



Healthier Lancashire & South Cumbria

Lancashire and South Cumbria
Transforming Care Partnership

Health Overview Scrutiny Committee



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- The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism
- The programme has three key aims:
 - To improve quality of care for people with a learning disability and/or autism
 - To improve quality of life for people with a learning disability and/or autism
 - To improve community teams capacity to be able to manage more challenging behaviours and so reducing admissions.

- Transforming Care builds on *Valuing People* and *Valuing People Now*, all of which focus on rights, independence, choice and inclusion for people with a learning disability and/or autism and a continued reduced reliance on institutional care
- The programme aims to close long-stay hospitals and develop and enhance services to support people with a learning disability and/or autism to be given the right support at home in the community
- Lancashire and South Cumbria plan to reduce the number of inpatients in both secure and non-secure beds by 60% by March 2019 (based on April 2016 inpatient numbers). (107 reduced to 43)

Lancashire and South Cumbria TCP Progress

- The Lancashire and South Cumbria Programme has made considerable progress in achieving the national aims as set out in *Building the Right Support* (BRS) and the *National Service Model* and has maintained high fidelity to the principles and guidance set out in these documents
- The TCP has also retained a clear focus on ensuring the wider aims of Transforming Care are delivered for our population
- Working with service users to ensure true co-production, the programme has:
 - Worked hard to expedite safe discharges, understand delays and explore reasons for admissions
 - Developed 2 new models of community provision
 - Developed and enhanced housing and resettlement solutions including procurement processes
 - Explored areas of good practice

Population Estimates		Lancashire (1.6m pop*)
Whole population (Children and Adults)	Overall population with a learning disability (mid range of 2-3%)	40,000
	Population with autism	17,600
	Population with autism and a learning disability (mid range of 44% - 52% of autism numbers)	8,500
	Population known to LD Services (18.6% of 40,000)	7,440
Adult population	Adult population with a learning disability	32,200
	Adult population with autism	14,200
	Adult population with autism and a learning disability (mid range of 44% - 52% of autism numbers)	6,800
	Adults with LD and/ or autism who display challenging behaviour (between 450 – 650 adults per 1 million population)	880
Children and Young People only	Population with a learning disability	7,800
	Population with autism	3,400
	Population with autism and a learning disability (mid range of 44% - 52% of autism numbers)	1,650
	Population known to LD Services (18.6% of 7,800)	1,450
	Population of children and young people with LD and/ or autism who display challenging behaviours (around 750 per 1 million population)	1,200

*The Lancashire a population is estimated at around 1.6m, of which roughly 312k are children (19.5%)

Inpatient Progress: Legacy Patients

- In 2016/17 L&SC TCP was set a final trajectory of having no more than **58** patients in hospital beds from a base line of **107**. (61 patients in Specialised Commissioning Beds and 46 patients in CCG commissioned beds)
- Patients in specialised commissioning beds are usually subject to court proceedings / part of the criminal justice system, this is because hospital is more therapeutic to their needs than a prison environment.
- From this original cohort of **107**, the TCP has achieved a discharge for **56** patients (33 CCG 23 Spec Comm), leaving a legacy cohort of **51**. All remaining 2016 inpatients have a discharge plan and discharge dates identified. One of these will take place after March 2020
- Of the 56 people discharged, only 4 have been readmitted (7%) for any period of time
- This is a major achievement for the TCP and we remain on plan with the discharge of the original cohort of patients

Impatient Progress: Current Position

- The current inpatient position is 96 against a final trajectory of 58
- Despite a steady discharge rate, a number of people have been admitted to hospital (both secure and non-secure beds). In a number of cases there are people who have been identified as having autism once they are already in a mental health or physical health ward. These people then become subject to the transforming care programme.
- The TCP has taken a number of actions:
 - Explored discharge delays
 - Explored admission themes
 - Undertaken a full audit of procurement plans and timescales
 - Held provider workshops with social care and housing providers to consider ways to accelerate resettlement time lines
 - Explored good practice and innovation across the region

