Shropshire Council

Date: Thursday, 1 November 2018

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

7 Transforming Care Partnerships (Pages 1 - 8)

A report is to follow.

Contact: Di Beasley, Telford and Wrekin CCG

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Health and Wellbeing Board
1st November 2018

Transforming Care Partnership - Shropshire

Responsible Officer
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1. Summary

A full report was presented to Board in March 2018.

In 2015, The NHSE published a report called 'Building the Right Support' (BRS) (NHS, October 2015) proposing the closure of between 35 – 50% of beds used to support people with a learning disability and/or autism and/or behaviours which may challenge. The proposal was to move these individuals out of hospital and into the community into specially commissioned accommodation and support. At the same time, targets were set to support the overall reduction of commissioned beds with the aim to complete the moves by 31 March 2019

In Shropshire there are 5 individuals who need to move out into specialist accommodation.

This report provides an update on the current position.

2. Recommendations

The Health and Wellbeing Board is asked to:

1. Note the progress set out within this report and to request a further update report in 2019.
2. Note the changes to roles, in particular that of Senior Responsible Officer and Deputy Responsible Officer.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

EQUALITY & DIVERSITY	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.

PATIENTS AND PUBLIC ENGAGEMENT	Yes	TCP is based on a principle of co-production and this is in place and delivered through a number of workstreams.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	It should be recognised that a number of individuals who will be discharged are known to have "forensic" history. In other words they have had a mental health problem and become involved in the criminal justice system. As such discharge plans must ensure that any risk/s is mitigated in respect to the individual and the community setting in which they reside when they leave hospital

4. Background

The Shropshire TCP Partnership is committed to ensuring that the individuals identified are able to leave hospital and live within the community. This will be achieved through appropriate needs assessments and joint planning to ensure that appropriate community services are in place to support them both on a day to day basis but also at a time of crisis. This will help to ensure that LAs and CCGs work 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 and communicated with in a manner which supports delivery.

<u>Recent changes to the TCP Leadership</u>

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 Adult Services.

Since May 2018, the role of Deputy Responsible Officer has been undertaken by the Director of Nursing and Quality at Shropshire CCG. There are no plans for that to change currently.

In-Patient "Trajectories"

This is the terminology used to describe how many individuals are due to move into the community from a hospital setting. Although the trajectory in respect to the number of patients in NHSE funded beds was met in 2017/18 and is on trajectory at Q2 2018/19, the number of patients in CCG funded beds was not met in 2017/18 and projections indicate will not be met until Q3 2018/19.

Therefore Shropshire TCP did not achieve the overall Q1 18/19 target for CCG NHS England commissioned patients which meant that 4 less individuals than planned were moved out into the community. As such or the end of Q2 2018/19, 22 patients are occupying a NHS funded bed which is 4 over the more than the target 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
Total	22	20	+2	22	18	+4

Due to not meeting the required trajectory Shropshire TCP has been rated as red on the NHSE escalation process which requires recovery actions to be overseen by Regional PMO until stepped down to Amber. In order to assist in addressing this issue the TCP has also undertaken a Root Cause Analysis (RCA) which was presented to the TCP Board in July 2018. The objectives of the RCA were:

- To consider the lack of discharges of patients within the Shropshire TCP cohort for the period 2017/18 and 18/19 to date.
- To consider the extent to which any failings or delays have since been addressed.
- To identify further action needed to address any issues identified.
- To consider the steps which it is necessary for the Shropshire TCP to take in order to ensure effective discharge planning in future; and to prepare a report with recommendations.

Following the findings from the RCA a Recovery Plan has been developed and agreed with NHSE. The plan is designed to ensure thatthe TCP is focussed on the key actions for recovery that included:

- Ensuring that the agreed joint Payment Mechanisms (S75 Agreements) are in place.
- Ensuring processes are in place and adhered to in order to mitigate the risk of admissions and re-admissions.
- Working with partners in order to support discharge of patients with forensic needs (people who have a mental health problem who have been arrested, who are on remand or who have been to court and found guilty of a crime.).
- Monitoring patients in the Long Stay cohort (patients who have been an inpatient for longer than 5 years).
- Implementation from the lessons learnt from the RCA of 2017/18 performance.

As well as monitoring the Recovery Plan at the TCP Board, the TCP have put into place a number of 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 need to occur to ensure their discharge.
- Fortnightly calls with TCP, NHSE, NHSE Specialised Commissioning and LA to discuss any barriers to individual discharges.
- Care Treatment Review/Care Education Treatment Review (CTR/CETR) process in place following National Guidance. (Currently 100% compliance has been achieved and maintained).
- The Care Co-ordinator is responsible for assuring attendance by relevant partners in CTR/CETR meetings. There is an escalation process in place for exceptions.
- 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).

5. Financial Update

Financial Transfer Agreements (FTAs) Update

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 re-current.

The TCP Partnership Board has already taken the decision to have two Section 75 pooled budget agreement 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.

6. Additional Information

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 improved 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. 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 (CTLD) and services provided through Local Authorities.

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.

7. Conclusions

The Shropshire TCP Partnership is committed to ensuring that individuals are able to live within the community through appropriate strategic planning and early intervention and through the prevention of crisis and reduction in hospital admission.

The TCP are currently on track to achieve the end of programme trajectory 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.

The TCP will continue to develop an improve processes that support Admission Avoidance.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) "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 **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 presented to the March 2018 Health and Well-being Board** NHS England » Care and Treatment Revie NHS England » Learning Disabilities M HWBB Report Template.docV3 (2).d

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