HEALTH AND WELLBEING BOARD

19 FEBRUARY 2019

TRANSFORMING CARE PLAN UPDATE

Report from: Chris Mckenzie, Assistant Director Adult Social Care

Author: Lorraine Foster, Programme Lead, Partnership Commissioning

Summary

This report provides an update to the report presented to the Health and Wellbeing Board on 3 July 2018. The report also looks more holistically at wider impact of the Transforming Care Programme on systems and processes within the Medway Health and Social Care economy.

This report sets out:
1. An update to the Kent and Medway Transforming Care (TC) inpatient numbers
2. A summary of current challenges and difficulties in delivering TC in Medway
3. A summary of key tasks and issues facing Medway in 2018/19 and beyond.

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 The Transforming Care Programme (TCP) was initiated in December 2012 with the publication of the Winterbourne Concordat (DH 2012). As in-patient numbers nationally were not reducing to expected levels, a number of policy and guidance documents were subsequently published to support TCPs in the transformation of care and support for people with Learning Disabilities (LD) and autism including:
2.1.1 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 (NHSE, LGA, ADASS 2015).

2.1.2 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 (NHSE, LGA, ADASS 2015).


2.2 The Kent and Medway TCP in its current format was set up on 1 April 2016. The specific aim of this programme, is to improve services for people with learning disabilities and autism who display behaviour that challenges, including those with a mental health condition. The TCPs overarching aim has been to reduce hospital admissions and support more people in the community whenever possible.

2.3 Transforming Care leads in commissioning have worked with a range of stakeholders including local authorities, local NHS providers, national and regional assurance, specialised commissioning and finance leads in NHS England (NHSE) to understand:

- the Transforming Care population and their needs;
- the services and infrastructure required to meet these needs in the medium to long term; and
- the associated financial implications.

2.4 Delivery against the Transforming Care Programme has seen progress in a number of allied areas of care and support. Diagram 1 below provides an outline of where the programme influence has led to developments in other areas such as mental health where there is now an agreed Medway Strategy and action plan. Since May 2018 a Medway LD working group has been in existence. This group has developed a draft LD vision statement and action plan to move the learning disability agenda forward in-conjunction with developments at the Sustainability and Transformation Partnership (STP) level. In addition, work with Kent CCGs has ensured that the case for developing integrated clinical services for those with Autism and or Attention Deficit Hyperactivity Disorder (ADHD) across Kent and Medway is being heard.
3. **Achievements**

3.1 Transforming Care, has been set up to improve services for people with learning disabilities and autism who display challenging behaviour, including those with a mental health condition. It aims to reduce hospital admissions and support more people in the community whenever possible.

3.2 The current number of Medway in-patients is 16, 3 of whom are children in Tier 4 Child and Adolescent Mental Health Services (CAMHS) provision. Based on per head of population figures the expectation is that Medway would have 10 - 11 individuals in in-patient beds at anyone time and that no more than 2 of these would be children. There have been 11 discharges (reported for Medway CCG) since the start of the programme and a further 4 (2 adults and 2 children) are planned during Q4 of 2018/19. Discharges include people with complex needs who have been in hospital for over five years, in some cases a long way from their home. In addition, there have been 6 admissions to secure in-patient hospitals that have been avoided by utilising the Care, Education and Treatment Review (CETR) “blue light” process.

3.3 Destination on discharge has ranged from going back home, to being supported in own rented accommodation. TCP-wide measures are in place and have been securing improvements in patient numbers, including:

3.3.1 A planned programme of Positive Behaviour Support Training at level 1 and 2 is underway in Medway and is due to complete in March 2019. The training is essential to the adoption an evidence based approach to supporting individuals with intellectual disabilities who may also present with behaviour that challenges. As of 24 January 2019, 12 training courses have taken place at level 1 and over 80 individuals have completed the training including parents and carers. Feedback from the course has been very positive with
one participant from a provider organisation sharing that “investigating the reasons behind behaviour means you don’t just firefight the current situation” and another attendee shared “as a parent carer my workplace is our home ….. give more thought to how the person feels and why the behaviour has materialised”.

