



HEALTH AND WELLBEING BOARD: 24 MAY 2018

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES,
LEICESTERSHIRE COUNTY COUNCIL**

**LEICESTER, LEICESTERSHIRE AND RUTLAND
TRANSFORMING CARE PLAN**

Purpose of report

1. The purpose of this report is to update the Board on the assurance of the delivery of the Leicester, Leicestershire and Rutland (LLR) Transforming Care Plan (TCP) for adults with a learning disability and or autism who have behaviours that challenge.

Link to the local Health and Care System

2. The LLR TCP is designed to assist all the local partners in assessing their progress on the implementation of the TCP and an assurance that they are on target to deliver the trajectory by the end of the programme in March 2019. The LLR TCP is a work stream of the Sustainability and Transformation Plan (STP).

Recommendation

3. The Health and Wellbeing Board is asked to note the update on the LLR TCP and agree to receive a further update as requested.

Policy Framework and Previous Decisions

4. In October 2015, NHS England, the Association of Directors of Adult Social Care (ADASS) and the Local Government Association (LGA) published a Transforming Care National Implementation Plan and associated service model 'Building the Right Support'.
5. The national plan described the expectation of the development of Transforming Care Partnerships that should consist of Clinical Commissioning Groups (CCGs), NHS England's Specialist Commissioners and Local Authorities. Leicestershire was aligned as a TCP with Leicester City and Rutland.
6. The plan outlined three key expectations from local commissioners; implementing enhanced community provision, reducing inpatient capacity and rolling out Care and Treatment reviews in line with the published policy. The LLR Transforming Care Partnership was formally agreed in December 2015.

Background

7. In May 2011, a BBC Panorama programme highlighted both physical and mental abuse taking place at Winterbourne View Hospital that was privately run by Castlebeck Ltd in South Gloucestershire. The Department of Health carried out a full review into what happened at Winterbourne View Hospital along with a wider review of over 150 hospitals and care homes that provided services for people with learning disabilities. The review indicated that failings were widespread within the operating organisation (Castlebeck) but importantly also across the wider care system.
8. The Department of Health published Transforming Care, a National Response to Winterbourne View Hospital and the Concordat: Programme of Action in December 2012. The Concordat and 63 actions detailed within the review seek to address poor and inappropriate care for people with a learning disability and/or autism, who may also have mental health needs or behaviour that challenges.

The LLR TCP Current Inpatient Position

9. As of 8 May 2018 there were 26 CCG inpatients in hospital (27 as at the 28 February 2018); nine in the local assessment and treatment unit (the Agnes Unit) of which seven have a transition plan, three in the local adult mental health unit (the Bradgate Unit) and 14 in out of area Alternative Hospital placements.
10. As of 8 May 2018 there were 22 NHS England Specialist Commissioning inpatients (20 as at the 28 February 2018); five in Medium Secure Units, 11 in Low Secure Units, two in a Non-Secure unit and four young people in Child and Adolescent Mental Health Service (CAMHS) units.
11. In line with the LLR TCP target, the closure of two beds in the Agnes Unit took place in October 2016 with a further two beds closing in March 2017. The current contract with Leicestershire Partnership Trust (LPT) is for 12 beds in the Agnes Unit. The TCP ambition for March 2019 when the Programme ends is there will be less than 12 CCG commissioned patients in the Agnes Unit. This number includes the planned transition of the 14 people currently in out of area hospitals that will be re-provisioned back to the County. The trajectory for Specialist Commissioned patients by March 2019 is 21, which is one less than the current number of inpatients in Specialist Units.
12. The LLR TCP has a designated Discharge Co-ordinator who works alongside health and social care colleagues to support discharge planning processes and to proactively identify future community placement accommodation requirements.

The LLR TCP Risk Status and Recovery Plan

13. As of January 2018, the LLR TCP was placed into Red Risk Status by NHS England for the second time due to the LLR TCP having 10 patients over the agreed CCG figures; 33 instead of the predicted 23, which included a significant number in out of area placements. However the LLR TCP status has now been reduced down to Amber.
14. A Recovery Plan has been developed that includes detailed research and analysis over the last six months in order to identify and address the current challenges and

issues. Three work streams have established; admission and prevention, service redesign and multi-disciplinary working and accommodation, all led by health and social care senior managers committed to improving the delivery of the TCP plan.

15. Progress to date has included a review of the At Risk of Admission Register, in-depth analysis of recent admissions and Delayed Transfers of Care (DTOCs), those patients medically fit for discharge but unable to leave hospital due to insufficient community support being available), a joint health and social care agreed revision of the Care, Education and Treatment Review policy (both within the community and in-patient settings). Further work is being developed to improve multi-disciplinary approaches.