Inpatient Progress: Discharge Delay Themes

- The TCP has undertaken a full review of all delayed discharges and has an in-depth understanding including patient level detail and consistent themes. A thematic review of discharge delays has identified:
 - Acuity and complexity of need
 - Data sharing challenges to support effective discharge
 - Parole Board delays, CoP, DOLS (unique cases e.g. Booking.com)
 - Challenges with CQC engagement and registration/re-registration
 - Deterioration in individual's presentation
 - Gap in fully developed community services to support discharges
 - Protracted procurement process via LCC Flexible Framework
 - Care providers sourced but no accommodation
 - In active treatment
 - Fidelity to BRS has led the TCP into the development of supported living rather than residential care options

- There are 25 people who originally had indicative discharge dates before 31 March 2019 who will now not be discharged by that date. This is due to a range of reasons:
 - Concurrent Prison Sentence (IPP)
 - Court of Protection proceedings
 - Professional Challenge regarding discharge package
 - Mental Capacity Assessment
 - Procurement of Property
 - Clinical Presentation
 - Requires transfer to secure environment

Inpatient Progress: Discharge Delay Actions

- To improve/accelerate the discharge progress, a number of actions have been implemented These include:
 - mapping exercise to determine all housing vacancies/voids in the system
 - mapping exercise of all residential care availability
 - market stimulation exercise / identify gaps in the provider market
 - re-engage with other councils regarding the use of the flexible agreement
 - ensure 100% of inpatients have an ISPs/Pen portraits and that these are more person centred
 - ensure district council and housing providers are aware of housing needs
 - hold regular accelerated discharge calls to co-produce and seek collaborative solutions to accelerate discharge and enhance patient experience
 - Introduce a of Single Point of Access across secure provision in the NW supporting a consistent approach to admissions

- Additional funding has been granted which has enabled the TCP to provide additional social work capacity
- Additional social work resource has been recruited by all 4 Local Authorities as a dedicated resource to release capacity within the programme's discharge coordination team
- The additional social workers also means that every service user now has a named discharge lead/coordinator

- All admissions are reviewed at the TCP's clinically led Safe and Sustainable Care meeting to determine whether or not they were appropriate
- Of 23 admissions, 22 have been reviewed to date.
 - 16 were deemed as appropriate
 - 2 were inappropriate
 - 4 were appropriate but could have been prevented had enhanced community provision have been in place.

- Admission trends include:
 - Primary Mental Health need requiring inpatient admission
 - Grief and loss or other trauma triggering change in behaviours
 - Care Provider unable to manage behaviours that challenge
 - Ministry Of Justice conditions breached resulting in recall to hospital
 - Prison transfers
 - Diagnosis of autism once already in a hospital setting

What are C(E)TRs?

- Care, (Education) and Treatment Reviews (CTRs/CETRs) are for people whose behaviour is seen as challenging and/or for people with a mental health condition living in the community and in learning disability and mental health hospitals
- Inpatient CTRs help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They can reduce the amount of time people spend in hospital and help to resolve problems which can keep people in hospital longer than necessary.
- Community CTRs are undertaken prior to an inpatient admission. Local evidence shows that 83% admissions are avoided when a community CTR is undertaken. L&SC have, on average 7.5 admissions per quarter. CYP have achieved low admission rates due to an increase in pre-admission CETR

- To fully understand and reduce inappropriate admissions, a number of actions are being implemented before January 2019:
 - Development of individual crisis plans for all relevant patients
 - Increase resource into CTR/CETRs
 - Ensure wide use and training of the clinically developed Dynamic Support Register tool. This will include new admissions where people were previously unknown to health services and reasons for admission
 - Develop provider/commissioner case management /assurance calls (all-age).