3.3.2 A specialist virtual Positive Behaviour Support Team is being piloted from January 2019 in Medway and will see 10 professionals from a range of organisations across Medway trained to undertake detailed functional analysis and support individual children and families. This work will enable parents and carers to better understand the function of the behaviour and as such introduce an adjustment that will produce an alternative behaviour or set of behaviours. In this way, conflict and distress can be significantly reduced.

3.3.3 A children and young people’s work-stream with senior commissioners and service leads meets monthly across Kent and Medway to address high levels of Tier 4 inpatients and ensure the delivery of infrastructure developments.

3.3.4 Pathways into Tier 4 Child and Adolescent Mental Health Services (CAMHS) secure beds are much better understood and North East London Foundation Trust (NELFT) have been working with Children Services and other stakeholders to improve the provision of mental health services to children including those within the TCP cohort. This approach has supported 6 Children and Young People (CYP) discharges over the lifetime of the programme with another 2 discharges planned by 31 March 2019.

3.3.5 A new Forensic Outreach Service (NHSE Investment Grant) is now in place provided by Kent and Medway Partnership NHS Trust (KMPT). The team provides support to LD patients who have come into contact with the criminal justice system (CJS) and are at risk of secure in-patient admission. This expertise which was previously not accessible in Medway is now working with teams on the ground to support safe discharge and step-down or prevent admission where appropriate as a part of the early intervention agenda.

3.3.6 A Children’s Safe Accommodation (NEST1) facility in Ashford (NHSE capital Grant) is now in place and due take its first clients in January 2019. The 3 bedded facility will ensure that CYP at risk of admission, can be provided with a local alternative to secure in-patient hospital care far away from home. Maintaining local contacts and being close to family and friends has been evidenced as one of key facets in supporting this vulnerable group. The facility will also offer step-up and step-down provision from or to secure inpatient hospital as a part of a planned transition. This approach will help to ease the distress and burden of admissions due to crisis.

3.3.7 The Kent and Medway Community Autism Service (KAMCAS) (NHSE investment grant), has been in place since summer 2018 and is supporting a number of individuals both currently in inpatient provisions and in the community. Those being supported in secure inpatient provisions are being supported by the service through transitions to discharge and beyond. This important service is focused solely on those individuals with Autism and as such is able to take a targeted approach to how best to support individuals with Autism in Medway.
3.3.8 A new TCP governance structure post March 2019 has been developed and is awaiting agreement and sign off through the necessary governance processes. This is important step will ensure that the national extension to the TCP as confirmed by NHSE in January 2019, is embedded into the system of governance in Medway that supports ongoing oversight and delivery.

3.3.9 A new Kent and Medway Operational Group tasked to ensure accelerated delivery and oversight of the programme is now in place and is supporting the delivery of the NHSE Children’s Accelerator Programme. This work will ensure that the new TCP children’s only programme and target announced by NHSE in January 2019 has pre-existing forum within which planning and delivery can be agreed. This is important as the small numbers of children in the TCP cohort has in the past meant that the attention has been drawn away to the adult population. Lessons learnt throughout the programme has highlighted the invaluable work that can be done with CYP to prevent escalation in childhood and in the teenage years.

3.3.10 A Medway Learning Disability Working Group has been in place since May 2018 and is finalising a draft Learning Disability Vision Statement and Action Plan for consideration across health and social care in early 2019. This pre-existing group is also well placed to ensure that the actions laid out in the new NHS 10 year plan for people with LD and Autism can be taken forward in a timely manner.

3.3.11 Two further NHSE capital projects NEST 2 (a 6 bedded unit for children with Autism) and an Adult Safe Accommodation provision (6 – 8 bedded provision for adults with LD and or Autism) have passed the initial Expressions of Interest stage and are progressing to the development of full Project Initiation Documents. If successful this will bring increase local specialist support and accommodation to the Kent and Medway areas.

