

### Appendix 1: Update on Transforming Care Partnership agenda

**The purpose of this appendix is to update the HWBB on delivery of the Transforming Care programme plan and performance at September 2016. This paper provides an update on the delivery of the Barking Havering and Redbridge (BHR) Transforming Care Partnership (TCP) plan that was submitted to NHS England on 11 April 2016 and on performance at Month 5.**

The BHR Transforming Care Partnership has agreed a three-year plan to put in place services that meet the national service model for people with learning disabilities and/or autism and behaviour that challenges, which is expected to reduce the number of inpatient beds required. A Transforming Care Partnership Board has been established across the BHR CCGs and local authorities to oversee delivery of the plan. The programme governance arrangements are managed within the BHR CCGs' mental health transformation programme.

#### **Background/Introduction**

Following the Panorama programme on Winterbourne View Hospital, the government produced a report and concordat that were to be implemented nationwide called 'Transforming Care: A National response to Winterbourne View Hospital (December 2012)'. The report clearly stated that local authorities and health services should identify those patients within a hospital setting with a learning disability who no longer require this level of care intervention and whose needs could be more appropriately met within a community setting, preferably in a location close to their family. In particular, it sets out that local authorities and Clinical Commissioning Groups (CCGs) work together to ensure that vulnerable people, particularly those with learning disabilities and Autism, receive safe, appropriate, high quality care. It states 'the presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.'

"Building the Right Support" published in October 2015 set out the national plan to develop community services and close inpatient facilities for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition. This was accompanied by the publication of the national service model which describes the range of support that should be in place by no later than March 2019

Commissioners were required to establish a Transforming Care Partnership who would lead on the development of a three year transformation plan to deliver the system change. Locally, it was agreed that the transformation footprint for Transforming Care would be across Barking and Dagenham, Havering and Redbridge as there were already good commissioning relationships in place across health and social care which were critical to the delivery of the programme. The BHR Transforming Care developed a three year transformation plan (2016/17 to 2019/20) that was submitted to NHSE on 11 April and endorsed by the Governing Body in May 2016.

A key outcome of the plan is to reduce the number of beds commissioned for this cohort over three years, bringing the CCG commissioned beds within the national planning assumption of 10-15 beds/million population (March 2015- 29/million population)

NHS Planning guidance for 2016/17-2020/21 identifies Transforming Care as one of the nine "must dos" for 2016/17 for every local system with a deliverable for 2016/17 to

“increase people with learning disabilities/ autism being cared for by community not inpatient services, including implementing the 2016/17 actions for Transforming Care”.

System success in delivering this requirement is reported through the CCG Improvement and Assessment Framework (IAF) 2016/17. The IAF reports CCG performance against a range of indicators, some of which are not fully in the control of the CCG. For these indicators, the CCGs are asked to focus on the strength and effectiveness of their system relationships and to use all the levers and incentives to allow them to make progress.

### **BHR Transforming Care Plan update**

The CCGs received feedback on the partnership transformation plan in May which resulted in a revision to the year 1 trajectory for bed reductions. Analysis suggested that the initial trajectory in year 1 was ambitious and it was amended to forecast a reduction of four inpatient beds in year 1 compared to a reduction of 6 beds in the original plan. This took into account activities that were planned to take place in 16/17 that would impact on admissions. The revised trajectory was endorsed by the TCP Board on 20 June 2016.

The TCP plan and an easy read version of the plan was published on the CCG websites in June 2016.

- [www.barkingdagenhamccg.nhs.uk/Our-work/transforming-care-partnership-plan.htm](http://www.barkingdagenhamccg.nhs.uk/Our-work/transforming-care-partnership-plan.htm)
- [www.haveringccg.nhs.uk/Our-work/transforming-care-partnership-plan.htm](http://www.haveringccg.nhs.uk/Our-work/transforming-care-partnership-plan.htm)
- [www.redbridgeccg.nhs.uk/Our-work/transforming-care-partnership-plan.htm](http://www.redbridgeccg.nhs.uk/Our-work/transforming-care-partnership-plan.htm)

The TCP Board has agreed a milestone action plan which will be used nationally to report progress against plans. NHSE will maintain oversight of progress against the milestones submitted, recognising that the milestone action plan is a live document that is subject to change.

