Transforming Care Partnership North Central London

Transforming care in the community for adults and children with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition

What is the Transforming Care Programme?

Objectives:

- Reduce the number of people with learning disabilities and/or autism in hospitals by half by March 2019
- Reduce average length of stay
- Eliminate use of out of area placements
- · Eliminate existing health inequalities
- Transform care and support to be designed around the individual
- Improve the quality of life for people with learning disabilities and/or autism and reduce behaviour that challenges

Governance: TCP Board: Chair: Sarah Price, Chief Officer, Haringey CCG; Deputy: Richard Lewin, Director of

Strategic & Joint Commissioning, Camden Council; Implementation Group & Task Groups: Learning

Disabilities and Children's Commissioners

Assurance: The TCP is accountable to NHS England who are closely scrutinising performance, patient data and

progress of commissioning plans. We achieved assurance of our plans in September and NHSE have

agreed to release our grant funds.

Funding: NHSE have allocated £300k non-recurrent grant funding to NCL, to pump prime new community

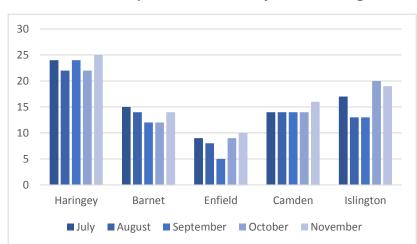
services to prevent hospital admissions. We have also submitted a capital bid and expect a decision

by the end of November.

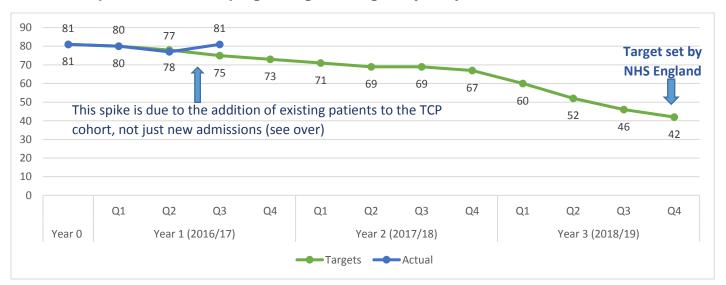
Performance: NCL In-patient numbers

45 40 35 30 25 20 15 10 5 0 NHSE CCG

Performance: In-patient numbers by CCG/Borough



NCL total in-patient numbers – progress against target trajectory



Current In-Patient Summary

39 NHS England Specialist Commissioning Placements.

42 CCG Commissioned Placements. Of these:

• 10 are in Harperbury Specialist Residential Service (SRS). There is a legal injunction against discharge without the permission of the Official Solicitor. Average length of stay for these patients is 47 years.

In-patient numbers have seen a significant spike in the last period, due to the addition of existing patients to the TCP cohort, as the result of two pieces of work:

- Completion of the identification of additional out-of-area patients by NHS England
- NCL work with our two Mental Health Trusts (BEH & C&IFT) to identify patients not known to the LD teams

We are as confident as we can be that we have now bottomed out the TCP patient cohort. We expect to see patient numbers start to reduce again now that this work is complete.

Admissions/Discharges

| | Admissions this month | Discharges this month | Missed Discharge Dates this month | Planned Discharges Next Month |
|-----------|-----------------------|-----------------------|-----------------------------------|-------------------------------|
| Barnet | | | | 1 |
| Enfield | | | 3 | 4 |
| Haringey | 1 | 1 | 8 | 10 |
| Camden | | | 1 | 4 |
| Islington | 4 | 1 | 1 | 4 |
| Totals | 5 | 2 | 13 | 23 |

- Admissions (5) outnumber discharges (2)
- Planned discharges next month (23) far outnumber the actual discharges in the last month (2)
- The figures suggest that we are <u>not</u> on track to achieve the number of planned discharges next month.

At-Risk of Admission Registers

Services are required to have a TCP "At Risk of Admission Register". NHSE Guidance requires that patients give consent to be on the register.

| | Children & Young People | Adults |
|-----------|---------------------------------|--------------------------------|
| Barnet | Register – with deemed consent | Register – with deemed consent |
| Enfield | Register in progress | Register – with deemed consent |
| Haringey | Register in progress | Register – with deemed consent |
| Camden | Register in progress | Register – with deemed consent |
| Islington | Register – with written consent | Register – with deemed consent |

Commissioning Intentions

Commissioning intentions have changed due to better understanding of the patient cohort, obstacles to discharge and prevention of admissions, and the financial challenge of non-recurrent grant funding. Approximately 40% of all patients have been admitted to hospital from prisons. The majority of patients have some mental health needs, with more than half of new admissions since April being sectioned into mental health beds for a crisis directly associated with a diagnosed mental health condition. Therefore, it is clear that for the Transforming Care Programme to achieve its objectives, learning disability teams can't do it alone. We plan to deliver:

A TCP Hub: a time-limited, centralised NCL service comprising:

- Multi-Agency Partnership: Learning Disability and Mental Health expertise to coordinate and support
 effective multi-agency discharge planning and care coordination, and to develop a multi-agency protocol
 between Children's and Adults services, Education, Justice and Mental Health, to improve joined-up,
 preventative support to individuals with complex needs.
- A Positive Behaviour Support 'School of Excellence' to support the development of best practice in PBS, including the training and accreditation of providers and frontline support staff, to understand and reduce behaviour that challenges

Crisis Intervention: a specification for crisis intervention and prevention services, to be delivered by LD Teams, with some additional, non-recurrent resource to support teams through the transition and implementation.