3.3.12 A Positive Behaviour Support Provider Framework has been put in place to enable Kent and Medway to engage with local accommodation and support providers, to plan in advance the type and amount of specialist housing and support provision that will be required over the coming years. This ability to plan will ensure that adequate provision is available locally in instances where an individual requires specialist support but not admission to a secure inpatient hospital.

3.3.13 Several NHSE grants of £10k and £15k to support named individuals on discharge have been secured. The grants have been used to support a range of things including transport for relatives to see loved ones placed away from home, provision of furniture for an individual discharged from secure in-patient provision after 7 years and to provide support to access activities in the local community.

3.4 A draft business case has been developed to firstly address the need for increased clinical and social care resources to build a more community focused infrastructure. The business case has passed its first round of approval and if successful will lead to the addition of Occupational Therapy and increased LD nursing expertise in Medway. It will also crucially enable the
continuation of the TCP Complex coordinator post which has directly enabled the discharge of 11 individuals to date. Amongst these discharges is one individual who has secured employment, is living in supported accommodation, who is actively rebuilding relationships with family members and who accesses the community independently after 9 years of secure in-patient hospital care. A second individual is now living in their own accommodation, supported by carers and is volunteering several times a week at a local animal rescue shelter. Both these individuals are examples of how, when given the opportunity and support people who have previously been in secure in-patient provision can rebuild their lives and contribute positively to their local community.

3.5 In addition, a second draft business case has also been developed to support the development of an adult neurodevelopmental (Autism and ADHD only) pathway. Both these business cases are viewed as a first step in developing more robust services and support for people with a learning disability and or autism.

4. The Challenges

4.1 Despite the raft of achievements detailed above there are however a number of challenges that remain.

4.2 Medway’s inpatient numbers have declined from a high of 20 in November 2016. However, in the last 12 months additional patients from within the criminal justice system and challenges with supporting child and adolescent discharges have meant that numbers in Medway have remained static at 16. The current picture is illustrated in the table below.

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4.3 Despite progress in planned discharges, the TCP has consistently been adrift of planned inpatient targets. The Kent and Medway TCP is currently above its planned trajectory and has alerted NHSE to the fact that it will not hit its target of 57 by 31 March 2019. Progress in Medway is however improving. Medway is likely to only be 1 patient short of its agreed target of 11 inpatients in a
secure setting. As of 19 December 2018, the Kent and Medway TCP has reported to NHSE that the number of inpatients still in secure hospital provision on 31 March 2019 is likely to be 78; a significantly greater number than the target of 57 set in April 2017. Contributing factors include:

4.3.1 A lack of provision that is integrated and includes intensive early intervention for CYP and their families or carers who do not meet Children Services criteria. Medway Children Services have been alerted to this and a senior manager has now been identified to support the existing CYP Accelerator Programme to address this issues.

4.3.2 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). This is a national issue that was not known before the TCP began and as such NHSE are aware of it, but as yet have not provided any guidance as to how to address it.

4.3.3 Transfers of patients to hospital from prison. Of the last 17 additions to the Transforming Care cohort in Kent and Medway, 13 have been as a result of transfers from prison. Again, this is a national issue that was not known before the TCP began and as such NHSE are aware of it, but as yet have not provided any guidance as to how to address it.

4.3.4 Stakeholders told commissioners in July 2017 that community LD provision in Medway was limited and in the case of mental health difficult to access in crisis. These wider systemic issue are being addressed through the LD working group and solutions developed as a part of the draft LD Action Plan.

4.3.5 Medway now has a detailed understanding of patient pathways and as such is clear about the contributing factors that lead to most individuals being placed in secure in patient provision.

4.4 However, Medway has faced and will continue to face the following additional key actions in 2019/20:

4.4.1 Development and maintenance of a community infrastructure designed to prevent admissions and support earlier discharge where possible in an environment where re-current funding from central government remains unclear and after care costs for complex patients continues to rise.

4.4.2 The need to negotiate access to TCP initiatives set up by KCC and Kent CCGs, on behalf of the Kent and Medway TCP including the Forensic Outreach Service, Children’s Safe Accommodation Service and Adult Autism residential and (Multi-Disciplinary Team) MDT provision.