Confirmation was received at the NHSE stocktake meeting on 28 July 2016 that the TCP Plan and milestone action plan had been approved.

### **TCP priorities for 2016/17**

Whilst the TCP plan encompasses a range of actions to deliver the national care model over the next three years, the focus in 2016/17 is to develop local community services to provide greater support to admission avoidance. A review of admissions into inpatient beds and feedback from a stakeholder engagement event suggests that some admissions could have been avoided if there had been quick access to appropriate community based or respite provision, especially out of hours.

The BHR partnership has been successful in a bid to NHSE for transformation funding to pump prime transformation in community services. The proposal is to prevent unnecessary admissions to inpatients beds by a) enhancing the community support available to people who require more intensive home support when their behaviour becomes challenging b) ensuring that mental health crisis services respond to the needs of people with LD/autism of all ages in and out of hours c) developing skills in the community learning disability teams to manage people with more complex needs and d) enable follow up in community placements post discharge to ensure that accommodation is stable, preventing readmission.

The bid was for £624,950 over 3 years to be match funded by the CCGs. NHSE funding of £110,000 was released in July for year 1. Although there is a commitment to ongoing support for this programme, NHSE funding for future years has not been guaranteed.

A workshop with professionals was held on 19 July to engage with professionals on service redesign, which has informed the commissioner's plans to develop community outreach and crisis services. Further to this, the commissioners have written to NELFT inviting a proposal to extend the current Home Treatment Team (HTT) offer to include an outreach and crisis function for the learning disability cohort. Commissioners are working with NELFT, to deliver improvements in the crisis care pathway as part of the Crisis Care Concordat action plan and have invested in crisis services in 2016/17.

A business case will be required to secure funding for years two and three that demonstrates a shift in resources for inpatient to community care.

There has been a series of workshops with the Community Learning Disabilities Teams across all the regions on developing the "at risk register" and ensuring the community teams are familiar with the care and treatment reviews prior to admission.

## **Performance**

The BHR partnership has planned to reduce the number of patients in inpatient beds from 26 (March 2016) to 22 by the end of the financial year. This includes beds commissioned both by the CCG and NHS England specialist commissioning. At the end of quarter 2 it is planned that no more than 25 patients (CCG – 17; specialised commissioning - 8) will be in an inpatient bed; current performance reports that commissioners are on plan to deliver this with 24 beds in current use (CCG – 16; specialised commissioning – 8). Table 1 outlines performance reported in August 2016.

Commissioners are focused on ensuring that patients receive Care and Treatment Reviews (CTRs), in line with national guidance, and supporting discharge. 94% of patients whose care is commissioned by the CCG have had a CTR in the past six months and of these 47% have been assessed as ready for discharge and have a discharge plan.

Nine patients have been admitted into inpatient beds this financial year (5 - B&D; 2- Havering; 2-Redbridge). Some admissions have been recorded as patients who had not been previously recognised as BHR patients are added to the tracker (e.g. through the census survey). There have been some admissions however which potentially could have been avoided if better support was in place in the community and the transformation work that is being initiated with NELFT on crisis care is expected to impact on admission avoidance. NHSE specialised commissioning are undertaking a national exercise to repatriate patients across the country back to their responsible commissioner locality which will identify patients who were not previously on the BHR tracker.

Learning disabilities is one of the six clinical areas that CCGs are rated on in the CCG Improvement and Assessment Framework. Two measures are included: the inpatient rate per million GP registered adult population for the TCP area and the percentage of people with a learning disability who are on the GP register and receive an annual health check during the year. In the ratings that were published in September the BHR CCGs were rated as "requires improvement".

In respect of the first measure (inpatient rates), improvements will be delivered through the TCP plans that have been put in place and performance in August suggests that progress

has been made. Improvements in the percentage of learning disability health checks is being taken forward in the primary care workstream of the mental health programme, which will be reported at the November Governing Body meeting.

