

HEALTH AND WELLBEING BOARD

3 JULY 2018

TRANSFORMING CARE PLAN UPDATE

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Summary

This report provides an update to the report presented to the Health and Wellbeing Board on 27 June 2017 (item 98 refers).

2018/19 is the third and final year of the national Transforming Care (TC) programme.

This report includes a summary of progress so far. Key points include:

- Medway has discharged over 11 patients from secure inpatient beds since the start of the programme and avoided three admissions.
- Discharges include people with complex needs who have been in hospital for over five years, in some cases a long way from their home.
- Several housing and support projects have been developed (with Transforming Care Partnership (TCP) partners in Kent) to provide housing and support to people leaving hospital.
- A financial framework has been developed for the transfer of TC funding.
- A business case has been developed to expand community services in 2018/19 to support safe discharge from hospital for Kent and Medway patients still in secure hospital beds.

The report also outlines the challenges faced by the TCP over the coming year if it is to achieve the target (agreed with NHS England (NHSE)) that Kent and Medway would reduce their inpatient total to 57 or below by March 2019:

- The TCP inpatient total is significantly higher than the planned trajectory for this period; the total is currently 92 against a target of 61 for quarter 1.
- Medway's inpatient total also remains higher than it should be, proportionally for the population size, with 19 inpatients at present, against a target of 11 for this quarter.
- Children's inpatient activity remains volatile and is higher than anticipated.
- Prison transfers and patient reclassification (where a patient in a Mental Health (MH) bed receives a diagnosis of Learning Disabilities (LD) or autism and moves onto the TC cohort list) continue to create admissions and impact on inpatient numbers.
- The financial framework for after March 2019 has not yet been confirmed.

NHSE have requested a revised Recovery Plan and Finance Plan to outline how the TCP plans to return to trajectory and achieve its target by March 2019.

1. Budget and Policy Framework

- 1.1 This matter falls within the policy framework for each of the statutory agencies represented on the Health and Wellbeing Board in respect of duties to people with learning disabilities and their families and carers, including safeguarding responsibilities. The Health and Wellbeing Board's interest is in relation to the leadership role that Health and Wellbeing Boards can undertake in ensuring that the core principles in the national Transforming Care model are achieved locally.
- 1.2 The Transforming Care Plan 2016-19 aligns with the Medway Council Plan 2016/17 – 2020/21 as well as Medway CCG's Operating Plan 2017/19.

2. Background

- 2.1 Building the Right Support (BRS) is the national plan which outlines how Transforming Care Partnerships (TCPs) should aim 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.
- 2.2 NHSE has established 48 Transforming Care Partnerships (TCPs) across England to deliver TC to populations of at least one million. Medway has joined with Kent to form the Kent and Medway TCP.

3. Advice and analysis - Key Issues

3.1 The National Plan and target for inpatient numbers

- 3.1.1 BRS includes planning assumptions which state how many inpatients the TCP should have in hospital at any one time. This figure is based on population size; the target for Kent and Medway is to have no more than 57 inpatients by March 2019. Proportionally, in relation to population size, Medway could be expected to have approximately 10 inpatients at any one time by the end of the programme. The current figure is 19.
- 3.1.2 Medway has successfully discharged at least 11 patients with complex needs back to the community over the last two years of the programme. Discharges have been sustained with no adult re-admissions back to hospital and individuals are reporting significant positive changes to their lives. A case study is attached as Appendix 1 to the report.

3.1.3 This has been achieved due to a range of measures implemented by the TCP, with additional support from NHSE investment and capital grants awarded to Kent and Medway over the last two years. Medway appointed a Complex Case Coordinator in April 2017, with support from an NHSE investment grant, to coordinate planned discharges and the post has contributed to successful and sustained discharges back to the community. In addition, Kent and Medway projects include:

- Sutton End supported living service
- Hothfield Residential living service
- Autism Multi Disciplinary Team (MDT) outreach service
- Waterstones residential living service
- Waymark supported living service
- The Nest, safe accommodation service for children and young people

3.1.4 NHSE grants and investment locally has also enabled expansion of resources by TCP partners to support delivery, including:

- Medway Complex Case Coordinator to oversee planned patient discharges
- Kent and Medway Care and Treatment Reviews (CTR) Coordinator to organise and undertake CTRs
- Kent and Medway CTR Administrator
- Kent and Medway Project Manager (to start July 2018)

3.1.5 Despite progress in planned discharges, the TCP has consistently been adrift of planned inpatient targets. Recently reported figures are as follows:

Table 1. Kent and Medway TCP inpatient numbers, 5 May 2018

CCG/Type	Thanet	SKC ¹	Cant. & Coastal	Ashford	Swale	DGS ²	Medway	West Kent	Total
CCG LD	2	2	3		2	1		1	13
CCG ASC		2	1		1			1	5
NHSE LD	4		7		10	10	10	7	47
NHSE ASC	4		1		1	1	4	3	13
Tier 4 CAMHS		1		1		1	4	7	14
Total	10	5	12	1	14	13	18	19	92

