

PAPER B



Cheshire and Merseyside Transforming Care Partnership

Update - Quarter 4, 2017/18

1. Introduction

This report provides an overview of the performance of the Cheshire and Merseyside Transforming Care Partnership during Quarter 4, 2017/18 and highlights key points for the attention of Partnership organisations across Cheshire and Merseyside.

2. Summary Position

During this quarter the Partnership has undertaken a range of actions to make progress against the seven workstream areas within its Workplan which aims to:

- help people live in homes and not hospitals
- improve people's health, quality of care and quality of life

The Partnership recognises that, despite ongoing reductions in admissions, the overall inpatient position remains significantly challenging, particularly around inpatients with longer lengths of stay. Strategic Board members have agreed that it is unlikely that the TCP will achieve the target trajectory for March 2019 (82 inpatients). However, significant improvement on the current position is possible with targeted action from commissioners across Health and Social Care.

3. Performance by Workstream

3.1. Leadership and Governance

During Quarter 4, the TCP Programme Management Team has stabilised with its final recruits commencing in post.

In March 2018, the Strategic Board approved the TCP's Workplan for 2018/19, together with its governance and meeting structure. The following key priority areas have been agreed:

- Market development of housing and care providers, working in particular to develop the complex community care offer
- Development of intensive community support across the footprint
- Development of safe place support in a crisis - as an alternative to hospital admission (where safe and appropriate)
- Services to help Children and Young People experiencing challenging behaviour and crisis
- Development of community based forensic support

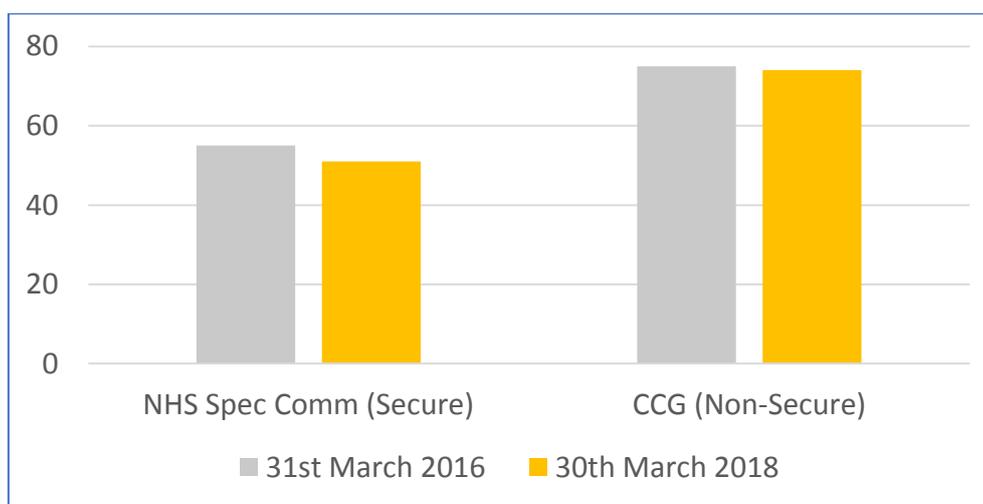
3.2. Inpatient Performance

To meet the needs of the more complex Learning Disability and/ or Autism population, the TCP requires access to:

- Secure beds
- Inpatient Assessment and Treatment beds
- Longer-term rehabilitation beds
- Respite and crisis/ safe place provision (not necessarily hospital provision)

Currently secure and ATU beds are commissioned through the NHS, with longer-term rehabilitation and respite provision commissioned through a varying mix of either NHS, social care or independent sector arrangements across the footprint.

Inpatient performance has not met trajectory requirements – Q4 ended with 133 inpatients against a target of 118. Of the 133 current inpatients, 45 are in spot-purchased beds in independent sector hospitals. The adult inpatient position remains broadly similar to that recorded in March 2016.



Graph 1: Adult Inpatients with LD and/ or ASD (Secure and Non-Secure)

41 of these inpatients have been in hospital for more than 4 years – a breakdown by CCG is shown below. Commissioners in CCGs will be asked to focus on these cases as a priority in 18/19.

	As at 30/03/2018		
	NHSE	CCG	Total 4+yr Inpatients
East Cheshire		2	2
Halton	1		1
Knowsley	1		1
Liverpool	7	6	13
South Cheshire	1	2	3
South Sefton	2		2
Southport & Formby	1		1
St Helens	3	3	6
Vale Royal		1	1
Warrington	2	2	4
West Cheshire	1	2	3
Wirral	4		4
Summary Position	23	18	41
Overall TCP Inpatient Position	41		

Table 1: Adult inpatients with a LoS greater than 4 years, shown by CCG.

