

## Health and Wellbeing Board

7 September 2016

### Coventry, Warwickshire and Solihull's Transforming Care Partnership

#### Recommendations:

Warwickshire Health and Well-Board:

- Support the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) to continue to drive local transformation.
- Endorse the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.
- Receive future briefings on progress to include the management of financial implications and risks across the health and social care economy associated with delivery of the Transforming Care Partnership agenda.

#### 1. Introduction

- 1.1 This paper provides Health and Well-Being Board with an update on the current position in relation to 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 The paper summarises the background to the TCP; a summary of the delivery plan prepared as required by NHS England; progress and achievements to date and an outline of challenges facing the programme.

#### 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 In September 2015 Coventry and Warwickshire, alongside Hereford and Worcestershire, were invited to submit a plan to NHS England to become a fast track. Following submission of this plan Coventry and Warwickshire received £825k non recurrent transformation funding from NHS England to deliver against the fast track plan during 2015/16.

- 2.3 In October 2015, NHS England published *Building the Right Support*, a national plan to develop community services and close inpatient facilities for people with a learning and/or autism who display behaviour that challenges, including those with a mental health condition. Following this, NHS England introduced a new requirement where all areas of England were to form new Transforming Care Partnerships and to develop a new transformation plan including a bid for a share of an additional £30m funding available nationally.
- 2.4 This new local TCP includes Coventry, Warwickshire and Solihull. The TCP is currently chaired by Jacqueline Barnes, Chief Nurse, Coventry and Rugby CCG who is the Senior Responsible Officer (SRO) with John Dixon, Strategic Director, Warwickshire County Council, as Deputy SRO. The formation of the new partnership required a revised and combined plan to be submitted to NHS England by 1 July 2016.

### 3. Fast Track Plan Implementation and Achievements

- 3.1 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 closed. The transformation funding received was used to deliver this change.
- 3.2 Prior to proceeding with any definite plans to decommission the beds admissions were suspended on 31 March 2016 to test the robustness of the intensive support model. Plans are being progressed by health commissioners to achieve formal closure of the ward by September 2016. Legal advice has confirmed that given the public engagement to develop '*Its My Life*' and '*The Local Response to Winterbourne View*,' and the fact that individuals directly affected by the closure have been engaged with by CWPT, no further public engagement or consultation is required to initiate formal closure.
- 3.3 Key achievements to date in delivering the fast track plan are:
- A new personalised model of care has been co-produced with people with a learning disability and/or autism, carers and wider stakeholders. An accessible DVD articulating our model of care has been developed in partnership with one of our local community support providers; Gettalife.
  - Short term community accommodation and support facilities have been commissioned at Ashby House in Nuneaton and Gilliver Road in Solihull to provide treatment and support to individuals who require it in a safe environment as an alternative to a hospital admission.
  - The £1.4m previously invested in operating Gosford ward has been reinvested in community support and is specifically funding the new Intensive Support Team (IST) and admission avoidance accommodation provided by CWPT.
  - 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 as at 31<sup>st</sup> March 2016. This achievement has been recognised nationally.
  - 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 specialised commissioning) into a less restrictive environment commissioned by local Clinical Commissioning Groups.

#### **4. Coventry, Warwickshire and Solihull Transforming Care Plan Submission – 1<sup>st</sup> July 2016**

- 4.1 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, *Building the Right Support*, by 31 March 2019.
- 4.2 The national service model describes how people with a 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 by engagement with a broad range of stakeholders including users, carers, families and providers.
- 4.3 The delivery of this model requires a whole system response and partnership working to deliver and as such should be endorsed through the Health and Well-Being Board.
- 4.4 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.
- 4.5 The plan contains trajectories associated with delivering the target range 30-40 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.
- 4.6 There are a number of key issues and risks outlined in relation to the programme and refreshed plan as outlined below. As such, the position held locally is as follows:
- We continue to be fully committed to the Transforming Care Programme and will continue to work jointly with our TCP partners to drive forward this agenda to deliver the best possible outcomes for our Warwickshire citizens with a learning disability and/or autism with behaviours that challenge. Ensuring we have the appropriate resources to deliver personalised support to individuals with complex needs in the community is absolutely key to the programme. As such, without clarity of how resources will flow from NHS England to enable this to happen we are not in a position to sign off the plan at this time.*
- 4.7 The programme has been discussed at the ADASS West Midlands Regional Group, and at ADASS nationally, and appears to be a consensus position.

## 5. Key Issues and Risks

5.1 There are a number of key risks associated with delivery of the plan. These risks are being managed through the Transforming Care Partnership Board.

### Financial

5.2 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 dowry 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, how it will flow through the system and whether it will be sufficient to deliver the requirements of the programme.

5.3 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.

5.4 Actions in place to manage this risk include:

- Further work to be 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.
- Further local modelling to understand the potential pressures for each organisation in the TCP.
- 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.
- Continuing to work with NHS England on the financial elements of the programme. Extended fast tracks (see next steps) may support this.

5.5 The relative impact of these risks, particularly financial, 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 and the ability of individuals to be discharged to local services in a timely manner.

### Resource

5.6 This programme is resource intensive and requires a great deal of commitment from partner organisations to deliver on the significant change management programme required ensuring a real co-production approach throughout. Commissioning resource is limited and as such there is a risk that key activities associated with the programme may be compromised, for example; reviewing and evaluating changes to date including the impact of the Intensive Support Team, initiating the at risk of admission register requirements and resourcing the significant amount of Care and Treatment Reviews required as a result of this programme.

- 5.7 However, risks continue to be actively managed and overseen by the Transforming Care Partnership Board and it is anticipated that the following activities will support capacity issues to some extent:
- Recruitment of a Senior Lead Commissioner to transform services for people with a learning disability/autism across the 5 Coventry and Warwickshire commissioning partners.
  - Take up of the NHS Improvement Team offer of accelerated support on the basis this is hands on support to delivery to support locally agreed TCP work programmes.
  - Coventry and Warwickshire CCGs re-tendering of person centred commissioning support services in which the delivery of care and treatment reviews is included.

## Market

- 5.8 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.
- 5.9 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 is taking 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.
- 5.10 The Transforming Care Board will work closely with adults' and children's safeguarding boards across the partnership to ensure that all agencies are sighted on the risk factors associated with discharge of individuals from secure services, including public protection concerns.

## **6. Next Steps**

- 6.1 Work will continue to drive the transforming care programme forward locally with a focus on delivering the new model of care and ensuring positive outcomes for people with a learning disability and/or autism. There is an established multi-agency Transforming Care Delivery Group and associated workstreams to support this.
- 6.2 Partners will continue to work on fully understanding the financial element of the programme, and associated risks, working on the development of a clear plan as to how these risks will be managed within existing resources. The TCP will continue to engage with NHS England to facilitate the national programme commitment that resources will flow from NHS England as appropriate to support local delivery.
- 6.3 Linked to this, we have recently been made aware by NHS England that they are looking to coordinate extended fast track sites across the country with an early indication that our local area will be part of this and expected to work with Birmingham and the Black Country. We await further details on this proposed element of the programme.

## Background Papers

None.

The report was circulated to the following members prior to publication:

Local Member(s):

N/A

Other Members:

Cllr Seccombe

Cllr Rolfe

Cllr Caborn

Cllr Perry

Cllr Webb

Report Author	Becky Hale on behalf of the TCP	beckyhale@warwickshire.gov.uk
Strategic Director	John Dixon	johndixon@warwickshire.gov.uk
Portfolio Holders	Cllr Jose Compton Cllr Les Caborn	josecompton@warwickshire.gov.uk lescaborn@warwickshire.gov.uk