Leicestershire County Council

HEALTH AND WELLBEING BOARD: 24 JANUARY 2019

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 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 local partners in assessing their progress and provide assurance that they are on target to deliver the plan by the end of the programme in March 2019. The TCP replicated the approach of the Better Care Together (BCT) focusing on the reduction of bed based services in favour of community approaches. The TCP was signed off by the BCT Partnership Board and Health and Wellbeing Board and reported on at regular intervals.

Recommendation

3. The Health and Wellbeing Board is asked to note the update on the Leicester, Leicestershire and Rutland (LLR) Transforming Care Plan (TCP).

Policy Framework and Previous Decisions

4. 'Building the Right Support' published in October 2015 by NHS England 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 has aligned its TCP with Leicester City and Rutland.

5. The national 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.

6. The Health and Wellbeing Board last received an update on the delivery of the TCP in May 2018.

Background

7.	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 sought 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.

8.	The TCP has been led since May 2017 by the Strategic Director of Leicester City Council, with support from Senior Responsible Officers at both the City Council and East Leicestershire and Rutland CCG.

The Leicestershire TCP current inpatient position

9.	The numbers of individuals receiving help as part of the TCP -as of 31 December 2018 remains above the target. There are 24 individuals based within inpatient settings, who are the responsibility of the local CCGs, 10 more than the target number for the cohort set by NHS England at the outset of the Transforming Care Programme and based on population size (10-15 CCG and 20-25 Specialist Commissioned beds per million population respectively). In addition, there are 27 in-patients funded through Specialised Commissioning Teams which is five people above target.

10.	The TCP hold quarterly review meetings with the local NHS England Office, and are to meet with National TCP leads on 23 January 2019 to review progress and consider longer term plans. The Agnes Unit and Bradgate Unit are local inpatient facilities, alternative hospital provision (AHP) includes sites nationwide.

CCG	Agnes Unit	Bradgate MH Unit	AHP	Total
CITY	3	1	7 *(2 long-stay)* *(2 MOJ)*	**11** *(2 long-stay)* *(2 MOJ)*
ELR	3	0	2 *(1 long-stay)*	**5** *(1 long-stay)*
WEST	2	1	5 *(3 long-stay)* *(3 MOJ)*	**8** *(3 long-stay)* *(3 MOJ)*
Total	8	2	14 *(6 long-stay)* *(5 MOJ)*	**24** *(6 long-stay)* *(5 MOJ)*

11.	There are three Leicestershire people who are in hospital under the jurisdiction of the Ministry of Justice (MOJ). 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 these people.

The LLR TCP Peer Review

12. In September 2018, the TCP participated in a Peer Review, whereby the Peer Team met over 60 people and looked at five main areas:

     - *Local context and whole system working:* Does the partnership enable a joined-up way of working for people their carers and families?
     - *Sustainability:* Does the partnership have a plan in place to ensure long term viability and is there evidence that this plan is being implemented successfully?
     - *Capacity to deliver:* Is capacity aligned to the priorities of the partnership, and able to deliver on agreed outcomes set out within plans?
     - *Service design:* Delivery of key functions set out in the model service specification for intensive/enhanced support or community-based forensic support: are all elements in place?
     - *Multi-Disciplinary Teams (MDTs) -* To consider the effectiveness of multi-agency working and effectiveness, with a particular emphasis on children and young people.

13. In terms of system working, the Peer Review identified that there were a number of key individuals who demonstrated leadership within their organisations. Additional resources, such as the discharge co-ordinator and TCP social workers, had a positive impact; yet the lack of a shared vision between organisations led to different priorities and focus impairing the ability to maintain a truly joined up approach across the partnership. It was also recognised that better communication around changes and developments including engagement with people with a learning disability and their family carers was needed.

14. With regards to sustainability, the Peer Review identified that effective discharge processes are developing with different professional relationships leading to clearer accountability and effective challenge. However, there are a number of challenges, including a lack of clarity about funding arrangements leading to frustration and delay, an unclear picture of community service provision that can meet individual needs, and the requirement to develop closer relationships between clinicians, commissioners and providers to generate trust and greater understanding about the reality of what is/can be provided.

15. In terms of capacity to deliver, the Peer Review identified key roles within the system that are able to sustain highly complex cases and prevent admission as well as recognising the importance of having a TCP programme manager and discharge co-ordinator. However, the challenges identified included concern about the availability of high quality providers with the competency and capability to respond to changing and emerging needs, no provision in the area of inpatient support for children and young people with a moderate to severe learning disability, market shaping needed beyond residential care and supported living, and a lack of joined up approach around budgets.