3.1.6 The total inpatient figure for Medway is above target for its population size and has remained static at this high level for the last year. The TCP is aware of some of the contributing factors to this increase but further understanding is being developed. Contributing factors include:

- Volatile children and young people's (CYP) inpatient activity

¹ South Kent Coast

² Dartford, Gravesham and Swale

- Reclassification of Mental Health (MH) patients in hospital (i.e. patients who are admitted to a MH bed but have a diagnosis of LD or autism when they are in hospital)
- Transfers of patients to hospital from prison
- Community provision has been fragmented in Medway with no LD Commissioner in post for several years or LD Commissioning Plan
- Pathways into Tier 4 Child and Adolescent Mental Health Services (CAMHS) secure beds are not well understood
- There is no Complex Care Response team to respond to crisis situations (as in place in Kent)

3.1.7 NHSE has acknowledged that some of these factors were not anticipated at the start of the programme and that the TCP has worked very hard to achieve successful and sustained discharges of its inpatient cohort. The NHSE Regional Team has been working with the TCP to address performance and the challenges it faces in 2018/19.

3.1.8 Additional grants and support are being provided by NHSE to enable the TCP to target specific projects in 2018/19, including:

- £330k to pilot a CYP programme for TC children
- £150k to support delivery, TCP currently identifying priorities
- £80k to recruit a TCP project manager to oversee delivery of a number of TC projects in development

3.1.9 Due to the continuing high level of Kent and Medway inpatients, the TCP has been asked by NHSE to submit a Recovery Plan that outlines how it will improve performance and achieve the BRS target by March 2019. The draft plan has been submitted to the NHSE Regional Team and feedback is expected shortly. The Plan includes the following actions including:

- New Kent and Medway Care and Treatment Review (CTR) Coordinator and Administrator
- A review of the cohort to confirm diagnosis
- Development of a Business Case to expand current community service provision and support safe and sustainable discharge from hospital
- Coordination of additional resources to focus on successful delivery of various TC projects and the programme as a whole

3.1.10 The current Medway TC Lead is due to leave at the end of June to take up a Kent and Medway TC Project Management Role with Thanet CCG. Medway Joint Commissioning Management Group (JCMG) recommended the recruitment of a LD Commissioner/TC Lead role to take place as soon as possible to ensure Medway is sufficiently resourced to coordinate delivery of the programme. On 12 June 2018, the Cabinet agreed to unfreeze this post to enable recruitment to commence.

3.2 TCP Finance Plan

3.2.1 Changing the distribution of costs within the current system for LD provision is at the heart of the TC programme. Funding will move from commissioning secure hospital beds to local TCP community services.

- 3.2.2 Modelling and calculating funding transfers from Specialised Commissioning to the TCP has been complex and lengthy but the process is now nearing completion. Such an exercise has not been attempted before by Specialised Commissioning and developing a financial framework that ensures funding is retained within the system and risk is spread fairly and evenly between partners has taken considerable time.
- 3.2.3 The total funding transfer, yet to be confirmed, from NHSE Specialised Commissioning (Specialised Commissioning) is expected to be made to the TCP by 1 July 2018. Kent and Medway TC partners are currently negotiating the portion of the funding transfer to be moved to Medway. It is expected to be based on population size.
- 3.2.4 The funding is based on current modelling of planned inpatient discharges. The transfer will have clawback clauses attached, and money will need to be returned if certain targets are not met, such as net reductions in inpatient numbers and readmissions. Patients discharged who have been in hospital more than 5 years will be exempt from such clawback clauses.
- 3.2.5 In Kent and Medway, a Finance Sub-Group, reporting to the TCP Executive Board, was established in 2017 to coordinate and oversee the development of a local financial framework for the transfer and pooling of TC funds.
- 3.2.6 The Sub-Group has developed the set of principles guiding the transfer and pooling arrangements, agreed by all key TCP partners.
- 3.2.7 A Medway TC pooled budget has been established as part of the Better Care Fund (BCF). Funding transferred from Specialised Commissioning and Medway CCG as part of the TC programme will move to the TC pooled budget. The budget is ring fenced for investment in community LD and autism provision to reduce the number of hospital admissions in the future.
- 3.2.8 A TCP Finance Plan has also been developed. The Plan is currently being refreshed, as required by NHSE, and will be submitted on 12 June 2018.
- 3.2.9 In addition to the Specialised Commissioning funding transfer, it is estimated that approximately £200,000 will be transferred from Medway CCG to the TC pooled budget in 2018/19 due to patients being discharged from CCG commissioned locked rehabilitation beds.

