
To
Coventry Health and Well-Being Board

Date
27 June 2016

From
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Clinical Commissioning Group

Subject
Transforming Care Partnership

1. Purpose

The purpose of this briefing note is to seek Health and Well-Being Board support for the programme of work underway across Coventry, Warwickshire and Solihull to deliver the Transforming Care Programme (TCP).

This note summarises the background to the TCP, implementation and achievements to date and the requirement for submission of a delivery plan to NHS England by 1 July 2016. Key risks associated with the programme are also identified. The draft plan for submission to NHS England is included in Appendix One.

2. Recommendations

Coventry Health and Well-Board is recommended to:

- Support the Coventry, Warwickshire and Solihull Transforming Care Partnership Transformation Plan which delivers the values and principles of the TCP programme, recognising that plans cannot have final sign off until greater clarity exists on funding arrangements.
- Receive future briefings on progress to include the management of financial implications and trajectory delivery risks across the health and social care economy associated with the delivery of the Transforming Care Partnership.

3. Background

Transforming Care is an NHS led national programme with cross sector support from the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and the voluntary sector. The programme is aimed at improving care and support for people with learning disabilities and/or autism and mental health problems or behaviour that challenges.

In September 2015 Coventry and Warwickshire with Hereford and Worcestershire submitted a joint fast track plan to NHS England. Following submission of this plan Coventry and Warwickshire received £825k non recurrent transformation funding from NHS England to deliver against the fast track plan.

In December 2015, the transforming care programme was varied by NHS England and introduced a new requirement where all areas of England were to confirm new Transforming Care Partnerships and to develop a new transformation plan including a bid for a share of an additional £30m funding available nationally.

This new partnership includes Coventry, Warwickshire and Solihull. This has required a revised and combined plan to be submitted to NHS England by 1 July 2016.

The way the overall programme is structured means that Coventry is both part of a Fast track programme with Warwickshire, Hereford and Worcestershire and a Transforming Care Partnership with Warwickshire and Solihull.

4. Fast Track Plan Implementation and Achievements

The fast track plan submitted in September 2015 described three phases of implementation. Work has been focussed on delivery of the first phase which required the establishment of an intensive support team to create community resilience in order for the nine bedded assessment and treatment ward at Gosford Ward at the Caludon Centre, Coventry to be de-commissioned. The transformation funding received was used to deliver this change.

Prior to proceeding with any definite plans to decommission the beds admissions were suspended on 31 March 2016 to test to robustness of the intensive support team. Plans will be progressed by health commissioners to achieve closure of the ward by September 2016.

Key achievements to date in delivering the fast track plan are:

- Community facilities have been established at Ashby House in Nuneaton and Gilliver Road in Solihull which provide support for short periods of time and offer treatment and support in a safe environment. To date just 1 person (from Coventry) has needed to use the accommodation at Ashby House to facilitate a discharge from Gosford Ward
- The £1.4m previously invested in Gosford ward has been reinvested in community support through the intensive support team
- Coventry and Warwickshire have collectively achieved a 33% reduction in inpatients comparing March 2015 and March 2016
- Closure of Gosford ward to admissions brought the partnership within the 10-15 beds per million target for CCG commissioned beds
- The average length of stay for discharged patients has reduced from 105 days to 30 days
- Two patients have moved on from low secure environment (commissioned by specialist commissioning) into a less restrictive environment commissioned by local Clinical Commissioning Groups

The fast track plan and progress made is considered a national exemplar.

5. Transformation Care Plan Submission – 1 July 2016

The Coventry, Warwickshire and Solihull partnership was required by NHS England to submit a refreshed and combined plan with a deadline of 11 April 2016. Due to the timescales set by NHS England only a provisional plan was submitted with a further and final iteration required for submission by 1 July 2016. This submission is required to demonstrate how the partnership plans to fully implement the national service model by 31 March 2019.

The national service model describes how people with learning disability and/or autism who display behaviour that challenges, including those with a mental health condition are to be supported in community settings to reduce the requirement for long term in-patient facilities. The development of this plan has been led by Coventry and Rugby Clinical Commissioning Group (CRCCG) and informed through engagement with a broad range of stakeholders including users, carers, families and providers.

The delivery of this model requires a whole system response and partnership working to deliver and as such should be endorsed through the Coventry Health and Well-Being Board.

The refreshed plan focusses on the second and third phases which will extend the model of care to children and young people and people with autism who do not have a learning disability along with people with forensic needs, some of whom will have a learning disability.

The plan is required to contain trajectories associated with delivering the target range 10-15 beds per million population. However, there are a number of risks and issues in relation to inpatient trajectories, not least that predictions and forecasts can be challenging to realise as the individuals concerned have a range of complexities that are subject to change.

Therefore, work on the trajectories is continuing up until submission to ensure these are as accurate as possible. NHS England have also confirmed that final numbers for inpatient transfers will not be known until August 2016. As information is confirmed greater clarity can be achieved as to the financial and organisations implications associated with delivery of the programme.

Despite the levels of uncertainty there has been considerable joint working with all organisations keen to deliver against the principles underpinning the programme. However, there is considerable concern regarding the financial implications that this programme may cause to our already financially challenged economy.

6. Key Issues and Risks

The Transforming Care Programme is an ambitious programme that is required to progress at pace with a lack of clarity existing in some areas. There is a risk management plan in place which is managed through the Transforming Care Oversight Board. There are however two key risks associated with delivery of the plan which will impact of the ability to deliver the aspirations of the programme. These risks are being.

Risk One: Delivering the trajectories

Reducing the beds commissioned in the Coventry, Warwickshire and Solihull locality will require strong collaboration with Birmingham and the Black Country as well as other CCGs and NHS England specialised commissioning as these organisations also place within Coventry, Warwickshire and Solihull. There are a number of clinical issues associated with providing alternative support to complex individuals and the successful management of these issues will be a significant factor in delivering the required trajectories. Actions in place to manage this risk include:

- The Senior Responsible Officer (SRO) is linking with other TCPs and specialised commissioning to confirm their future intentions for commissioning within the area.
- Plans are being developed for alternative provision in the event that people with learning disability and/or autism require a period of assessment and treatment.
- The Partnership is continuing to seek clarity on the issues regarding primary commissioning responsibility with NHS England.

Risk Two: Financial sustainability

Recognising that there is more work to be done, the latest version of activity and finance modelling indicates that an additional £7m could be required to fund the increased cost of packages of care over three years across health and social care. This £7m comprises approximately £3m due to growth and inflation and £4m which is due to additional packages which are likely to be required to support people in the community coming out of specialised services.

One possible mechanism of managing this financial risk is through Dowries payments. NHS England have issued high level guidance regarding Dowries, which will apply for anyone who had been in hospital for 5 years or more as at 1 April 2016. However, there has been no clarity as to how dowry funding is to be calculated.

In addition to the above, additional community health services may also be required, for example specialist forensic services in the community. This could further increase the financial pressure on CCGs of delivering this programme.

Actions in place to manage this risk include:

- Further work is being undertaken to understand how, and if, the model of care can be delivered within existing resources, which will require a review of existing spend on learning disability services to understand the extent to which services can be redesigned.
- Continuing to work with NHS England specialised commissioning to better understand how much money will be transferred to local services as people are discharged from specialised services.

The relative impact of these risks will require sign off through the organisations governance structures. The HWBB should note that any individual organisation is unlikely to be able to absorb additional cost, which could, in turn impact on the delivery of the Transforming Care programme.

Appendices

Appendix One: Draft Transforming Care Plan – Coventry, Warwickshire and Solihull

Pete Fahy
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