Admission and Prevention Work Stream

16. The Admission and Prevention Work Stream delivery plan details how the TCP will work to:
 - reduce the number of Out of Area inpatients;
 - develop effective admission and prevention procedures and processes;
 - develop an effective discharge for those patients who are in hospital;
 - ensure appropriate crisis response is in place;
 - ensure that there is appropriate access to mainstream services and activities in order to remain safe and well in the community.

Risk of Admission Register

17. From April 2015, CCGs were tasked with holding a register of anyone at risk of admission to hospital due to their learning disability and/or autism. This is not a register of people at risk e.g. safeguarding, abuse or exploitation.
18. As at January 2018 there were over 200 people identified as 'at risk' on the register and as such was no longer considered to be a 'live management tool'. The register was reviewed and those deemed not to be at immediate risk of admission were removed. Changes were also made to the operating process of the register and as of 8 May 2018 there are five people on the register; three from the Learning Disability Outreach Team and two from CAMHS Crisis Team. This has enabled the register to be used more proactively in order to help prevent and reduce admissions. If people go back into crisis they can be referred again to the register.
19. Going forward, any new referrals to the register will only be accepted for those people who are at immediate risk of admission and where there is active involvement from health services. The rationale here is that if a person is at immediate risk of admission then health services should already be involved and assess the individual's risks and be providing support prior to any Community Care, Education and Treatment Review (CETR) or Local Area Emergency Protocol (LAEP, formerly known as a Blue Light Meeting) being instigated.
20. CETR's will now adopt a proactive approach to both the monitoring and any required intervention around the care and treatment a person is receiving. They must facilitate joint working (health, social care and education), identify any new service gaps for commissioners and enable partnership working to both review resources and design services.

Local Area Emergency Protocol (formerly 'Blue Light' Meetings)

21. In circumstances where an admission is unplanned, urgent or someone is in 'crisis' it is recognised that a CETR may be, on a practical level, very difficult to set up due to short timescales, the level of risk and the need for urgent action. A LA EP has been developed and signed off by all TCP partners. It is intended to help identify barriers to supporting the individual to remain in the community and to make clear and constructive recommendations as to how these barriers could be overcome by working together and using resources creatively.
22. The LAEP will consider and agree a contingency plan if the initial plan formulated to support the person does not work. This contingency is particularly important for the management of the person at weekends and in out of hours periods and considers what options and providers are available should an admission be required.
23. The TCP revised both the CETR and LAEP processes in April 2018 and this places greater responsibility on Multi-Disciplinary Teams (MDTs) to manage risks within the community.

Service Re-design Work Stream

24. The Service Re-design Work Stream was set up to develop a high level model for delivering the required outcomes for the Transforming Care cohort across the county. The remit of the work stream is to:
 - map existing pathways and services to identify gaps;
 - recommend and develop a revised service offer for adults;
 - focus on the development of MDT working across all key partners;
 - develop a clear understanding of the role of the Outreach Team and its link to MDT.
25. The work stream has assured commitment across MDTs to attend both Care Programme Approach and CETRs as part of the discharge planning process, thus ensuring that those in crisis or are due to be repatriated from out of county placements are clearly identified and their care and support needs are known. This should assist in preventing admissions, improve discharge planning and reduce delayed discharges.

Learning Disability Outreach Service

26. The Learning Disability Outreach Service has been greatly expanded to provide intensive support in the community for people and the team now works seven days a week, (excluding Bank Holidays) from 8.00am–21.00pm. The team undertakes up to 1,900 contacts per year with a client group that poses significant challenges. Further work is now being undertaken to understand where admissions to hospital are coming from and at what time and the effectiveness of the outreach team in preventing admissions.

Enhanced Community Support Services

27. There is further work being developed to enhance the community support for people who are potentially at risk of an admission. This includes post-diagnostic autism

support for people who have autism but not a learning disability, community forensic services; step up crisis accommodation and enhanced community crisis support for up to 72 hours.

Accommodation Work Stream

28. A new TCP Accommodation Strategy has been signed off and delivery plans are in development. The strategy details the accommodation requirements across Leicestershire in order to facilitate transfers from hospital settings to community based dwellings. In Leicestershire, four new supported living units suitable for TCP individuals will be available in June 2018 to support further discharge from both in county and out of county placements.

Positive Behaviour Support Training

29. Residential and Supported Living Providers who are supporting people who may be at risk of admission are being offered Positive Behaviour Support (PBS) training to increase their understanding of how to support people displaying challenging behaviour which may escalate into a hospital admission.