4. Investment in 2018/19

- 4.1 Investment from the TC pooled budget is being planned in two phases.

4.2 Phase 1

- 4.2.1 The first priority for the TCP is to ensure community services are in place to support inpatients with planned discharge dates in the coming year. Therefore, Phase 1 will address immediate capacity issues in the current system to facilitate discharges during 2018/19.

4.2.2 Kent and Medway community service providers and commissioners met during quarters 2 and 3 in 2017/18 to develop the first phase of the TCP's community service infrastructure development plans. The development of plans was linked to the needs of patients with planned discharges of TC patients to March 2019. The group was facilitated by Kent and Medway TC Leads and included input from:

- Mental Health of Learning Disability Teams (MHLDT, psychology, psychiatry, nursing, Kent and Medway), KMPT
- Forensic Outreach Team (FORT), KMPT
- Kent Community Learning Disability Team (CLDT), KCHFT
- Medway Community Learning Disability Team (CLDT, nursing, primary care support, SALT), MCH
- Kent Adult Social Care, KCC
- Medway Adult Social Care, Medway Council
- Kent Autism Service, KCC
- Medway Complex Case Coordinator

4.2.3 Plans were focused on enhancing existing services to support planned discharges during 2018/19 while longer term and more strategic plans were developed. Phase 1 plans have been developed on a Kent and Medway basis to optimise economies of scale and to support consistency across the TCP. Further detailed work on the needs of the Medway cohort is necessary due to the complex nature of the cases involved.

4.2.4 The results of this piece of work were developed into a Business Case by the Kent and Medway TC Leads. A draft of the document was discussed at the TCP Executive Board on 6 April 2018. The Business Case aims to expand current community LD services for adults so that TC patients in hospital may be safely discharged to the community in the coming year. The enhanced services will also help support patients in the community and avoid admission to a secure hospital bed.

4.2.5 The Business Case includes additional investment into Mental Health of Learning Disability (MHLDT) and Forensic Outreach Team services, provided by Kent and Medway Partnership Trust (KMPT), which will be commissioned by KCC (as the lead agency in the Kent LD Alliance) on behalf of the Kent and Medway TCP, and also additional investment into Community Learning Disability Team (CLDT), provided by Medway Community Healthcare (MCH), commissioned by Medway CCG.

4.2.6 As described above, Phase 1 of the community service infrastructure development plan aims to provide enough capacity in the current system to implement planned discharges of TC patients safely during 2018/19. As most of the TCP's planned discharges are expected to take place during 2018/19, it is essential that services are strengthened at this time to enable these discharges to happen.

4.2.7 Phase 1 does not aim to deliver all of the wide scale transformation of services required to deliver *Building the Right Support* (BRS), the national plan which sets out guidance for TCPs on implementation of Transforming Care.

4.3 Phase 2

- 4.3.1 Phase 2 will aim to develop and deliver the longer-term transformation of services that are needed in Medway to avoid the inpatient total rising again after the TC programme ends in March 2019. A LD Commissioning Plan will be developed by November 2018 to outline planned development and how it is to be achieved.
- 4.3.2 An LD Commissioner will be appointed in June/July 2018 to lead the development of Phase 2.
- 4.3.3 The development of Phase 2 will include wide ranging stakeholder engagement. A monthly LD Working Group was established in May 2018, including representation from providers, commissioners and service users and carers. Stakeholders will have direct input in the development of a Medway Commissioning Plan for adult LD provision. Additional engagement with service users and their families will be required later in the year to ensure the Plan is relevant and meets the needs of the Medway population.
- 4.4 On 17 May 2018, Medway Joint Commissioning Management Group (JCMG) discussed various options and recommended that the option outlined in Phase 1, above, be taken forward and developed further. This option includes a proposal to invest funds from the Medway TC pooled budget (within the BCF) to expand capacity in the current system of provision.
- 4.5 On 17 May 2018, Medway JCMG recommended the recruitment of a LD Commissioner post to develop commissioning options for the future of provision. On 12 June 2018, the Cabinet agreed to unfreeze this post to enable recruitment to commence.
- 4.6 The Medway Transforming Care Plan represents an important opportunity to improve services for people with a learning disability and/or autism, behaviour that challenges and mental health challenges.
- 4.7 The NHSE National Improvement Team undertook a service review in 2017 and the resulting report has informed TC planning in 2018/19.
- 4.8 The draft business case, including options and recommendations for investment in 2018/19 is currently progressing through Medway governance. The Business Case includes data gathered from across the TCP and recommends additional investment in current LD community provision to ensure that individuals discharged from hospital can be safely returned to the community and supported by community services.

