Specialist Commissioning and CCG Commissioned beds. Since 2016, the numbers have already reduced. The current status is there are 14 patients in beds commissioned by NHSE Specialist Commissioning, by April 2019, this number must reduce to 9. There are 10 patients in beds commissioned by the two CCGs and by April 2019, this number must reduce to 5.</p> <p>The transfer of costs from current inpatient provision to Community based care should come with funding from NHS England which should result in no additional ongoing net costs to Telford &amp; Wrekin Council or Shropshire Council.</p> <p>NHS England has transferred £990k to the Shropshire TCP for 2018/19 in relation to the transfer of patients previously commissioned by NHS England. This funding was initially allocated to Shropshire CCG but monies for patients who are the responsibility of Telford and Wrekin CCG have since been transferred to Telford and Wrekin CCG. NHSE has not indicated at this stage that this allocation transfer will be recurrent.</p> <p>The TCP Partnership Board has already taken the decision to have two Section 75 pooled budget agreements in place for 2018/19 – one for Shropshire and one for Telford and Wrekin. This ‘Payment Mechanism’ will provide a way of transferring monies from Health to Local Authorities. Work on finalising these agreements is taking place led by the Finance Leads in each organisation.</p>

		<p>The partner organisations have contributed to a shared fund of £124k to pay for management and administration of the programme.</p> <p>To conclude, financial risks to the Footprint organisations do arise from this programme, those stated above and those which will arise beyond the programme end when funding is no longer available. It will only be clear what risks remain once the current negotiations and clarifications currently ongoing with NHS England have been concluded, and then the financial impact of the residual risks can be evaluated with more certainty and reported to the Board.</p>
<p><b>LEGAL ISSUES</b></p>	<p>Yes/No</p>	<p>“Building the right support - A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition” was published on 30 October 2015 and required local authorities and NHS bodies to deliver against Transforming Care Partnership implementation plans from 1 April 2016</p> <p>Local authorities and NHS Bodies are expected to align or pool their budgets, as appropriate and recognising the continued responsibility of Clinical Commissioning Groups for NHS Continuing Healthcare.</p> <p>Any pooled funding arrangements need to comply with the requirements of Sections 75 National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended).</p> <p>In addition to clarity as to financial arrangements between local authorities and NHS Bodies, there will need to be clarity as to the governance and reporting arrangements arising from this whole service approach taking into account each agency’s relevant statutory duties for adults and children and young people with a learning disability and /or autism who display behaviour that challenges [including behaviour that can lead to contact with the criminal justice system] under the following legislation [as amended /updated from time to time] and associated Regulations and Statutory Guidance published there under:</p> <ul style="list-style-type: none"> <li>• Local Authority Social Services Act 1970 Schedule 1[list of all local authority social services functions]</li> <li>• Mental Health Act 1983</li> <li>• Children Act 1989</li> <li>• Education Act 1996</li> <li>• Crime and Disorder Act 1998</li> <li>• Housing Act 2004</li> <li>• Mental Capacity Act 2005</li> </ul>

		<ul style="list-style-type: none"> <li>• National Health Service Act 2006</li> <li>• Autism Act 2009</li> <li>• Equality Act 2010</li> <li>• Health and Social Care Act 2012</li> <li>• Children and Families Act 2014</li> <li>• Care Act 2014</li> <li>• Human Rights Act 1998</li> </ul>
<b>EQUALITY &amp; DIVERSITY</b>	<b>Yes</b>	The impact will be positive. People with learning disabilities and/or autism who have behaviours that challenge including mental health will be supported to live ordinary lives in the local community, be valued and respected.
<b>IMPACT ON SPECIFIC WARDS</b>	<b>Yes/No</b>	This Programme has a borough wide impact in Telford and Wrekin and across Shropshire.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	<b>Yes/No</b>	TCP is based on a principle of co-production and this is in place with targeted discussions.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	<b>Yes/No</b>	Some of the patients due to resettle have a forensic history and plans must ensure that risk is mitigated, both for the individual and the community setting that the person moves to, after leaving hospital. There is also an impact on carers, depending upon how the care and support is provided.

## **PART B) – ADDITIONAL INFORMATION**

### **Post 2019**

Further work to support longer term prevention of the need for admission into in-patient beds will be progressed under the guidance of the Strategic Transformation Partnership. Work is in hand to establish a clear programme of work to support that longer term piece of work.

#### **1. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

An Initial Impact Assessment (IIA) has been completed and a more detailed Equality Impact Assessment is not required.

#### **2. PREVIOUS MINUTES**

December 2017 H&WBB Board

#### **3. BACKGROUND PAPERS**

“Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services”

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

“Building the right support – A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition”

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

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