Keeping People Safe

30. The TCP and all partners work to keep people who challenge safe through supporting them to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There will be a culture of transparent and open reporting, ensuring lessons are learned and acted upon. Mandatory Safeguarding Adults training has been delivered to all adult social care staff. Any individual at risk of harm or abuse should be involved, wherever possible, in decisions about how they keep themselves safe in line with Making Safeguarding Personal.

Challenges for the final 10 months

31. The major challenge for the LLR TCP over the final 10 months of the programme will be in meeting the region's NHS England trajectory for the number of people that are receiving treatment in an inpatient setting as outlined in paragraph 11 of the report. To date, the TCP has been in a Red Risk Status both in January 2017 and January 2018 with NHS England; currently this risk has been downgraded to Amber due to the number of people still in hospital being higher than the TCP trajectory.
32. The National Transforming Care Programme has offered support to the LLR TCP in order to progress their plans for individuals in hospital. A draft action plan has been developed and agreed that includes:
- support to improve MDT working;
 - scoping of accommodation and support needs;
 - develop stronger levels of confidence and expertise for our community providers to manage people with more complex needs;
 - scoping the Ministry of Justice requirements to assist with discharges and reduce the use of locked rehab placements.

33. Nationally funded consultants have been identified and will begin this work in June 2018.
34. There are currently 14 people in Alternative Placement Hospitals who require careful and planned repatriation to the community. The ambition for discharges from Specialist Commissioned beds into the community across the LLR TCP has also increased above the original projections, leading to more complex discharge planning and demands on community resources, particularly in relation to children.
35. There are four LLR Transforming Care patients (three of which are Leicestershire people) who are in hospital under the jurisdiction of the Ministry of Justice (MOJ) and plans for their discharge are out of our control. Further work needs to be undertaken to secure suitable, safe community packages of care and support in order for the MOJ to consider the discharge of this cohort.
36. Leicestershire County Council currently acts as Lead Commissioner for the Social and Health Care needs for people with Learning Disabilities across Leicestershire, including the Transforming Care cohort of people. Further agreement needs to be reached by all partners on the way forward for this Joint Commissioning as the current arrangements will cease in September 2018.
37. It is envisaged that the work that has already been undertaken within the LLR TCP will continue following the end of the Transforming Care Programme in March 2019 and will be further integrated into the Leicestershire Learning Disability approach; meaning that the service model for this cohort of people will be right for everyone.

Resource Implications

38. When the Transforming Care Programme commenced measures were put into place by NHS England for Funding Transfer Agreements (FTAs) to be paid to the relevant CCGs when a patient was discharged from a Specialist Commissioned bed and the bed was subsequently closed. This funding was intended to be used to fund both the continuing health and social care costs of the patient in the community. To date there have only been two FTAs paid to the LLR TCP both for City Council patients. NHS England are no longer administering FTAs and consequently, as beds are closed and patients moved closer to home or back into the community the money is no longer following the patient, leaving the CCG and Local Authority to fund the often significant community care packages.
39. Leicestershire County Council was successful in bidding for capital funding from NHS England in 2017 to redevelop two sites to provide community based accommodation for transforming care patients. However the restrictive grant conditions from NHS England were such that the Local Authority could not accept the funding allocation. The Council agreed, however, to progress one of these developments utilising existing local authority capital. Subsequently the Council and the CCGs have agreed to allocate Better Care Fund (BCF) funding to cover this expenditure.
40. During 2017/18 there were five patients discharged from inpatient settings with an estimated annual cost of £250,000 for the Local Authority for care and support in the community. The remainder of the costs are being met by the relevant CCG.

41. The role of the Lead Commissioning Manager, Working Age Adults continues to be part joint funded by the East Leicestershire and Rutland CCG and as such is the officer tasked with overseeing this work.
42. Leicestershire County Council has used Improved BCF to employ a full time equivalent senior social worker post. The remit of this post is to work solely with the most complex Transforming Care individuals. This has significantly improved the interface between health and social care.

Circulation under the Local Issues Alert Procedure

None.

Relevant Impact Assessments

Equality and Human Rights Implications

43. The Transforming Care Programme targets all people – children and adults with a learning disability and/or autism, including those not eligible for social care or continuing healthcare support.

Partnership Working and associated issues

44. The Learning Disability Better Care Together work stream has been realigned as the LLR TCP and is the Learning Disability work stream within the STP.

Risk Assessment

45. The LLR TCP focus continues to be on making sure there is the right support for people to be discharged from inpatient hospital care at the right time and also helping people who are at risk of being admitted.

Officer to Contact

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