

Sussex Transforming Care Partnership Programme

Recovery Plan: October 17th 2017

Introduction

Sussex Transforming Care Partnership [TCP] was asked to submit a Recovery Plan due to concern that the projected patient numbers would not be achieved, together with an additional cohort of 15 inpatients that were identified in August 2017. And the additional 16 inpatients that were identified in early October 2017. The Recovery Plan sets out the actions which will ensure that overall patient numbers decrease in line with original projections.

In addition to enhancing the recovery Plan:

- The governance for TCP in Sussex has been enhanced to ensure it is robust and fit for purpose. This has been undertaken through a number of events and meetings, to ensure engagement of all those contributing to TCP work. These are outlined during the document.
- A Housing Strategy is currently being completed that will support discharge plans now and in the future.

Objective

TCPs are charged with reducing the number of people with a learning disability (LD) and/or autism occupying an inpatient bed, by the end of March 2019, in line with targets outlined in 'Building the Right Support' (BRS), as follows:

- 10-15 inpatients in CCG-commissioned beds per million population
- 20-25 inpatients in specialist commissioned beds per million population

These targets are reflected in the actual bed rate trajectories agreed with NHS England of

- 19 CCG commissioned inpatient beds and
- 31 specialist commissioned inpatient beds

Discharge trajectories were also recently agreed for people who have been in hospital for longer than 5 years. NHS England has proposed that, overall, 26% of the 5 year plus cohort are discharged by the end of March 2019: and that this will comprise a 36% reduction in the current number of CCG commissioned long stay beds and a 20% reduction in the current number of Specialist Commissioned long stay beds.

The Sussex TCP has revised inpatient and 5 year long stay inpatient bed rate trajectories in a revised Capacity Plan. The following table shows the revised target trajectories.

REVISED TRAJECTORIES: Number of Beds & 5 Year LOS by Quarter							
	2017-18			2018-19			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Inpatient Bed Rate							
CCG Inpatient Beds	42	53	46	40	33	26	19
Specialist Commissioned Inpatient Beds	36	42	40	38	35	33	31
5 Year LOS Bed Rate							
CCG Inpatient Beds	4	4	4	4	4	4	4
Specialist Commissioned Inpatient Beds	15	14	14	14	13	13	13

This Recovery Plan outlines performance against CCG commissioned inpatient bed rate trajectories and long stay discharge trajectories, together with specific actions that are taking place to achieve the overall inpatient reductions.

Current Position

Sussex has a total of 95 people with a LD and/or autism in inpatient beds, as of 16th October 2017. 53 of these people occupy CCG commissioned beds and the remaining 42 occupy specialist commissioned beds. Initial analysis of the breakdown of inpatient beds by LA area are shown in the tables below.

Number of CCG Commissioned Inpatients by LA Area					
Position at 16 th October 2017	Brighton & Hove	East Sussex	West Sussex	Not Known	Total
CCG LD Inpatient beds	5	14	8	0	27
MH dual diagnosis inpatient beds	6	12	8	0	26
Total CCG inpatient beds	7	22	13	0	53

Further analysis is being completed regarding the recent 11 dual diagnosis inpatients to confirm commissioning LA.

The Challenge

In August and then October 2017, 15 + 16 additional inpatients were identified, with a dual diagnosis of mental health and/or a learning disability/autism, and who meet the criteria for transforming care; this additional cohort has significantly increased the total number of people in CCG commissioned beds and has had a serious and significant effect on performance, resulting in TCP failure to meet bed rate trajectories.

Sussex TCP has subsequently been required to enter into formal Recovery Plan arrangements with NHS England, to resolve.

In addition there are discrepancies in numbers and details contained within the various databases and returns regarding the TCP Programme for Sussex.

