

NHS ENGLAND – BOARD PAPER

Title:

Transforming Care for people with a learning disability and/or autism – Delivery update

Lead Director(s):

Professor Jane Cumming, Chief Nursing Officer (CNO)

Purpose of Paper:

To inform the Board of the progress made to transform care for people with a learning disability and/or autism

The Board is invited to:

- 1 Note the progress made since publishing the national plan (*Building the right support*) in October
- 2 Note the review timetable for Transforming Care Partnership plans
- 3 Support the four-point delivery plan

Transforming Care for people with a learning disability and/or autism – Delivery update

OVERVIEW

1. Progress has been made to deliver on our commitment to build up community capacity in order to reduce inpatient numbers by March 2019 by between 35% - 50%.
2. **Inpatient reductions:** The latest data (May 2016) shows that between March 2015 and May 2016 there has been a total reduction of 240 inpatients (8.5%), from 2815 to 2575. As well as this, six fast tracks areas are making progress, with over 50 beds closed and community services developing.
3. Transforming care partnerships (TCPs)
 - In just over six months, 48 TCPs (local authorities, CCGs and NHS England specialised commissioners) have submitted transformation plans. This is a significant milestone for the programme;
 - These plans estimate that TCPs will deliver inpatient reductions by March 2019 in line with the planning assumptions set out in Building the right support;
 - “Confirm and challenge” sessions undertaken by the regions suggest that the current TCP estimates are ambitious and delivery will be a significant challenge;
 - To support implementation a “**four-point delivery plan**” is being taken forward over the summer (see Annex A for further detail).
 - A further review will take place by the end of September 2016, when the impact of the delivery plan and strengthened milestones are in place
4. **Funding:** NHS England will shortly announce the first TCPs to receive transformation funding for 2016/17. This money is being given to the areas where we think there is the greatest potential for bed closures. About half of TCPs will receive support.
5. **Calderstones:** Mersey Care NHS Trust has achieved Foundation Trust status and has acquired Calderstones Partnership NHS Foundation Trust as planned. The Calderstones name has now been removed.

INPATIENT REDUCTIONS

6. The latest figures (May 2016) show that:
 - Between **March 2015 – May 2016 there has been a total reduction of 240 inpatients (8.5%) from 2815 to 2575;**
 - In **10 out of the last 14 months** there have been more discharges than admissions
 - Around **2,005 patients have been transferred down the pathway or discharged.** Indeed, of the 2,395 inpatients reported in March 2015, around 30% were no longer in hospital care at the end of March 2016; and
 - **Around 195 people who had been in hospital for more than five years were discharged in 2015/16.** However, 880 inpatients with length of stays (LoS) of five years or more remain, mainly due to complexity of care packages often relating to offending history and longer lead in times for discharge packages of care.

Fast tracks

7. In July 2015 six fast tracks¹ were established. These areas had access to £10m transformation funding and had, in many cases, the most to do.
8. Each Fast Track has worked to strengthen community teams, put in place workforce development initiatives and is developing the social care market to strengthen social care provision. As well as this:
 - North East, Lancashire, Coventry and Warwick are investing in crisis support services;
 - **Hertfordshire, North East, Greater Manchester** are piloting community-based sex offender prevention services; and
 - **North East and Nottingham** are investing in advocacy.
9. In terms of bed reductions:
 - **North East Fast Track** have closed 18 Assessment and Treatment Unit (ATU) Beds and 14 secure beds; a further 14 spot-purchased ATU beds are due to be decommissioned imminently;
 - **Greater Manchester and Lancashire** have closed to admission 14 non-secure beds at Calderstones Partnership NHS Foundation Trust whilst reducing their reliance on spot purchased beds; and
 - **Coventry and Warwickshire** have closed a nine-bed ATU.

TRANSFORMING CARE PARTNERSHIPS

10. Across the rest of the country we have mobilised a further 42 TCPs, each with a Senior Responsible Officer and the vast majority have a Deputy SRO. To support TCPs, each region has been allocated programme funding. Each TCP was also offered, and nearly all held, an accelerated learning event.
11. With TCPs now established, the focus is shifting to look at whole system changes through closure and re-provision. Too often energy and effort is spread too thinly; this year we will increasingly focus on areas where we can make the biggest impact, as we have done with the distribution of our transformation funding (see below).

