

## Health and Wellbeing Board

7<sup>th</sup> March 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).**

#### **Responsible Officer**

Email: di.beasley@nhs.net

Tel: 01952 580333

#### **1. Summary**

This report informs the Health and Well-being Board on progress in meeting the targeted level of bed reduction by April 2019.

#### **2. Recommendations**

The Health and Wellbeing Board is asked to:

- 2.1. Note the contents of this report
- 2.2. Require notification of completion of the targeted bed reduction by March 2019
- 2.3. Confirm closure of the programme, post March 2019.

## **REPORT**

#### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

<b>EQUALITY &amp; DIVERSITY</b>	Yes	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>PATIENTS AND PUBLIC ENGAGEMENT</b>	Yes	TCP is based on a principle of co-production and this is in place and delivered through a number of workstreams.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	YES	It should be recognised that a number of patients who will be discharged are known to have forensic history and plans must ensure that any risk/s is mitigates in respect to the individual and the community setting in which they reside when they leave the hospital setting.

## **4. Financial Implications**

The working principle is that the funds currently being used to procure inpatient services for these patients – currently the funds sit with NHS England – will transfer into the TCP footprint via an increase in the annual allocation of each CCG.

NHS England has calculated that the average annual cost of a hospital admission is £180,000 and consequently that the TCP footprint will receive £180,000 for each of the patients currently planned to transfer i.e. £180,000 multiplied by 9 patients which equals £1.62 million. This is the working assumption within the TCP financial plan and it is made clear that the TCP expects the full amount of the £1.62 million to be transferred recurrently to the CCGs. A letter has been sent from the TCP Partnership Board Chair to NHS England asking for a guarantee that this is the case. At this moment a positive response has not yet been received.

The £1.62 million that will transfer is planned to be used to provide community placements for these 9 patients and it is hoped that the local costs will be lower than the cost of a hospital admission which will make the process self-funding and allow any surplus funds to be used in avoiding future admissions and also provide community services for additional patients in the future.

In relation to the 5 locally commissioned beds, the CCGs already have the funding for these included within their allocations and so once the patient moves from a hospital setting to a community placement then the CCGs will be able to easily transfer these budgets. Again it is hoped that the cost of the community placement will be lower than that of the current hospital provision.

The TCP has also received non-recurrent funding from NHS England in order to fund a forensic team whose aim is to further facilitate the process of transfer and also work locally to improve community services and prevent readmissions in the future. The use of this non-recurrent funding is currently being finalised.

The TCP is currently considering putting in place two pooled budgets – one for Shropshire and one for Telford and Wrekin. The principle behind this is to pool all available funds and then use this pool to provide the costs of the community placements. The agreements are still being finalised, in particular the arrangements needed for risk sharing. Any 'Pooled' budget arrangement will need to comply with the requirements of Sections 75 National Health Service Act 2006 and the NHS Bodies and Local Partnership Arrangements Regulations 2000 (amended).

## **5. Background**

In 2011, a Panorama programme highlighted the abuse and neglect of people with learning disabilities and/or autism with behaviours that challenge, who were living at an NHS funded service in Bristol - 'Winterbourne View'.

Following these events, the Government and leading organisations across the health and care system made a commitment to transform care for people with learning disabilities and/or autism over the next four years. However although many patients moved out of long stay hospitals into the local community other patients moved into the beds.

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.

Across the country Transforming Care Partnerships have been established to drive the transformation of services for people with a learning disability (LD) and/or autism (ASD) and challenging behaviours, or a mental health condition. The primary focus of this work is to reduce the level of bed usage.

## Local context

Locally, the Shropshire TCP Footprint consists of:

- Shropshire council
- Shropshire CCG
- Telford and Wrekin council
- Telford and Wrekin CCG

The trajectories for bed reductions across the footprint are as follows:

	2017/18				2018/19				CCG commissioned beds to reduce to 5 by April 2019 Specialist Commissioning beds to reduce to 9 by April 2019
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
CCG	7	7	7	7	5	5	5	5	
NHSE	18	17	17	17	15	13	11	9	

## 6. Additional Information

### Commissioning beds

People are placed in long stay hospitals through two commissioning routes:

- NHSE has a commissioning arm known as Specialist Commissioning. People who are placed in these beds sometimes come through a forensic route.
- The two CCGs also admit patients into beds.

The decision to admit into either a NHSE or CCG funded bed is based on the level of risk and associated level of security required to manage the risk/s.

## 7. Operational Management

The TCP has previously agreed to fund the cost of a Commissioning Team for a two-year period in order to ensure that the planned trajectory of transfers is achieved within the required timescales. All four organisations agreed to provide the funding for this team. The team is hosted by Telford and Wrekin Clinical Commissioning Group and is made up three staff located at the CCG office in Halesfield although they and work across the four organisations. The team includes:

- Head of TCP – F/T
- Case Manager – F/T
- Administrator – P/T.