5. Engagement activity and consultation

- 5.1 In order to develop a vision for services for people with Learning Disabilities in Medway we need to ensure that we engage with people who use services and involve them meaningfully in service development.
- 5.2 Statutory duties including The Equalities Act 2010, section 149, The National Institute for Health and Care Excellence (NICE) Quality Standards for patient experience in adult services 2012, the NHS Constitution 2010 and the Health

and Social Care Act 2012 all place specific obligations on the Health Economy to involve patients and the public in designing, commissioning and delivering healthcare services to meet the needs of our local population. This is particularly important in the field of learning disabilities as listening to people is central to delivering services safely and effectively.

- 5.3 Past engagement in Medway has focused on working with professionals and with experts as well as engaging a small number of service users. As part of the next phase of developing commissioning options for provision for the future, more detailed engagement will be required. An engagement plan will be developed during quarter 3, 2018/19 which focuses on people with the full range of learning disabilities, autism and Attention Defecit Hyperactivity Disorder (ADHD) in Medway and provides opportunities to listen to the views of as many of them as possible. The plan would be targeted at working directly with people themselves, as well as listening to parents and family carers. The plan will aim to capture what people with learning disabilities, Autism and ADHD think about the services they currently receive and about their priorities going forward so that plans will be relevant and services will meet the needs of the people who use them.
- 5.4 Consultation with the TC cohort and their families will take place during the development of the LD Commissioning Plan during the second half of 2018.

6. Risk management

- 6.1 A TCP Risk Plan, outlining risks and mitigating actions, has been developed and is regularly updated and presented to the TCP Executive Board. Key risks include:
- Unforeseen problems arising in housing and support schemes, for example, issues with purchase or refurbishment of buildings
 - Delays to funding transfers from NHSE Specialised Commissioning
 - Recruitment and retention of new staff required to provide support to patients being discharged to the community
 - Delays in approval for funding support packages
 - Monitoring and escalation as required
- 6.2 Mitigating actions include:
- Additional investment grants from NHSE to target risk areas
 - Review of criminal justice pathway
 - New CYP project to address volatile Tier 4 CAMHS activity
 - Business case for additional investment in community services in 2018/19
 - A range of new housing and support projects to provide bespoke accommodation solutions to patients being discharged from hospital

7. Governance

- 7.1 The TCP governance structure for Transforming Care is currently being reviewed to reflect the evolving nature of the Programme. A Kent and Medway Executive Board for Transforming Care has been established. Membership includes the Medway Senior Responsible Officer for Transforming Care.

8. Financial implications

- 8.1 The financial framework for TC has been developed and coordinated by the TC Finance Sub-Group. The Sub-Group has developed a set of principles for the transfer and pooling of TC funds which have been agreed by all key partners including Medway Council and Medway CCG.
- 8.2 The drive to discharge people with a LD and/or autism from secure beds creates a financial cost pressure to the LA due to the increase in S117 aftercare costs. Current modelling indicates a rising cost pressure to Medway Council over the course of the 3 year Transforming Care Programme. The patients discharged during the second and third years of the programme are likely to generate greater costs due to the more complex nature of their needs. It is estimated that the aftercare cost of individuals with LD and/or autism who have been discharged from secure hospital beds over the last four years will be £574,984 in 2018/19.
- 8.3 Funding is being transferred to a TC pooled budget within the BCF once patients have been discharged from secure beds back to the community. Funding transfers are from two commissioning sources; NHSE Specialised Commissioning and Medway CCG.
- 8.4 TC funding transfer from Specialised Commissioning is yet to be confirmed and will be paid to the TCP by the end of quarter 1 2018/19. The funding transfer from Medway CCG is expected to be approximately £196,000.
- 8.5 The funding transfer from Specialised Commissioning will be transferred first to the lead TCP CCG, Thanet CCG, and arrangements for how much of this money flows to Medway is yet to be agreed. If certain targets are not met, then Specialised Commissioning will ask for some of this money to be returned.
- 8.6 The Finance Sub-Group is coordinating the mechanisms for how money will move across the TCP and how it will flow back if money has to be returned.
- 8.7 Any surplus remaining in the TC pooled budget at the end of each financial year may be divided between Medway Council and Medway CCG, in accordance with the principles outlined in the financial framework document.

9. Legal implications

- 9.1 Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. It must encourage people from protected groups to participate in public life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users and representative groups,

and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.

10. Recommendations

10.1 It is recommended that the Health and Wellbeing Board:

- (i) considers how the Health and Wellbeing Board can promote and engage with this important agenda going forward, to offer support, feedback and leadership to ensure the successful implementation of the Medway Transforming Care Plan and support the Council and CCG to comply with statutory duties.

- (ii) agree for a progress report to be presented to the Board in 6 months' time.

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Appendices

Appendix 1 – Transforming Care Case Study

Background papers

Building the Right Support, LGA, ADASS & NHSE, October 2015

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

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, LGA, ADASS & NHSE, October 2015

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