



To: Coventry Health and Wellbeing Board

Date: 10th April 2017

From: Pete Fahy, Director of Adult Services, Coventry City Council
Becky Hale, Senior Lead Joint Commissioner, Coventry & Warwickshire

Title: Coventry, Warwickshire and Solihull's Transforming Care Partnership

1. Purpose

- 1.1. This report provides an update to Coventry Health and Well-being Board's regarding the Transforming Care programme.
- 1.2. At its meeting in June 2016 Coventry Health and Well-Board received a briefing on the Transforming Care Partnership and agreed to:
 - 1.2.1. Support the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) 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.
 - 1.2.2. 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.
- 1.3. This report is in respect of recommendation two to provide board members with an update and identify risks.

2. Recommendations

- 2.1. Coventry Health and Wellbeing Board is asked to note the content of the update report, which is attached as Appendix 1 to this report, and the key points below relating to progress and issues locally, and continue to receive periodic briefings on progress relating to the delivery of the Transforming Care programme.

3. Summary of Progress

3.1. Model of Care

Partners have worked collaboratively to develop and implement a new model of care for adults to support delivery of the Transforming Care programme locally. Work is currently taking place to ensure this effectively meets the needs of adults with autistic

spectrum disorders. Work is also taking place with stakeholders to develop a new model of care to support children and young people in the community preventing admissions to hospital and residential education settings where appropriate.

3.2. Finance

While progress has been made regarding financial arrangements to deliver this programme work continues to clarify the amount and mechanism for funds to flow to local areas from NHS England. More progress has been made to date regarding financial modelling and agreements for adults as opposed to children and young people. The TCP is working together to limit and manage any potential impact the financial position of the programme may have on individuals who are ready for discharge to the community under Section 117.

3.3. Trajectories

During 2016/17 the TCP has not met planned trajectories. There have been discharges of children and young people and adults during this time but overall the numbers of individuals in hospital settings has risen. Key factors contributing to this include:

- Individuals being identified as belonging to our TCP during the year by NHSE Specialised Commissioning who should have been included in our baseline.
- An increase in admissions of children and young people.
- New diagnoses of individuals while in hospital meaning they meet the TCP criteria.
- Discharges of individuals from secure to locked rehabilitation services – these individuals still count in trajectories as part of the CCG commissioned cohort.

It is anticipated that the TCP should be back on track with trajectories in quarter 2 of 2017/18.

3.4. The full update report is attached as Appendix 1 to this report.

Report Author(s):

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Appendices

Appendix 1: Coventry, Warwickshire and Solihull's Transforming Care Partnership Update Report

Appendix 1:

Health and Wellbeing Board

10 April 2017

Coventry, Warwickshire and Solihull's Transforming Care Partnership

1. Introduction

- 1.1 This paper provides Health and Well-Being Boards with a further update on the programme of work underway across Coventry, Warwickshire and Solihull to transform care and support for people with a learning disability and/or autism with mental health needs or behaviours that challenge.
- 1.2 Health and Well-being Boards received a paper on the programme in September 2016 where they supported progress and plans while endorsing the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.
- 1.3 The paper provides a further update on the current position of the programme including progress, achievements and current challenges.

2. Background

- 2.1 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 with mental health problems or behaviour that challenges.
- 2.2 Coventry and Warwickshire were initially identified as a fast track site for transforming care and in October 2015 were awarded £825k non recurrent funding from NHS England to deliver against the locally developed fast track plan during 2015/16. Following the publication of the national plan and service model, *Building the Right Support* (October 2015), Coventry and Warwickshire formed a new Transforming Care Partnership (TCP) with Solihull. The formation of the new partnership required a revised and combined plan to be submitted to NHS England by 1 July 2016. This submission was required to demonstrate how the partnership intends to fully implement the national service model by 31st March 2019. Summary information about the plan was presented to respective Health and Well-being Boards in September 2016.
- 2.3 The Senior Responsible Officer (SRO) for our local TCP is Glynis Washington, Interim Chief Nursing Officer, Coventry and Rugby CCG with John Dixon, Strategic Director, Warwickshire County Council, as Deputy SRO.