The team collate and submit a range of information and data to NHSE on a monthly or quarterly basis including:

Return/Task	Return Date
CCG patient progress updates	Fortnightly
RCA admission forms	To be completed for every admission without a pre-admission CTR
Pre-admission CTR Return Templates	Monthly
Milestone Summary Reports	Monthly
TCP Transformation Indicators Data Return – Unify	Quarterly -
C&YP Benchmarks	Quarterly

Milestone Summary	Milestone summaries to be sent to DCO team
Milestone Report	Monthly

### Additional NHSE Monitoring

In the event that NHSE have concerns in respect to the trajectory they can arrange a 'Confirm and Challenge' meeting when the TCP Senior Responsible Owner (SRO) is asked to provide assurance that actions have or will be put into place to ensure the trajectory is put back on track. Currently the number of patients in CCG beds is over trajectory as detailed in the following table:

	Q1 2017/18			Q2 2017/18			Q3 2017/18			Q4 2017/18			Recovery actions: <ul style="list-style-type: none"> <li>1 child with eating disorder. Ready for discharge Q4, finalising discharge plan with parents.</li> <li>1 child plan to discharge Q4</li> <li>1 Adult, discharge Q4</li> </ul> <b>Total discharges planned Q4 = 3</b>
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
CCG	8	6	7	7	6	6	7	8	8	8			
+/-	+1	-1	0	0	-1	-1	0	+1	+1	+1			
NHSE	19	20	20	20	17	17	18	18	18	18			
+/-	+1	+2	+2	+2	0	0	+1	+1	+1	+1			

The TCP Team attended a 'Confirm and Challenge' meeting in early January 2018 to discuss the issues impacting on delivery of the quarterly trajectory. As a follow up action a meeting took place with Specialist Commissioning to discuss individual patients in respect to confirming Estimated Discharge Dates (EDD)

Based on this information the TCP should be back on trajectory by the end of Q4 (2018)

## 8. Accountability.

Overall, the TCP Programme is accountable to the Strategic Partnership Board. Locally, further accountability is provided through Health and Well-being Boards for Shropshire and Telford and Wrekin, respective Safeguarding Boards and within Shropshire the Learning Disability Partnership Board.

### Governance

Governance is provided through a Strategic Management Group with senior officers from the four partner organisations including Andy Begley Director Adult Services and Housing in Shropshire Council. The Group meet on a quarterly basis.

The TCP Board meets on a monthly basis and is chaired by Andy Begley (Senior Responsible Owner) with Christine Morris Executive Lead Nursing and Quality T&W CCG as Deputy SRO. The Board includes senior officers from each organisation and colleagues from other areas, including Housing, Health, Finance and Commissioning. Several work streams meet on a regular basis and include: Finance, Integrated Clinical Health, Housing, Workforce Development, Children and Young People and Communication and Engagement (linked to 'Making it Real'). The TCP Board will be accountable to the Health & Wellbeing Boards for Telford & Wrekin and Shropshire.

### Challenges

#### • Finance

Discussions remain ongoing about the financial risk of implementing the TCP Programme. A Risk Register is in place and is reviewed by the Finance work stream on a monthly basis.

#### • Trajectories

Resettlement of patients from the in-patient beds within the timeline requires detailed planning and preparation. This work is closely monitored by the Head of TCP and processes have been

implemented in order to maintain robust monitoring of performance against trajectory. A fortnightly conference call takes place between NHSE (Region and Specialist Commissioning) and Head of TCP. We expect to meet the set trajectories within the defined timescale of 2019 but meeting the quarterly trajectories can be dependent on resolution to some complex issues.

- Challenge to maintain trajectory due to admissions having to be added into the original cohort numbers, especially in respect to admissions agreed under the MHA when a hospital admissions is clinically assessed as being appropriate and during the admission the patient receives a diagnosis of LD and/or Autism.

- **Housing**

Provision of accommodation is critical to support resettlement. Detailed planning is taking place during the 'Planned Discharge' stage to ensure that the accommodation is suitably matched with each individual needs. A submission to NHSE has been made for a grant to support the building of 6 units however if funding is agreed in 2018, timescales will still be challenging to deliver by 2020.

- Often landlords have set procedures and set designs they work to in order to manage budgets. The challenge is to get involved at an early stage to ensure any accommodation is flexible and sustainable.
- Due to the challenges presented by some clientele there are a limited number of specialist accommodation providers to work with currently.
- Producing suitable accommodation within a 2 year timescale is challenging.

- **Workforce**

Work is in hand to confirm the requirement for additional workforce to support resettlement and to support recruitment and training based on a Positive Behaviour Support model of care. A recent workshop was attended by a number of organisations including SSSFT, Health Education England, NHSE, Shropshire Local Authority, Shropshire Partners in Care and Shropshire Community Trust and the findings from this will inform a plan to be taken forward in the next few months.

### **Post 2019**

Further work to support longer term prevention of admissions 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.

## **9. Conclusions**

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 taking place to establish a clear programme of work to support that longer term piece of work.

However as detailed above a number of challenges remain that reflect the high level and highly complex behaviours and needs of individuals within both TCP Cohorts (NHSE and CCG).

There remains a financial risk to the TCP which will not be fully evaluated until clearer information in respect to the flow of funds from NHSE to TCP is received.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**1. 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>

**Cabinet Member (Portfolio Holder)**

**Local Member**

**Appendices**

Shropshire TCP Board Terms of Reference