

Kent and Medway TCP

Recovery Plan – Quarter 1, 2017/18 – Revised V4

1. Introduction

Kent and Medway TCP was asked to submit a Recovery Plan due to concern that the projected patient numbers by end of Quarter 1 (n=72) would not be achieved. The Recovery Plan sets out the actions which will ensure that overall patient numbers decrease in line with original projections.

An initial Recovery Plan was submitted in March 2017, following review by NHSE, this has now been updated to include specific progress milestones to support the plan.

In addition to enhancing the recovery Plan:

- The governance for TCP in Kent and Medway has been reshaped to ensure it is robust and fit for purpose. This has been undertaken through a number of events and meetings, to ensure engagement of all those contributing to TCP work.
- NHSE Specialised Commissioning has presented the proposed financial flows to CCGs based on the TCP's discharge projections. This has changed the previous assumptions on which the discharge projections were based. The K&M TCP has not been able to fully assess the implications of these changes on the discharge projections. This Recovery Plan, therefore, sets out the actions which will be taken in Quarter 1 to establish fully the new governance arrangements and to ensure that progress is made to reduce the rate of admissions into beds. The new TCP Board will also review the discharge projections in light of the new proposed financial framework.

2. Inpatient numbers

A significant contributing factor to the high in-patient numbers has been the high rate of admissions to Tier 4 CAMHS and secure adult admissions via the Criminal Justice System. Both of these issues were out of sight of the TCP in Kent and Medway due to decision making being located outside of the original Kent and Medway TCP governance. During January and February 2017, the need for data cleansing was identified due to a miss match of K&M TCP and Regional team approaches. Specifically using two different points in time for figures used. A process of cross referencing and data cleansing commenced on March 6th.

The TCP was advised by NHSE Transforming Care analysts that the total figure at the end of January was 93, which differed from the TCP figure of 88. Since then, Kent and Medway TCP leads have liaised with NHSE analysts, Specialised Commissioning care managers and CCG placement teams to improve understanding and accuracy of TCP data.

To address this issue, it has been agreed that from week commencing 1st May, there will be a fortnightly conference call between TC leads and the Specialised Commissioning case manager for adults and children, local placements teams, and Tier 4 bed managers to review all admissions and discharges regularly.

There is also no established clear process of Care and Treatment Reviews (CTRs) for children across Kent and Medway. This will be subject of a meeting of key responsible individuals on 28th April to ensure a clear process is agreed and implemented.

Table 1. Kent and Medway Transforming Care inpatient numbers, 31/03/17

CCG/Type	Thanet	SKC	Can'y and Coast	Ash'd	Swale	DGS	West Kent	Med	Totals
CCG LD	5	-	2	0	-	4	1	2	14
CCG ASC	-	2	1	-	3	-	2	1	9
NHSE LD	3	0	6	1	8	7	9	11	45
NHSE ASC	4	-	1	-	-	-	3	-	8
Tier 4 CAMHS	1	1	0	0	0	1	4	5	12
Total	13	3	10	1	11	12	19	19	88

3. Performance against planned projections

The planned projection for the end of Quarter 1 2017/18 is 72 and the TCP is significantly adrift of this figure at present (see table 1 above).

The difference from the planned projection of 81 at the end of Q4 2016-17, is the result, primarily, of additional Tier 4 CAMHS admissions and growing numbers of admissions for the Medway area.

The TCP is committed to reducing overall patient numbers and stemming the rate of admission. The actions and milestones below are designed to have a sustainable impact on the local system and patient numbers; however they may not have the necessary impact on patient numbers before the end of quarter 1. It is anticipated that the TCP is more likely to have achieved projected patient numbers by quarter 2. The planned discharge trajectory was refreshed by Kent and Medway TC leads on 21/04/17. The updated figures show a slightly improved picture compared to original plans included in the Finance and Activity Template included in TCP Implementation Plans submitted in 2016/17, with the TCP achieving a reduction to 54 total inpatients by March 2019 (down from the 57 figure included in previous plans).

The TCP has been advised that the investment grant of £200,000 to support the development of multi-disciplinary support for adults with complex autism is at risk if the patient projections (72) are not delivered at the end of June. The TCP would welcome a dialogue and advice from NHSE on how this risk may be mitigated.

4. Revised governance arrangements

Hazel Carpenter – Accountable Officer for Thanet CCG and South Kent CCG the new SRO for Kent and Medway, has met with the Deputy SROs for Kent (Penny Southern) and Medway (Helen Jones) to review governance arrangements for the TCP. This will ensure that the TCP has the support of key individuals in the wider system, including senior representation of Specialised Commissioning to make sure that actions taken in the TCP programme – particularly in regard to children and young people and admissions from criminal justice – are sustainable for the future.

Hazel Carpenter is currently ensuring a thorough induction and using this to review the capacity and capability associated with TCP across the county.

Meetings of the Board have been agreed for 28th April and early June. A wider Kent and Medway workshop to engage all staff contributing to this agenda across the system will be held in late May 2017 to agree key actions and test the new Governance prior

to the TCP Board meeting in June. The workshop will build upon the recent event facilitated by Sally Allum of NHSE KSS held on 5th April.

The Kent and Medway TCP finance group has already met with Jonathan Bates, CFO for Thanet and South Kent Coast CCGs, as chair. The group includes finance representation from all key agencies, including Esther Giles from Specialised Commissioning. This group will assess the implications of the proposed financial flows which were described by Esther Giles on 6th April. The picture set out by Esther Giles will change the financial projections previously set out in the K&M TCP Finance Plan. The TCP Finance Group will present its finding to the TCP Board so the Board can be clear about the implications for the discharge projections.