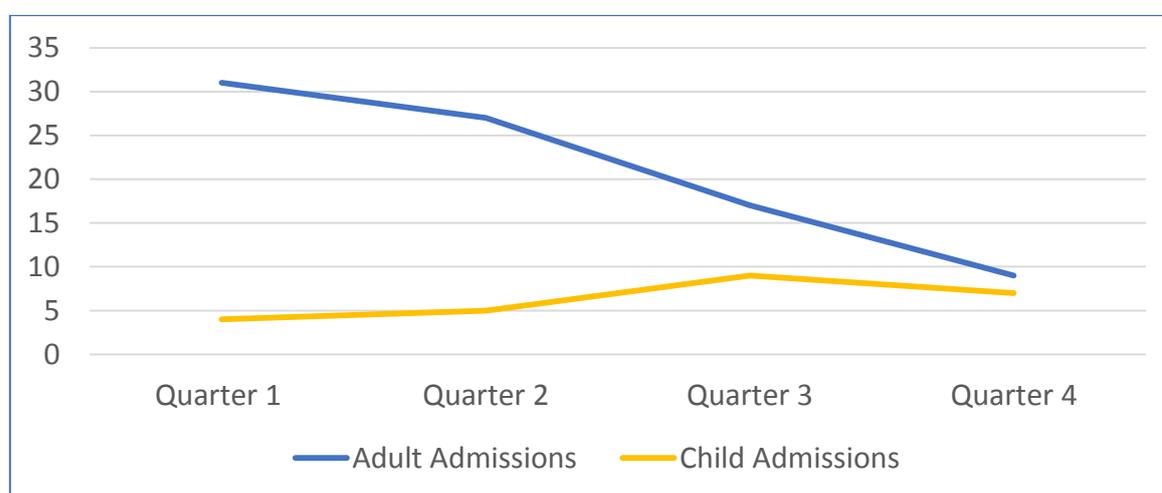
A detailed breakdown of the inpatient position can be found in Appendix 1 showing cases by CCG and details of patients whose discharges have proved more challenging than anticipated.

Discharges

Cheshire and Merseyside continues to find the longer-stay, more complex individuals challenging to place in the community. 18 inpatients were discharged in Q4, including 6 children. Not all planned discharges for the Quarter occurred due to a range of reasons. A rolling programme of deep dives into complex 3 year+ cases projected for discharge has commenced with the TCP creating an escalation policy to provide support to individual CCGs experiencing difficulties.

Admissions

Improvement to the rate of adult admissions has continued. This trend is the result of considerable work through MDTs and the Care and Treatment Review (CTR) process. In Q3 and Q4, Blue Light Meetings (pre-CTR meetings) helped to avoid 21 admissions (out of 26 cases).



Graph 2: Adult and Child Inpatient Admissions (Secure and Non-Secure): 1st April 2017 – 30th March 2018

3.3. Housing and Providers

To support the commissioning of housing, the TCP has developed its Housing Plan for people with Learning Disabilities and/ or Autism. This was approved in March 2018 and has two broad aims to:

- Meet the requirements of the immediate cohort of inpatients (134 at time of plan)
 - Plan for the future provision of client group
- by delivering
- Settled accommodation (security of tenure / residence in medium to long term, or part of a household with such)
 - Short-term accommodation (crisis and respite support)

Resettlement

The TCP continues to support commissioners to resettle long-stay inpatients. The TCP held a market stimulation event called "The Art of the Possible" in March 2018 where a number of housing and care providers showcased their offers for people with more complex needs to commissioners from across Health and Social Care. Since then, the TCP has circulated a contacts list to all attendees to stimulate

networking, together with a leaflet outlining support available from the TCP team in relation to housing and resettlement.

2 tools have been developed and circulated to commissioners to help support person-centred decision-making. These are the Confirm and Challenge tool and a detailed Housing Needs template.

The TCP is now working with commissioners to identify opportunities for cluster commissioning for people with more complex needs.