Current Performance

CCG Commissioned Inpatient Beds

- Bed rate trajectories are set on a quarter by quarter basis, with a gradual decrease from now until the programme end in March 2019.
- The target trajectory for Q2 2017-18 is 22 CCG commissioned inpatient beds.
 - In Quarter 1, the TCP was one patient over trajectory, with a total of 23 inpatients
 - In Quarter 2, after the addition of the new cohort, the TCP was 20 patients over trajectory, with a total of 42 inpatients
 - At the commencement of quarter 3, a further 16 patients were identified taking Sussex TCP even further from the original trajectory with a total of 53 CCG commissioned inpatient beds.

CCG Commissioned Long Stay Inpatients Beds (LOS > 5 years)

- NHS England has also placed increased focus on the discharge of people who have occupied an inpatient bed for more than 5 years. In August 2017, the TCP had 4 people in CCG commissioned beds, who met this criteria
- The target trajectory for Q2 2017-18 is 4. The TCP is currently achieving trajectory
- Whilst this number is low, the long stay cohort is more likely to have highly complex needs and require extended planning time and community support to enable discharge.

Specialist Commissioned Inpatient Beds

- The target trajectory for Q2 2017-18 was 36 specialist commissioned inpatient beds. In Q2 there were 37 people occupying specialist commissioning inpatient beds, against the target trajectory of 36, i.e. NHS England was one patient over trajectory. A further 5 inpatients were identified in October 2017 bringing the total inpatients to 42.

Long Stay Inpatients (LOS > 5 years) in Specialist Commissioned Inpatient Beds

- There are a further 15 people who have occupied a specialist commissioned inpatient bed for more than 5 years. The target trajectory for Q2 2017-18 was 15 specialist commissioned long stay inpatient beds, i.e. specialist commissioning achieved its long stay inpatient bed rate trajectory

What the TCP is Required To Do

- NHS England requires TCP's to ensure sufficient inpatient discharges to meet monthly bed rate trajectories, for inpatient LD beds and long stay inpatient LD beds by the end of March 2019, in line with targets outlined in 'Building the Right Support' (BRS). This equates to **a total of 50 inpatient beds** (combined CCG, MH and SC beds)
- BRS requires commissioners to ensure all LD and/or autism inpatients are offered a Clinical Treatment Review in line with the NHS England CTR Policy [April 2017] and that, whilst in hospital, there are clearly defined outcomes, a preliminary discharge date and a discharge plan for each inpatient
- NHS England requires the TCP to develop and implement a Recovery Plan to ensure all trajectories are met within the term of the programme.

Planned Discharges, Projected Bed Numbers & Revised Trajectories

- The Sussex TCP is committed to avoiding admissions and reducing inpatient admissions in a planned, safe and sustainable way, ensuring individual patient voice is central to our actions.
- Between Q2 and the remaining 7 quarters of the TCP Programme, it is estimated the TCP will admit around 4 -6 inpatients per quarter, i.e. 28 to 42 admissions, across specialist and CCG commissioned beds, including mental health dual diagnosis. This figure is based on a combination of NHSE admissions data and local knowledge.
- Each CCG/LA has developed a programme of planned discharges from CCG commissioned inpatient beds from now until the end of March 2019. SPFT has produced similar plans for the dual mental health / learning disability / autism cohort.
- The TCP currently has planned discharge dates for 47 inpatients (combined figure for CCG, MH dual diagnosis and specialist commissioned beds) between Q2 2017 and Q4 2018
- If the TCP continues this current course of action of 47 planned discharges, together with the estimated 28 to 42 new admissions, it will fail to meet the inpatients over target by the programme end in March 2019;
- To achieve bed rate trajectory, the TCP needs to **discharge circa 81 people in the next 18 months**: this equates to 13-14 discharges per quarter,
- The TCP will also need to ensure appropriate levels of community intensive support and

forensic support services are in place to sustain this cohort within the community

- The table below shows how many discharges the TCP will need to ensure, in order to meet target inpatient bed rates by the end of March 2019.
- The TCP Programme Board supports the modeling below based upon 6 admissions

The following table maps the flow of admissions and discharges (combined) by quarter: and suggests, if the TCP admits 6 new inpatients per quarter (5 CCG and 1 specialist commissioned), it will need to discharge a total of 81 inpatients over the programme term, i.e. 14 inpatients each quarter, in order to reach the required target inpatient bed rate of 50.