Current Achievements and Plans

- 3.1 Our TCP has achieved a great deal to date:

- A new personalised model of care has been co-produced with adults with a learning disability and/or autism, carers and wider stakeholders. An accessible DVD articulating our model of care through individual stories has been developed in partnership with a local community support provider; Gettalife.
- The £1.4m previously invested in operating Gosford Ward (a local assessment and treatment unit now closed) has been reinvested in community support and is specifically funding the new Intensive Support Service, including the admission avoidance accommodation provided by CWPT. This service is currently subject to review to ensure early learning informs future commissioning intentions.
- The TCP has worked collaboratively with NHSE Specialised Commissioning to understand the needs and future community support requirements of our current in patient population.
- The TCP has undertaken a market testing exercise and as a result of this are now obtaining approval to tender for a new framework of support providers to work with us to deliver personalised care and support packages for our transforming care population.
- We have agreed the standard operating procedure to support development of our live 'at risk of admission' register for people 14 years and over.
- We are undertaking Care and Treatment Reviews and are currently developing a local policy to inform our approach and ensure the effective use of resources.
- The work of the TCP was highly commended at the HSJ Awards in November 2016 in the Service Re-design Category.

3.2 Coventry, Warwickshire and Solihull's current plan focusses on improving our revised model of care for adults as well as developing and implementing our new model of care for children and young people. Specific attention is being given to developing community support for people with autism who do not have a learning disability and people with forensic needs. Another intention of the plan is to drive integrated commissioning and pooled budgets for people with learning disabilities and/or autism.

3.3 The plan contains specific inpatient trajectories we need to deliver locally to meet the requirements of *Building the Right Support*. It is important to note that 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 people concerned have a range of complexities that are subject to change.

In-patient Trajectories

4.1 The latest milestone report for the TCP identifies the following performance in relation to individuals with a learning disability and/or autism with mental health issues or behaviours that challenge in hospital provision. Please note; NHSE numbers include young people (11) and adults (30) while the CCG numbers are all adults:

Trajectory progress	31/03/2016 Baseline	Q2 target	Q2 actual	Q3 target	Q3 actual	Q4 to date	Q4 target
NHSE	41	41	38	38	43	43	34
CCG	15	17	18	17	18	18	17
Total	56	58	56	55	61	61	51

- 4.2 While rated green by NHSE up to Q2 the TCP was informed in December 2016 that they had moved to amber rating as the Q3 target was not going to be met (it subsequently was not). In response, the TCP was required to prepare and submit an amber escalation plan. The plan outlined a number of mitigating actions to enable us to meet trajectories in future including route cause analysis, further work on financial modelling, reviewing the model of care, populating the At Risk of Admission Register and collaborative working with CCGs and LAs to address discharge issues. This was submitted on 3rd January 2017 and has been accepted by the NHSE regional team as satisfactory.
- 4.3 The TCP took the opportunity in December 2016 to adjust our trajectories over the course of the programme following additional information received about the number of people in Specialised Commissioning placements at the beginning of the programme. The changes made are highlighted in pink below:

	Year 0 (2015/ 16) as at 31/03/ 16	Year 1 (2016/17)				Year 2 (2017/18)				Year 3 (2018/19)			
	as at 30/06/ 16	as at 30/09/ 16	as at 31/12/ 16	as at 31/03/ 17	as at 30/06/ 17	as at 30/09/ 17	as at 31/12/ 17	as at 31/03/ 18	as at 30/06/ 18	as at 30/09/ 18	as at 31/12/ 18	as at 31/03/ 19	
NHS England commissioned inpatients	41	41	41	41	37	36	35	34	28	27	27	26	23
CCG commissioned inpatients	15	17	17	19	19	19	19	18	18	16	16	16	14
Total No. of Inpatients with learning disabilities and/or autism* (TCP level; and by TCP of origin)**	56	58	58	60	56	55	54	52	46	43	43	42	37

Key Issues and Risks

- 5.1 There are a number of key risks associated with delivery of the plan. These risks are being actively managed through the TCP Board and associated workstreams.

Financial

- 5.2 With the inclusion of children and adults with autism and mental health needs or behaviours that challenge, with no learning disability, in the TCP programme there is increased need for community support (and associated funding) for this cohort of individuals. This is a recognised commissioning gap locally that will need to be effectively and appropriately managed. It is anticipated that additional resources will

be required to support those at risk of admission and to develop intensive community support for this cohort of individuals.