- L&SC CTR/CETR achievement based on the latest regional data:
 - 5/9 of adults admitted received a pre admission CTR (56%)
 - 35/37 of adults in a non secure inpatient bed had received a repeat 6 monthly CTR (94%)
 - 29/35 of adults in secure beds received a 12 month CTR (83%)
 - There has been 1 CAMHS admission into inpatient services in the last quarter. This person was unknown to services prior to admission and so could not have a CETR.
 - The TCP recognises that it can improve the percentage CTRs/ CETRs completed and plans are in place to achieve this and we strive to achieve 100% of CTRs

- The TCP has developed 2 new models of community provision:
 - Specialist Support Team (SST) – Provided by Mersey Care Foundation Trust
 - Community Learning Disability and Autism Teams (CLDT) – Provided Cumbria Partnership, Lancashire Care Foundation Trust, Blackpool Teaching Hospitals

- The Specialist Support Team Service are fully operational.
- The Core Functions are:
 - Admission Prevention and Gatekeeping
 - Facilitate Discharge of forensic patients and those with behaviours which challenge
 - Intensive support including 'wrap around' and out of hours On-Call emergency response
 - Timely specialist forensic community assessments and interventions including therapies
 - Training and consultation to targeted teams and services
- The service has a current caseload of 116
- The lead commissioner, ELCCG will now implement a monitoring schedule to assess impact which will be reviewed by the TCP's Strategic Commissioners group.

Community Service Developments: Community Learning Disability and Autism Teams

- The Integrated Community Learning Disability Team (CLDT) is an all-age service
- The aims and objectives of the CLDT service are aligned to the nationally developed TCP outcomes and will support mainstream health and social care services in the provision of reasonable adjustments through education liaison and networking to enable people with a Learning Disability and/or Autism and their family and carers to be supported to live a meaningful life
- The service provides targeted health and social care support in the community for people when it is identified that they have eligible assessed needs and will ensure their safeguarding needs are met

Community Service Development: CCG Commissioned

Inpatient Provision

- L&SC TCP approached the North West Learning Disability & Autism Operational Delivery Network to support with the development of the bed model to ensure an optimum model is delivered that is based on clinical best practice and in line with national requirements
- A plan is now in place to secure 14 Assessment and Treatment and 10 Rehabilitation beds with opportunity to flex between these inline with patient need
- Beds are likely to be available from late 2021
- A Capital Business Case completed as part of wave 4 to support build/renovations required
- Scoping of suitable premises and options appraisal is complete
- An OBC is underway which is being developed in partnership with providers and commissioners
- Commissioners are also progressing an Expression of Interest to test market interest, capability and timescales for delivery of an interim solution



- Overall achievement for completion of AHCs for L&SC in 2017/18 was 50.57% against a target of 75%.
- Although this is an 11.5% improvement on attainment in 16/17 the TCP is aware this needs to improve further
- Performance has been raised with CCGs who now more aware of their position. A practice break down has been provided to CCGs and performance reporting is in place by GP practice.
- The best performing CCG was West Lancashire with 64.44%
- The CCG furthest away from the target was Blackpool with 42.45%. Blackpool has a robust recovery plan in place.

- In a bid to support improvement, consideration of ‘Lab in a Bag’ is currently underway which utilises a Point Of Care Testing approach (Chorley pilot)
- Blackpool are interested in testing this concept which will enable everyone open to community services to have a health check closer to home.
- Based on an effective approach in Bradford, the TCP is considering working with advocates and Partnership Boards to promote the uptake of AHCs in GP practices – we will seek support from our local authority partners with this

- The Learning Disabilities Mortality Review (LeDeR) Programme is aimed at making improvements to the lives of people with learning disabilities. Reviews are being carried out with a view to improve the standard and quality of care
- Within L&SC:
 - 14 Reviews have been completed
 - 35 Reviews are in progress
 - 75 Reviews are pending allocation
- To increase the number undertaken the programme has been awarded funding for fixed term admin and Reviewers to complete the back log
- An additional resource has been recruited in the short term and an additional 0.2 wte capacity has built into TCP's Programme Support Officer Role to administer the LEADER programme including information gathering and administrative support to the reviewers
- A LeDeR Recovery plan has been developed

- People with a learning disability die up to 20 years younger
- Main causes of death have been:
 - Sepsis
 - Respiratory illnesses including pneumonia
 - Diabetes / Cardiovascular / Lifestyle illnesses
- More people are dying in hospital rather than at home