GETTING TO TARGET: Combined Bed Admission and Discharge Rates by Quarter							
This model assumes 5 CCG & 1 SC admission per quarter and current planned discharges	2017-18		2018-19				Total
	Q3	Q4	Q1	Q2	Q3	Q4	
Brought Forward (Q3- October 2017)	95	88	81	73	65	57	95
Admissions per quarter	6	6	6	6	6	6	36
Discharges per quarter	13	13	14	14	14	13	81
Carry Forward	88	81	73	65	57	50	50

Discharge Dates & Plans

- All inpatients are required to have a discharge plan and discharge date
- Currently 49 of the 79 inpatients have a planned discharge date (62%) as follows:
 - 17/27 people in CCG commissioned inpatient beds have a discharge date (63%)
 - 12/15 people in mental health inpatient beds have a discharge date (80%)
 - 20/37 people in specialist commissioning beds have a discharge date (54%)
- 26 of the 79 inpatients have discharge plan (33%) as follows:
 - 12/27 people in CCG commissioned inpatient beds have a plan (44%)
 - 12/15 people in mental health inpatient beds have a plan (80%)
 - 2/37 people in specialist commissioning beds have a discharge plan (5%)
- 12 of the 19 people who have been in hospital for more than 5 years, have a discharge date (63%)
- It should be noted, however, that some people who have a discharge date, do not have a discharge plan and vice versa; some people who have a discharge plan, do not have a discharge date.

Actions in Place

1. Reduce Admissions by:
 - a. Weekly review and follow up with appropriate commissioner of pre admission CTRs by project manager/strategic lead commencing October 19th, 2017 using weekly return by commissioners to NHS England.
 - b. Monthly summary reported to the 'TCP Programme Board' on lessons learnt from admission reviews [ie what could have prevented the admission]. Locality commissioners, commencing November 2017.
 - c. Report both admission avoidance and admissions monthly to the Sussex TCP Programme Board.
2. Improve discharges in line with trajectory by:
 - a. Commencing a discharge planning meeting with commissioners fortnightly commencing 5th October 2017. Purpose to monitor progress, provide support and constructive challenge, share information across Sussex in order to consider commissioning differently where this would be more cost effective and share best practice. Use of the 12 point best practice checklist.
 - b. Through increased focus and reporting, increase the number of discharge dates and plans in place for CCG inpatients to 90% by December 2017, Reported to the Sussex TCP Programme Board monthly.
 - c. A review of current workstreams to support delivery of the TCP Plan to ensure they are the most effective focus took place at the October Sussex TCP Programme Board. The workstreams are each submitting a work plan to the Programme Board in November. A scheduled reporting of progress/impact and any blockages to the workstream commences at the Board in November
3. Established working group to undertake a detailed review of capacity plan and UNIFY submission, commissioners met September 27th, 2017. Review of effective community forensic and community intensive support services. Confirmed services are in place however, capacity and thresholds require further mapping and resource. Added to the Risk Register, mitigating actions being confirmed and will be reported to the TCP Programme Board.