16. With regards to service design, the Peer Review identified examples of good individualised service design meeting needs with intentions to introduce more diverse methods to help understanding of support needs, eg videos. There was also evidence of flexibility of resourcing that enabled individuals to transition into new services and recognised the complexities involved. The challenges identified included, establishing better involvement of the people currently supporting

individuals in the specification for any new support, visibility of people using services and their parents/carers in the design of services and the need for greater understanding of the Leicestershire Partnership NHS Trust transformation programme and alignment to the TCP.

17. In terms of the MDTs, the Peer Review identified that it is still early days for MDT working, but the right people are attending and the inpatient MDT has given an improved focus that is enabling more effective discharge. However, there is a need to have clarity about people's roles and responsibilities.

18. Building upon the Peer Review feedback, the TCP Executive has been developing a wider vision for learning disabilities and autism for LLR, which will become the focus of the STP workstream as the TCP programme formally comes to an end and becomes part of a 'business as usual' approach. This has been developed collaboratively with all TCP partners, and will be shared with the LLR STP Senior Leadership Team in early 2019.

19. The Council is currently working with the CCGs to review the pooled budget arrangement that operates for some individuals with learning disabilities, some of whom may be part of the TCP cohort. It is recognised that closer working between commissioners could support proactive discharge planning processes and subsequently prevent delay in discharges.

Accommodation Developments

20. There is a TCP Accommodation Workstream meeting to support the strategic approach and longer-term planning needs of the TCP cohort.

21. The Council has recognised the need to ensure suitable accommodation provision and a new community-based service, consisting of four flats, has been developed in Hinckley. One person has already moved in following a successful transition period and work is underway to support the second move.

22. The Council is also leading on the procurement of a specialist service for individuals with a sensory impairment and forensic history and developing a business case for developing community accommodation for those with a forensic history.

23. In early 2019, the Council will begin work to review the current framework of supported living providers to consider whether it is able to meet complex need or if a supplementary range of providers are required.

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

24. The TCP revised both the Care Education and Treatment Review and Local Area Emergency Protocol (LAEP) processes in April 2018 and this places greater responsibility on MDTs to manage risks within the community. There have been 38 LAEP's completed across Leicestershire and Rutland between December 2017– November 2018

25. Due to an increasing number of LAEPs having taken place across 2018 for young people, NHS England have recently issued a Root Cause Analysis process that will be completed for all children and young people who require admission into a

specialist learning disability inpatient setting. This process is being implemented with immediate effect.

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 8.00 am–9.00 pm. The team will support community providers and carers to prevent any further deterioration of people's health which could result in an admission. It also supports the discharge process for people moving from hospital and is involved in the handover to Community Learning Disability Teams. The team ensures there are robust crisis plans in place. The team is unable to support individuals with Autism who do not have a learning disability. Further work is needed to gather the views of providers on the support that they receive from outreach services and address any potential gaps between expectations and support commissioned.

Positive Behaviour Support Training

27. Residential and supported living providers who are supporting people who may be at risk of admission were 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.

Resource Implications

28. When the TCP 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. Leicestershire did not benefit from any of these arrangements.

29. NHS England is no longer automatically administering individual FTAs in the same way and instead is only transferring funds when it is evidenced that the overall local system trajectory is being met. As LLR are over trajectory, no funds are being made available to the local system 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.

30. To date in 2018/19 there have been 10 Leicestershire patients discharged from inpatient settings, seven from the Agnes Unit and three from alternative hospital placements. The CCG is currently finalising the costs being incurred in the provision of ongoing services for these patients and the relevant elements being incurred by health and social care, but is estimated at approximately £1.8m annually.

31. The County Council has identified growth in the current Medium Term Financial Strategy amounting to £1.5 m over the three year period 2018/19 to 2020/21. In addition, the 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. The post works closely with the discharge co-ordinators clinical teams and Outreach. There is attendance at hospital outreach and discharge meetings. It has resulted in greater understanding of the role of respective organisations and a clear conduit of communication to ensure that there is focus on discharge planning. It has assisted in identifying themes and raising awareness within TCP.

Circulation under the Local Issues Alert Procedure

32.   None.

Relevant Impact Assessments

Equality and Human Rights Implications

33.   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

34.   The Learning Disability Better Care Together work stream was previously realigned as the LLR TCP and is the Learning Disability work stream within the STP. The remit of this workstream will broaden in April 2019 to include the wider learning disability and autism agenda, in reflection of the TCP programme formally finishing, and the alignment with the LLR vision for learning disabilities and autism.

Risk Assessment

35.   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.

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