Wider Housing Market

A number of priority actions in relation to the wider housing market are identified in the Housing Plan, namely:

- The need to map existing stock (TCP will need support from each area to complete this)
- Develop a provider framework approach (Cheshire and Merseyside, or Local Authority groupings)
- Develop respite provision (Mid and North Mersey)
- Short stay accommodation for children and young people
- Focus on Personal Health Budgets

3.4. Adult Hospital and Community Services

Service Specifications (Inpatient ATU and Community LD Services)

The TCP aims to produce two service specifications which will be adopted across Cheshire and Merseyside to provide a consistent service across the footprint. The draft specifications have been revised by Task and Finish and we expect final versions to be issued for approval during Q1 2018/19.

Cheshire and Wirral Area

The Intensive Support Service covering Cheshire and Wirral has continued, with CWP presenting anonymised patient stories at both Operational and Strategic Boards. Commissioners report an improved impact in hospital admissions and patient outcomes.

Commissioners in Cheshire and Wirral are developing an LD dashboard to support the contractual process.

Mid Mersey Area

Intensive commissioning support has been provided to Mid Mersey Commissioners and North West Boroughs to work up proposals to address sustainability issues at Byron Ward, together with the need to develop enhanced community support. A proposal for interim services was discussed with NWB senior management on 29th March 2018, with a view to stabilising existing services whilst a more detailed plan is agreed for future provision.

North Mersey Area

Commissioners and Mersey Care have agreed that work needs to take place to strengthen the existing community infrastructure and address the need for stronger intensive support, crisis response and forensic support. A "plan for a plan" has been developed with the TCP facilitating a further meeting scheduled in April 2018.

3.5. Workforce and Education

Recruitment and skills development

The TCP has continued to participate in the North West ODN Workforce sub-group raising the need to address recruitment and initial skills on a wider North West footprint. HEE have provided some support to identify the number of students currently working towards Learning Disability and Mental Health qualifications across Cheshire and Merseyside.

Training and development for staff already in post

CTR and CETR training has continued to be progressed with good feedback from participants across health and social care.

Working with regional colleagues, the TCP has developed a bespoke Health and Social Care Commissioners Development Programme for Cheshire and Merseyside which will commence in April 2018 (further details in Appendix 3).

Following nominations at the North West Regional conference, a working group of service users and carers has been identified to develop training proposals moving forward.

3.6. Finance

Transformational and short-term monies

The TCP completed its planned expenditure for 2017/18, including additional monies. Proposed spend of the indicative allocation of £280k for 18-19 is being finalised. The Partnership has requested additional financial support from the North region in 18/19.

Further long-term revenue

NHS Specialised Commissioning are finalising the process for Financial Transfer following the closure of Low Secure Beds. This is likely to come as one-off funding in 18/19 and recurrent revenue from 19/20, with funding released dependent on bed usage within low secure. The TCP will be discussing the approach to using this funding at its Strategic Board in June 2018, both in terms of supporting individual packages of care and intensive support across the community.

Wider financial impact of the programme

In Q4, the TCP circulated revised financial templates to CCGs and Local Authorities in order to map wider financial flows supporting people with Learning Disabilities and / or Autism. Following feedback from Local Authorities, the TCP is working to define which Local Authority services it should include within its financial scoping. The aim of this wider financial dataset is to inform the distribution of funding following closure of secure inpatient beds.

Capital Funding

Expressions of Interest in relation to capital funding to support housing development in 2018/19 have been received from Knowsley and Wirral.

3.7. Co-Production, Communications and Engagement

The TCP has continued to involve service users and stakeholders in a range of events and ways, recognising that experts by experience are members of both its Operational and Strategic Boards.

3.8. Children and Young People

The TCP has mapped children and young people's services across the TCP footprint which has shown a variable offer with some pockets of good practice. The analysis was presented to the Transforming Care Operational Board and Strategic Boards, highlighting areas for attention and action planning as:

- Developing links between programmes of work through SEND Boards – reducing duplication and ensuring that Transforming Care informs and supports other work (for example the Local Offer)
- Closing any gaps in vision and strategy, including strategies around parenting and developing joint outcomes frameworks
- Considering best practice in transition and applying this across the footprint
- Developing forensic support
- Developing crisis support, including the development of dynamic support databases highlighting those CYP at risk of crisis supported by a robust CETR process

Additional funding has been secured to develop and implement a Dynamic Support and At Risk of Admissions Register for Children and Young People across Cheshire and Merseyside.

4. Key Risks and Challenges

During Q4, the TCP thoroughly reviewed its Risk Register. Details of the open risks with a score of 16 and above are included in Appendix 2.

5. Conclusion and Recommendations

Q4 has seen progress across a range of actions.