5. Recovery Plan, April – June 2017/18

Tables 2 and 3 below outline the Kent and Medway patients due to be discharged during Qtr. 1, with addition information regarding patients due to be discharged to the new Forensic Inpatient facility in Qtr. 2. The tables are followed by the TCP's Action Plan which outlines the measures taken to support planned discharges.

Table 2. Planned patient discharge milestones, Qtr. 1, 2017/18

Patient	male/female	CCG/NHSE	CCG	LD/ASC?	Where?
1	M	NHSE	Thanet	LD	CDR
2	F	NHSE	SKC	LD	CDR
3	F	NHSE	DGS	LD	CDR
Out of Area Patients					
4	M	NHSE	WK	ASD	STA LSU
5	M	NHSE	ASH	LD	OTM LSU
6	M	CCG	Medway	ASD	NAU
7	M	CCG	SKC	ASD	NAU
8	M	CCG	Thanet	LD	Kesten Unit
9	M	NHSE	Thanet	LD	Yew Trees
10	M	CCG	DGS	ASD	St Andrews
11	F	NHSE	DGS	LD	Yew Trees
Patients with planned discharge dates in Q2 who may be discharged in Q1					
12	M	CCG	DGS	LD	The Shrubbery
13	M	NHSE	WK	LD	Harbour Homes
14	M	NHSE	WK	LD	Care Tech

Table 3. Forensic outreach planned patient discharge milestones, Qtr. 2, 2017/18

No.	Unit / Provider	Contract Holder / Hub	Planned repatriation date from OOA
1	Calverton Hill, Partnerships in Care.	East of England	11/09/17
2	Cygnet Harrow ASD unit,	North West	18/09/17
3	St Andrews, Northampton	East Midland	02/10/17
4	St John's hospital, Partnerships in Care.	East of England	16/10/17
5	Knebsworth House Hospital, Partnerships in Care	East of England	30/10/17
6	Knebsworth House Hospital, Partnerships in care	East of England	20/11/17

Actions for Q1 2017-18	
1.	<p>Tier 4 CAMHS</p> <p>28/4/17 - A senior management meeting is being convened to address the Tier 4 CAMHS activity and agree a clear CTR process for children and young people. The meeting will also consider the recommendations contained in the Lenehan Report, published in January 2017, which highlights the need for improvements in coordination and ownership of care and support for children and young people with complex needs.</p> <p>The senior management meeting will also plan the establishment of a patient by patient approach to discharge planning and coordination for the Tier 4 CAMHS cohort, so that only those patients who are appropriately placed to meet their specific needs will remain in hospital by the end of quarter 1.</p> <p>Milestone: 28.4.17 - Agreed Local CETR protocol 28.4.17 - Action plan agreed with key responsible people identified to implement protocol 28.4.17 - Agreed process or Group in place to monitor C&YP discharges</p>
2	<p>Admissions and discharges fortnightly monitoring</p> <p>With effect from week commencing 17/4/17 - A fortnightly conference call meeting between the TCP and Spec Comm will take place to ensure that the TCP has up to date information on all in-patients. This will ensure the TCP is sighted on all new admissions to Tier 4 CAMHS and from CJS. This will also ensure the TCP and Regional office have the same data at the same time. This will feed into the detailed planning of the Discharge Planning Group below.</p> <p>Milestone: w/c 2/5/17 - Regular dates and times in the diaries of all involved By 31.5.17 – information from these calls is fed into a regular report to the TCP Board</p>
3	<p>Discharge Planning Group</p> <p>A Kent and Medway Discharge Planning Group is now established as a sub-group of the TCP Board. It currently meets monthly. The group includes senior commissioning and operational managers in the TCP who have direct oversight of the discharge planning for each patient. It will also receive information on all new adult admissions from the teleconference</p>

	<p>above. This is currently a group focusing on adult in-patients and consideration of a similar planning group for children will be decided on 28th April.</p> <p>Milestone: 28.4.17 - Decision made regarding process / group for children, Lead identified and dates agreed for implementation</p>
4	<p>New Accommodation for adults with ASC offering rehabilitation support A local accommodation and rehabilitation support for adults with autism will be opening in quarter 1 to allow adult patients with autism to be discharged and supported locally in the community. Expected opening – June 2017.</p> <p>Milestone: w/c 15th May - Agreed Specification By mid June - Identify first cohort of residents to move in</p>
5.	<p>ASC community support for people with ASC and complex needs Develop a business for the multi-disciplinary support for people with ASC and complex needs in anticipation of the receipt of the investment grant and matched funding by CCGs and Local Authorities by end of June.</p> <p>Milestone: By end of June - business case developed July - Business Case approved by TCP Board August / September (depending on governance dates) - Business case approved By KCC and CCGs</p>
6	<p>Medway In order to address recent increases in admissions from the Medway area, a paper will be presented to the Joint Commissioning Management Group on May 5th (now rescheduled to 31st May) highlight the urgent need for strategic direction, vision and resourcing for the implementation of Transforming Care plans in Medway.</p>

	<p>Milestone: 31st May – Paper and resourcing agreed</p>
7	<p>Governance A new Kent and Medway TCP Board has been established to provide robust governance for the delivery of Transforming Care Plans. Meetings scheduled for 28th April and May under new SRO Hazel Carpenter.</p> <p>Milestone: 28.4.17 - governance agreed and dates in diaries.</p>
8	<p>Finance sub group established under chair of Jonathan Bates. Group tasked with the review and implementation of TCP financial plan and to assess implications of proposed finance flows from NHSE.</p> <p>Milestone: 12.5.17 – presentation of revised financial modelling.</p>
9	<p>May 2017 – TCP Board to receive and approve revised financial modelling and assess implications on discharge projections with view to advising NHSE of any revision to projections.</p> <p>Milestone: 31st May – revised financial modelling and patient number projections approved by TCP Board.</p>