**Table 1. BHR patients in inpatients beds – August 2016 (data source HSCIC)**

		BHR CCGS	B&D	Hav	R'bg
<b>Inpatients March 2016</b>	Patient count as on March 2016 (CCG commissioned)	17	8	6	3
	Patient count as on March 2016 (NHSE commissioned)	9	1	2	6
	Total patient count as on March 2016 (CCG+NHSE)	26	9	8	9
<b>Inpatients (CCG Commissioned)</b>					
	Current inpatients at reporting month	16	11	3	2
	Q1 16/17 plan for inpatients	17	8	6	3
	<b>Q2 16/17 plan for inpatients</b>	<b>17</b>	<b>8</b>	<b>6</b>	<b>3</b>
	Variance from Q2 plan	1	-3	3	1
	% variance from plan	6%	-38%	50%	33%

## Governance

The BHR TCP is a partnership of the three local authorities (LAs), the three clinical commissioning groups (CCGs), NELFT NHS Foundation Trust, NHS England (NHSE) Specialist Commissioning and people with a lived experience of using local services. A partnership board was established in December 2015 to take forward the development of the three year transformation plan. The CCGs are the lead organisation accountable for the delivery of the plan, working in partnership with local authorities.

The BHR Transforming Care Partnership Board agreed its membership and terms of reference in June 2016 to reflect the transition from planning to delivery. The BHR TCP programme board has overall responsibility for delivering the TCP plan on behalf of the partnership. Sharon Morrow, Chief Operating Officer B&D CCG is the senior responsible officer and chair of the partnership board; Barbara Nicholls, Acting Director for Adult Social Care London Borough of Havering is the social care lead and deputy chair of the partnership board. It is proposed that the Board reports to the CCG Governing Bodies and Health and Wellbeing Boards. Programme management arrangements have been established through the CCG transformation programme for mental health

A London Transforming Care Programme Board has been established to ensure effective oversight and assurance of delivery of Transforming Care priorities and targets across London, provide a regional leadership role and escalate issues and concerns. The BHR senior responsible officer attends the monthly meetings on behalf of the TCP Board.

The delivery of the TCP plan is monitored monthly by the NHSE London transforming care team and a more detailed quarterly review is provided to the national team.

## North East London Sustainability and Transformation Plan (STP)

Transforming care for people with learning disabilities has been identified as one of the ten London priorities to be delivered through the STPs. The North East London STP has

described this as one of the 23 transformation programmes and a North East London senior responsible officer and delivery lead have been identified for this workstream. Work is progressing to develop the NEL STP delivery plan, building on the TCP plans that have been already been agreed at the BHR and Inner North East London partnership boards. Preliminary discussions across the two partnerships suggest that there are some common areas in the plans that would benefit from joint working.

## **Resources**

Local TCPs (including NHSE specialist commissioning) are being asked to review the total sum of money that is spent as a whole system on people who fall into the TCP cohort, with a view to disinvesting in inpatient care and investing in community based solutions to deliver care in a different way and achieve better outcomes for the people who use services. The costs of future models of care are therefore to be met from the total current envelope of spend on health and social care services. NHSE estimates that nationally through the closure of inpatient services, this will 'release hundreds of millions of pounds for investment in better support in the community'.

NHSE has recognised that such a large transformation programme is likely to involve significant transition costs, including managing double running costs for a period of time as inpatient beds close, with new services coming on stream before funding can be released from the inpatient bed(s). To that end £30 million over three years has been made available nationally to support the transformation. As already noted, the BHR TCP has been successful in securing £624,950 non-recurrently for three years from the transformation funding available, which is to be match funded by BHR CCG's.

In addition, there is also £15 million capital funding over three years made available, with NHS England committing to exploring making more capital available following the next Spending Review.

There is concern, particularly from local authorities, about the financial risk associated with delivering the national requirements. Financial sustainability across the system is a key feature of the programme plan and concerns about sustainability are reflected in the programme risk register.

## **Risk**

The TCP Board maintains a risk register which is reviewed at each Board meeting. At the September Board meeting the following risks were discussed;

- The need to develop community housing solutions to support this cohort of patients post discharge – Havering Council are hosting a pan-borough meeting in September to discuss this further
- Ensuring that all community teams actively develop and manage a register of people who are at-risk of admission – a risk assessment process is due to be signed off in September and rolled out to community team members
- Organisational capacity in CCGs and local authorities to undertake the number of CTRs required – the CCG is securing additional support and this will be kept under review