- Each of the 4 local authorities have varying processes to procure housing and support. Lancashire County Council has developed a flexible agreement which is a pre-approved framework of care providers. LCC has offered the use of the framework to each of the other councils
- The flexible agreement is live for a further 2 years expiring 31 October 2020
- There are 39 providers on the framework. Of these, 18 regularly submit tenders
- LCC:
 - Communicates regularly and meets with the care and housing providers
 - Issues prior notifications of upcoming tenders (care and housing providers)
 - Liaises with District Housing Officers regularly updating on planned services in their locality
 - Met with Lancashire Property Board to seek support for housing options

- A recent event was held to engage with all providers that have been awarded contracts to understand delays post-award from the providers perspective. The main issues included:
 - Time scale too short – each service needs a minimum of 6 months lead in – some providers felt 18 months prior to discharge was more realistic
 - Staffing – quick access to suitably qualified staff to begin the in-reach required
 - New staff lead in at least 6-10 weeks
 - Sourcing suitable housing to satisfy Mental Health Tribunal and Parole Board
 - Void liability
 - ISP/Pen Pictures need to be more person centred and bespoke

- There is a personalisation ICS work stream which is lead by public health
- East Lancashire acts as the Lead Commissioner and is linked in with the ICS PHB Lead (Level 1 demonstrator site) and leads on Personalised Health Budgets on behalf of the ICS
- There are a number of pilots across the locality to expand PHBs including a partnership between ELCCG, Calico Housing, My Life CiC and Alocura CiC. This particular scheme has benefited a number of young adults with LD
- The TCP is actively exploring / investigating the use of PHBs for certain LD/A individuals.



- A Review of every CCG inpatient has been undertaken. Based on the confidence levels and the 12 point plan positions of each, it is expected that there will be 28 CCG inpatients at the end of the Programme. This is 4 over the Programme Trajectory of 24 CCG inpatients.
- The above figure does not include potential new admissions.
- A robust discharge tracker is in place that highlights expected discharges month by month

- LCC commission a service to over 4000 people with a diagnosis of learning disability or autism and will continue to deliver in line with the principles of BRS
- Confirm and Challenge to continue to provide oversight, support co-production and scrutiny
- No new single tenancies in LCC housing options unless this is indicated as required
- Amended / revised housing strategy to take account for the needs of those with LD/A
- Adjustments in services including wider NHS providers

- B/pool H&SC academy making working with people with LD&/A a career of choice
- A Joint Training Partnership is being developed in conjunction with Pathway Associates
- West Lancs and East Lancs Short Breaks are rated outstanding (all the rest are 'good')
- Pathways Associates are delivering a quality of life project
- The ICS has now employed a commissioner for LD&A and the CCGs are working together
- Fewer Out of Area Placements are expected once the 24 new beds are in place

- The TCP has a clear vision of the future:

Service	Summary
24 community beds	To support people who have been detained under the Mental Health Act. Either for assessment and treatment or rehab
10 placements in the community	For a person who cannot safely be supported in their own home while in crisis but who currently does not require or meet criteria for detention under the mental health act
Crisis Support	For people with a Learning Disability and or Autism which will include a clear pathway, identified support and prevention services
Identified care co-ordinators	People do well when they know there is someone to call when things start changing. People will get in touch sooner if they know who to call.
Specialist Support Team	To provide additional specialist support both to the individual and CLDAT with more complex cases
Community Learning Disability Teams.	A robust/enhanced support offer from community LDA services to support mainstream health and social care services in the provision of reasonable adjustments
Community Procurement Options	A robust and transparent procurement option that avoids unnecessary delays and ensures that people get the care and support they need to maintain happy and fulfilled lives in the community.
Planned Short Breaks service	Short breaks service could allow carers to have overnight break from caring responsibilities and or day provision as a way of change of scenery
Physical health	To support and ensure that reasonable adjustments are made to allow access to main stream health care.
CTR Support	A dedicated resource from CSU
Diagnosis and support services	For adults for ASD

- The TCP needs to give further consideration to:
 - Understand and enact LD's place in the 10 year plan
 - Development of a joined up approach and response to Autism between the LAs and the NHS
 - The transition of young people into adult life
 - Delivering LeDeR
 - Improving Annual Health Check uptake