4.4.3 The development a wider LD Commissioning Plan that includes a vision for how the Adult Community Learning Disability Team and the Mental Health of Learning Disability Team might be delivered in a more integrated and joined up way across the Kent and Medway STP.
4.4.4 The development a wider vision and commissioning plan for Adult Autism Services that aligns with children’s services in Medway and potentially across the Kent and Medway STP footprint.

4.4.5 To ensure that mechanisms already in place to support the delivery of Care and Treatment Reviews (CTRs) and Care, Education and Treatment Reviews (CETRs) are embedded.

4.4.6 To identifying within the S117 budget, additional aftercare costs for those with discharges planned in 2019/20 in order to inform discussions as to how the Medway TCP S75 pool budget will be utilised and managed after 31 March 2019.

4.4.7 The development of an “at risk of admission” register to support early intervention even when individuals don’t meet current access to adult or children’s social care criteria.

5. Investment

5.1 The first priority for the TCP is to ensure community services are in place to support inpatients with planned discharge dates.

5.2 Despite the relatively small number of patients involved, Transforming Care is a wide-ranging programme that requires investment and resources in order to really deliver sustainable change. To date the Kent and Medway TCP has received a £2.25M funding transfer from Specialised Commissioning in order to develop services and support.

5.3 Medway’s allocation of £420,000 represents an 18.67% share of the total £2.25M and has been earmarked to develop community clinical and social care (OT, Nursing and TCP complex care coordination) provision, in line with the overall aims of the programme. A business case that details 3 options and outlines the possible risks is currently being considered by senior management across Medway Council and Medway CCG. It is planned that these proposed developments will be a first step in building increased services and support for people with LD and Autism in Medway.

6. Key Future Actions

6.1 The new NHS 10 year Plan sets out ambitious plans to support people with LD and Autism including:

- Increasing the number of people with LD who receive an annual health check and piloting annual health checks for people with Autism.
- Expanding programmes to prevent over medication of people with LD and or Autism.
• Continued funding of the Learning Disability Mortality Review Programme (LEDER).
• Improving the understanding of the needs of people with LD and or Autism.
• Introducing a named designated worker for individuals who present as complex.
• Ensuring routine health surveillance like dental and eye checks take place in specialist schools.
• Work with the Department for Education and local Authorities to increase the awareness of and support for children with LD and or Autism.
• Promotion of personal health budgets for individuals with LD and or Autism.
• Introduction of specialist community teams for children with LD.
• Undertake a review of Care and Treatment Reviews (CTRs) and Care, Education and Treatment Reviews (CETRs) to ensure effectiveness.

6.2 Medway Council and Medway CCG will be obligated to respond to these and the new target from 1 April 2019 of 45 adults in secure inpatient provision at any one time across the Kent and Medway TCP. The target for children’s is as yet unknown, but what is known is that NHSE will have a more targeted children’s only programme post 31 March 2019.

7. Risk management

7.1 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:

• 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
• Delays in opening new housing and support provision

7.1.1 Mitigating actions include:

• Additional investment grants from NHSE to target risk areas
• Review of criminal justice pathway
• Dedicated CYP project to address volatile Tier 4 CAMHS activity
• Business case has been developed to secure additional NHS investment for community services
• Defined monitoring and escalation protocols are in place to facilitate housing and related support provision

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 Section 117 aftercare costs. Current modelling indicates a rising cost pressure to Medway Council over the course of the 3 year Transforming Care Programme and beyond.

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 The funding transfer from Specialised Commissioning is £420,000 for 2018/19. The funding transfer from Medway CCG has yet to be confirmed.

8.5 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:

a) 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.

b) Agree a progress report be presented to the Board in 6 months’ time.

Lead officer contact
Chris Mckenzie, Assistant Director of Adult Social Care.
Telephone: 01634 331212 Email: chris.mckenzie@medway.gov.uk
Appendices
None

Background papers
*Building the Right Support*, LGA, ADASS & NHSE, October 2015

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

10 year NHS Plan