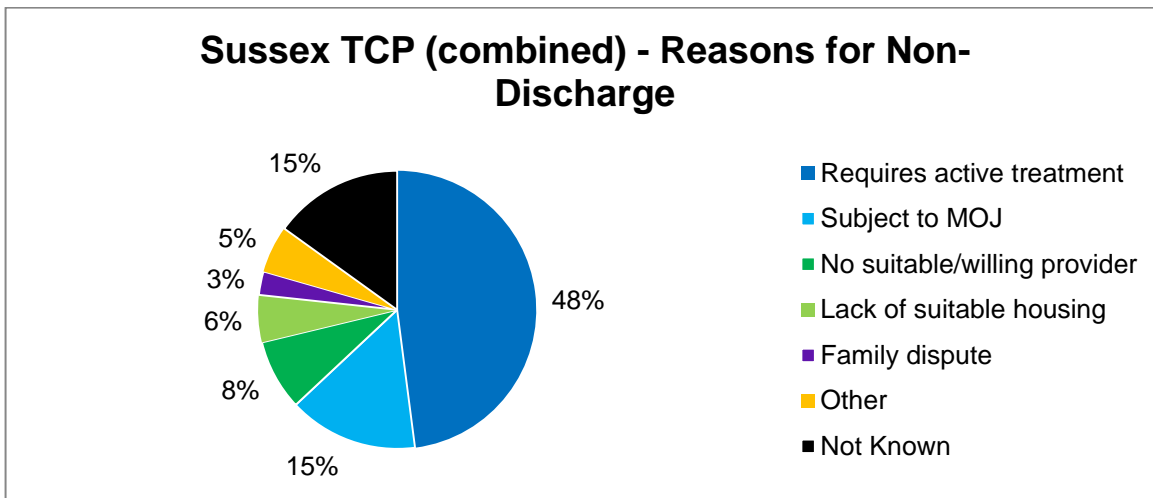
Blocks to Discharge

Where an inpatient does not have a definitive discharge date and plan, or where discharge is delayed, the reason, or blocks to discharge are recorded

The following chart shows the combined blocks to discharge across the TCP, i.e. CCG, mental health dual diagnosis and specialist commissioned beds.

- Collectively 63% of people currently require active treatment or are subject to a Ministry of Justice decision to discharge
- 14% of people have no suitable/willing provider or a lack of housing
- Blocks to discharge are unknown for 15% of all inpatients

- Over the past week and anecdotally, concerns about financial sources between agencies prior to agreeing discharge dates have emerged which delays discharges.



Actions in Place

4. Seek cross agency support of the principle that financial funding issues will not delay plans when the inpatient is ready for discharge – which was agreed in principle at that 9th October, TCP Programme Board, thereafter the STP Executives Meeting and CCG Governing Bodies.
5. To review a series of CTR's with commissioners/regional team to learn lessons and ensure they are conducted in line with best practice in Sussex. Review to be scheduled for completion by the end of November 2017, reporting outcomes to the Sussex TCP Programme Board December 2017.
6. To undertake an audit of CTRs in Sussex ensuring they are completed in line with the CTR policy April 2017 timescales, reporting outcomes to the Sussex TCP Programme Board from November 2017.
7. To complete the Housing Strategy for Sussex draft one by the end of December 2017, and develop an implementation plan that is reported quarterly to the Sussex TCP Programme Board. This will reference the current housing need schedule and capacity plan.
8. The focus and governance around stimulating the 'market' for providers and establishing suitable housing including the potential for Sussex-wide provider commissioning will be part of the implementation of the Housing Strategy and lead by the work stream that reports to the Programme Board.

Finance

Existing financial oversight and scrutiny has not effectively supported the TCP programme. The Financial governance arrangements required review and changes to reflect the priority of the programme and to quantify and mitigate the financial risks to the system. These are now in train and will ensure a closer alignment and integration between the commissioning and financial responsibilities. The current financial model submitted to NHS England is consistent with this recovery plan in terms of caseload, assumed admissions and planned discharges.

Assumptions driving the current reported gap of £7m need to be further tested and alternative community based service delivery models evaluated and quantified.