- 5.3 Key to the delivery of this programme is our ability to move people out of NHSE Specialised Commissioning secure services to community based services. This will increase the number of community support packages that will need to be commissioned and funded locally. The nature of the presentation of this group of people invariably requires specialist bespoke packages that are complex and expensive.
- 5.4 An initial review of the potential cost of the increased number of patients across the TCP stepping down from Specialised Commissioning to locally funded care estimates that over the next 2 ¼ years the funding increase will be:
- £1,222,797** for CCGs:
- Coventry – £638,077
 - Warwickshire – £551,473
 - Solihull – £33,247
- £886,095** for Local Authorities
- Coventry – £495,930
 - Warwickshire – £356,918
 - Solihull – £33,247
- 5.5 This does not include the costs of packages of care representing the natural flow/normal churn of customers absorbed by the CCGs and local authorities, i.e. those that would be expected to be discharged within any given year without the impact of the Transforming Care Programme. This is estimated at £2,251K across the TCP (approximately 4 people per year over the course of the programme).
- 5.6 While work continues nationally and regionally to agree funding flows there is no current agreement on the exact funding arrangements to meet the increased cost associated with this accelerated discharge programme; thus presenting a potential cost pressure to all local commissioning organisations. There is agreement in principle that CCG allocations will be increased in line with the closure of specialised inpatient provision and we are actively working with NHSE Specialised Commissioning to model and understand this. As a consequence, we have recently devised a new financial plan for our TCP and a bid for transformational funding. These were submitted to NHSE on 24th February 2017.
- 5.7 The local authorities within the TCP have taken the position to date that the additional costs of this programme must be met or guaranteed in full by NHS Specialised Commissioning to enable discharges to take place. The CCGs understand this position, and are working to support discharges on the basis that they expect appropriate funds to flow from NHS Specialised Commissioning as anticipated.
- 5.8 The issue of funding is expected to be resolved imminently and as stated in 5.6 we have recently revised and submitted our financial plan and are awaiting feedback. The latest update from NHS England (18/01/2017) contained the following:

One of the outstanding issues to resolve was the mechanism for transferring resources to Local Authorities/Clinical Commissioning Groups (CCGs) from NHS England, when NHSE-funded beds are closed, and where a pooled budget is not in place. It was agreed to transfer funds by adjusting CCG allocations – to cover community support for both dowry and non-dowry-eligible patients.

Resource

- 5.9 The demands on CCGs and LAs to support all of the TCP related activity has continued to increase. In addition to programme management, supporting the various governance meetings and both planned and ad hoc reporting expectations, CCGs have a statutory requirement to attend all Specialised Commissioning Care and Treatment Reviews (CTRs), which occur at least every 6 months for all 43 children and adults currently in hospital. In relation to CCG funded inpatients (currently 18) the requirement is to organise and chair all CTR's which include post admission CTRs shortly after admission and again every 6 months or following a significant change after that. Each of the inpatient CTRs is expected to last a full day to ensure all aspects of the person's presentation and care needs are considered. There is then time required writing up the CTR using the agreed national paperwork. There is also an expectation that social care attend and contribute to CTRs.
- 5.10 From a community perspective all individuals considered to be an immediate risk of admission must also have what is known as a blue light CTR. This must be held within 24-36 hours of a concern being raised. The demand for these CTRs, which again the CCG is required to organise and chair at short notice, has significantly increased with the inclusion of children and those with challenging behaviour and autism but no LD. The TCP has initiated some work to quantify the extent of this impact currently and any anticipated further increases in the short to medium term.

Quality and Patient Experience

- 5.11 In relation to quality, the key issue currently is the potential impact of funding issues for those stepping down from Specialised Commissioning. This may lead to people who are ready to be supported in a less restrictive environment closer to home being held in placements that no longer appropriately support their needs. This patient care and experience issue has been recognised by the TCP and governance steps have been agreed to ensure any such patient care issues are highlighted through the governance process and escalated to NHS England regionally.
- 5.12 It is also important to note that this programme creates clear expectations as to how we will deliver support for individuals across our TCP footprint now. As we work to together to create our new community service infrastructure and preventative offer, within a complex TCP structure, there continues to be a challenge regarding the pace of transformation and the ability of our local health and social care systems to deliver expectations.

Market

- 5.13 Working collaboratively with NHS England Specialised Commissioning it has become clear that many individuals who will be supported to leave secure services as part of

this programme over the next few years do not have a learning disability but have an autistic spectrum disorder instead.

5.14 Across the TCP our health and social care markets are not developed enough to meet the specific needs of these individuals. In response to this, work has taken place to test and develop the market across the TCP to support the development of local solutions to enable individuals to step down in to the least restrictive community setting able to meet their needs. The TCP is currently seeking approval to undertake a specific tender for community support services to facilitate delivery of this programme.

Background Papers

None

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