Local Authority and CCG Commissioners will need to address housing and care provision for people with more complex needs in order to meet the ambitious national targets. The focus in 18/19 will be on:

- reducing the number of people in hospital for 4 or more years
- agreeing future service provision across Mid and North Mersey

The TCP office is supporting commissioners with a bespoke commissioning development programme, market stimulation events and a detailed offer of support.

A collaborative commissioning approach, encouraged by Accountable Officers, would greatly increase pace in this area.

It is recommended that:

- Accountable Officers and NHSE Directors note the progress made during Quarter 4
- Accountable Officers and NHSE Directors enable and support commissioners to work collaboratively to agree future service provision across Cheshire and Merseyside

Appendix 1: Detailed Inpatient Information

Table 1: All Inpatients by CCG (Adult and CAMHS)

	As at 30/03/2018		
	NHSE	CCG	Total inpatients
East Cheshire	1	8	9
Halton	2	3	5
Knowsley	3	5	8
Liverpool	14	17	31
South Cheshire	6	5	11
South Sefton	6	2	8
Southport & Formby	2	0	2
St Helens	4	9	13
Vale Royal	1	4	5
Warrington	2	4	6
West Cheshire	8	7	15
Wirral	10	10	20
Summary Position	59	74	133
Overall TCP Inpatient Position	133		

Table 2: All Inpatients by CCG with a Length of Stay 4+years (numbers are included in Table 1)

	4+ & 5+ Q4 2017/18		
	As at 30/03/2018		
	NHSE	CCG	Total 4+ Inpatients
East Cheshire	0	2	2
Halton	1	0	1
Knowsley	1	0	1
Liverpool	7	6	13
South Cheshire	1	2	3
South Sefton	2	0	2
Southport & Formby	1	0	1
St Helens	3	3	6
Vale Royal	0	1	1
Warrington	2	2	4
West Cheshire	1	2	3
Wirral	4	0	4
Summary Position	23	18	41
Overall TCP Inpatient Position	41		

Table 3: Patients scheduled for Q4 2017/18 discharge with revised discharge dates

Estimated Discharge Quarter	Commissioner	Q Ref	Key reason for discharge date slip	Comments -
Q4	Eastern Cheshire	Q44-774	Provision of robust placement	Discharge imminent Placement has been agreed and transition has commenced.
Q4	Knowsley CCG	Q30	Provision of robust placement	Discharge moved Patient refused to go back to previous accommodation, so out of area provider found. This placement now agreed and discharge is progressing in line with clinical condition.
Q4	Knowsley CCG	Q33	Provision of accommodation	Discharge moved to Q1 18/19 2 providers now found – one includes accommodation not available until June 2018. Case escalated to LA provider accommodation panel.
Q4	Knowsley CCG	Q21	Property modifications	Discharge moved to Q1 18/19 Provider found. Property adaptations required.
Q4	Liverpool CCG	Q48-99A-6	Provision of robust placement	Discharge imminent Placement now identified and patient happy following visit to provider.
Q4	Liverpool CCG	Q48-99A-55	Clinical condition	Discharge moved to Q1 18/19 Clinical condition deteriorated and extra support provided to day service. MDT meeting every fortnight to assess progress. Discharge plan delayed due to clinical condition.
Q4	South Cheshire CCG	306	Legal issues	Extremely complex case. Discharge plan includes guardianship order to run alongside SOPO to provide robust legal framework. MAPPA meeting with new area in place. Discharge relies on all parties agreement.
Q4	South Sefton CCG	Q48-01T 41	Property modifications	Discharge moved to Q1 18/19 Property and provider identified. Property modifications now required.
Q4	Vale Royal CCG	408	Provision of robust placement	Discharge imminent Provider identified and will access residential care - accessible by mother in South Manchester. Transition has commenced with final discharge imminent.
Q4	Vale Royal CCG	Q44-308	Agreement on care specification	Discharged moved to Q3 18/19 Complex case – currently agreeing level of care required in order to discharge
Q4	Vale Royal CCG	Q44- 719	Property modifications	Discharge moved to Q1 18/19 Property modifications required.
Q4	Warrington CCG	Q44-798	Clinical condition	Discharge imminent Discharge to family home has been agreed.
Q4	Warrington CCG	Q44-364	Legal issues	Discharge moved Placement identified and funding in place. Section 41 issues remain to be resolved with MoJ.
Q4	West Cheshire CCG	Q44-279	Provision of robust placement	Discharge moved Imminent discharge pulled following serious concerns about provider's suitability and sustainability. CCG now looking for alternative provider.
Q4	West Cheshire CCG	Q44-464	Provision of robust placement	Discharge moved Current specification out to tender and awaiting services
Q4	West Cheshire CCG	Q44-771	Provision of robust placement	Discharge moved to Q1 18/19 Provider identified but struggling to recruit team to meet individual's needs.
Q4	Wirral CCG	411a	Provision of robust placement	Discharge moved