Enhancing the Governance and Leadership for the Sussex TCP Programme

The Sussex TCP Programme has strengthened its governance and leadership since August 2017 as follows:

- Allison Cannon is the SRO for the Sussex TCP Programme which aligns with her new role as Chief Nurse for Sussex
- Adam Doyle, has taken on the role as lead Accountable Officer for the CCGs in Sussex
- Alan Beasley has been identified as the lead financial officer for the TCP Programme
- A revised financial plan has been developed for submission with this recovery plan
- Julia Dutchman-Bailey has commenced in a strategic and supportive role for the TCP Programme
- Additional resource has been identified for a case manager for specialised commissioning inpatients - Nicky Palmer and one year funding confirmed for a case manager/inpatient oversight and support post for CCG inpatients - who will start imminently.
- A Risk Register for TCP Programme delivery is being established during October, 2017 and will be reported to the Sussex TCP Programme Board monthly thereafter.
- Data cleansing/validation has commenced due to discrepancies in current databases, named data imputers have been confirmed at the end of September for the three CCG areas. Weekly cross checking commences in the third week of October, and the case manager for specialised commissioning has been offered monthly support from the TCP team to update the Sussex database.
- Dedicated resource allocated to analyze the dual diagnosis mental health cohort and implement a robust flagging and reporting process
- Workshop with mental health provider and commissioner to confirm the governance around admissions of dual diagnosis mental health/LD and/or autistic patients
- A Finance Working Group with finance leads from CCGs and LA's is established and meets monthly.

Conclusion

- The Sussex TCP is failing to achieve required trajectories for CCG commissioned inpatient discharges and bed rates and is now subject to increased scrutiny and assurance from NHS England.
- There are discrepancies in the data reported both within Sussex and on the national databases.

- Urgent and immediate collaboration action is required across the TCP to redress this situation at what is now, a relatively late stage of the programme and the TCP Programme Board is committed to delivery of the Plan.
- A series of actions have been identified in this recovery plan in order to get the TCP Programme back onto trajectory and a revised trajectory has been identified in the Capacity Plan.
- A revised financial plan has been developed.
- The strengthened governance arrangements will support the monitoring, support and delivery of the recovery plan, overseen by the TCP Programme Board and the STP Executive.

Summary of Actions

1. Reduce Admissions by:
 - a. Weekly review and follow up of pre admission CTRs by project manager/strategic lead commencing October 19th, 2017 using weekly return by commissioners to NHS England.
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2. Improve discharges in line with trajectory by:
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 - c. A review of current workstreams to support delivery of the TCP Plan to ensure they are the most effective focus took place at the October Sussex TCP Programme Board. The workstreams are each submitting a work plan to the Programme Board in November. A scheduled reporting of progress/impact and any blockages to the workstream commences at the Board in November
3. Established working group to undertake a detailed review of capacity plan and UNIFY submission, commissioners met September 27th, 2017. Review of effective community forensic and community intensive support services. Confirmed services are in place however, capacity and thresholds require further mapping and resource. Added to the Risk Register, mitigating actions being confirmed and will be reported to the TCP Programme Board
4. Seek cross agency support of the principle that financial funding issues will not delay plans when the inpatient is ready for discharge – agenda item 9th October, TCP Programme Board, thereafter the STP Executives Meeting and CCG Governing Body meetings.
5. To review a series of CTR's with commissioners/regional team to learn lessons and ensure they are conducted in line with best practice in Sussex. Review to be scheduled for completion

by the end of November 2017, reporting outcomes to the Sussex TCP Programme Board December 2017.

6. To undertake an audit of CTRs in Sussex ensuring they are completed in line with the CTR policy April 2017 timescales, reporting outcomes to the Sussex TCP Programme Board from November 2017.
7. To complete the Housing Strategy for Sussex by the end of December 2017, and develop an implementation plan that is reported quarterly to the Sussex TCP Programme Board.
8. The focus and governance around stimulating the 'market' for providers and establishing suitable housing including the potential for Sussex-wide provider commissioning will be part of the implementation of the Housing Strategy and lead by the work stream that reports to the Programme Board.

These actions are seen as a starting point, but will be further refined and developed over the coming months.