Estimated Discharge Quarter	Commissioner	Q Ref	Key reason for discharge date slip	Comments -
				Suitable placement yet to be identified – 4 providers have been approached.
Q4	Wirral CCG	583	Provision of robust placement	Discharge moved Suitable placement yet to be identified
Q4	NHSE	Q44-532	Provision of robust placement	Discharge slipped to Q1 18/19 Residential care placement now identified and patient happy following visit to provider. Discharge meeting planned for 12/04 All MDT are supportive of this placement in preference to supported living placement.
Q4	NHSE	Q44-169	Clinical condition	Discharge moved to Q4 18/19 Patient at Auden Unit. Clinical condition deteriorated and unsettled since learnt of closure plan. Now arranged internal move to low secure (Whalley) but still planning for discharge.
Q4	NHSE	Q44-733	Additional care needs found on assessment	Discharge moved to Q1 18/19 Provider found. Additional SALT provision requested and funding to be agreed.
Q4	NHSE	Q44-438A	Legal issues	Discharge moved to Q1 18/19 Placement found at Residential Care. Family did not respond to contact and, following discussion MDT have agreed to proceed. MAPPA 2 referral has been made and awaiting date.
Q4	NHSE	Q44-189	Provision of robust placement	Discharge moved to Q3 18/19 Original plan to move to local rehab has been reconsidered at patient request following site visit. Now considered supported living/ residential placement.
Q4	NHSE	Q44-588	Provision of robust placement	Discharge moved to Q2 18/18 Planned transfer from high to medium has fallen through. Commissioners looking for alternative option.
Q4	NHSE	Q44-237	Provision of robust placement	Discharge slipped – internal Spec Comm transfer
Q4	NHSE	Q44-568	Provision of robust placement	Discharge moved to Q 18/19 Internal spec comm transfer – transition moved to Q1
Q4	NHSE	Q44-783	Provision of robust placement	Discharge slipped Assessed in January and several options for consideration (LSU or locked rehab).
Q4	NHSE	Q44-351	Provision of robust placement	Discharge imminent Funding secured, placement identified and transition programme underway
Q4	NHSE	Q44-778 (CAMHS)	Provision of robust placement	Discharge slipped Original plan to move to family home has fallen through. Now looking for Residential Care placement.
Q4	NHSE	Q44- 782 (CAMHS)	Provision of robust placement	Discharge slipped Plan is to return home with additional care support package when in place.
Q4	NHSE	Q44-791 (CAMHS)	Clinical condition	Discharge slipped Clinical condition to improve and work with family to be undertaken prior to discharge.

Appendix 2 – High Level Risks to the Programme

Domain	Risk Title	Score
Strategic Aims	There is a risk that patients with a longer length of stay remain in hospital when they are considered fit for discharge	16
Performance	There is a risk that delays in MoJ cases can hinder the progress of people scheduled for discharge (MM Judgement, Court of Protection)	16
Finance	There is a risk that delays in financial transfers from NHSE Spec Comm impede agreement of adequate support packages and support to community teams.	16
Adult Hospital and Community Services	Closure of Supported Living Service (Sefton/ Liverpool)	16
	Sustainability on Byron Ward following concerns raised by North West Boroughs	16
Children and Young People	There is a risk that CYP at risk of admission are not highlighted to local services/ partnerships and their care is not pro-actively planned	16
Workforce	There is a risk that there are not sufficient people wanting to work in LD/ ASC (recognised shortage)	16
	There is a risk that the existing workforce (paid and unpaid) do not have the right skills and training to deliver effective care	16

Appendix 3 – Health and Social Care Commissioners Development Programme

This is open to commissioners from Health and Local Authority, as well as NHS provider organisations and currently has 17 people signed up to attend. Following consultations with local commissioners, the course will cover:

- Person-centred housing
- Making connections
- Planning for children and young people
- Commissioning for personalised futures
- Showcasing good practice across the North West

Further details about the Programme are available from Julie Green in the TCP Office (email: Julie.Green20@nhs.net)