TCP plans

12. Each TCP has now submitted their three year plan and estimates of the number of beds that will close, as well as the services they plan to commission. These plans estimate that TCPs will deliver inpatient reductions by March 2019 in line with the planning assumptions set out in *Building the right support*.
13. Based on current discharge performance, the complexity of ensuring sustainable discharges and continued additions to the baseline data as commissioners better understand their local population, regions have conducted “**confirm and challenge**” sessions with TCPs. These sessions suggest that the current TCP estimates are highly ambitious and delivery will be a significant challenge.

¹ Greater Manchester; Lancashire; Cumbria and the North East; Arden, Herefordshire and Worcestershire; Nottinghamshire; Hertfordshire

14. To support implementation, a “**four-point delivery plan**” is being taken forward over the summer (see **Annex A** for further detail). To ensure NHS England has confidence in each TCP plan a further review will take place by the end of September when the impact of the “four-point delivery plan” and strengthened milestones are in place.
15. Performance management through the regions will also continue to assess system capability, delivery against key milestones and inpatient use. If a TCP drops below expected levels a recovery regime will be put in place.

FUNDING

16. To support TCPs, NHS England has made up to £30 million in transformation funding available over the next three years.
17. NHS England has received and assessed a number of bids from TCPS for transformation funding for 2016/17 and a funding announcement will be made shortly. This money is being given to the areas where we think there is the greatest potential for bed closures.
18. This funding is linked to milestones, match funding availability and key deliverables, with NHS England retaining the option of clawing back funding if these are not achieved.
19. In *Building the right support* we set out that NHS England would provide £15 million capital funding over three years and we would explore making further capital funding available following the Spending Review. We will announce the result of this shortly.

Specialised commissioning

20. Ensuring alignment across TCPs between NHS England specialised commissioners and local commissioner is also progressing. Although there is risk of slippage.
21. From July 2016, shadow monitoring will baseline activity throughout 2016/17 and indicative finance data will be made available. This will allow for secure service activity and spend to be monitored by each TCP.
22. From April 2017, the intention is that arrangements for pooling budgets with TCPs and/or sharing over/underspends will come into force, with TCPs able to take on responsibility.
23. Work is also being taken forward to accelerate this approach in parts of England 16/17. However, this will require complex work in terms of improving the quality of information, agreeing the legal arrangements and ensuring capacity.

CALDERSTONES

24. A key milestone has been achieved in relation to Calderstones Partnership NHS Foundation Trust (FT). The Board should note:
 - The transformation plan, funding support and transformation has been agreed between Trusts, Commissioners and NHS England;
 - With this agreement, Mersey Care NHS Trust has achieved Foundation Trust status and has acquired Calderstones Partnership NHS Foundation Trust. This means the Calderstones name has been removed; and

- NHS Improvement supported the acquisition and rated it AMBER due to the need for significant capital funding.

ADDITIONAL PROGRESS

25. **Working with partners:** This is a cross-system programme, relying heavily on close cooperation between the NHS, local government, Health Education England and regulators. NHS England has made available further resource in 2016/17 to enable the LGA to put more capacity towards this agenda, and we are strengthening the cross-system governance and operational arrangements to enable greater pace of delivery.
26. **Strengthening clinical leadership:** The programme has in place a plan for strengthening and developing clinical leadership, including within social care, by:
- Appointing a second psychiatrist to work alongside the national Lead Nurse, the National Clinical Director for Learning Disabilities and the Associate Clinical Director for Mental Health Secure Services;
 - Working to more closely align our work with the HEE and Skills for Care workforce development initiatives; and
 - Building up regional capacity through Clinical Reference Groups.

RISKS

27. The Board are asked to note that:
- Delivery risks remain as TCPs build capability. This risk is reduced by implementing the 'four-point delivery plan';
 - Specialised commissioning is aligning to TCPs and has plans to move to population-based case management. Strategic resettlement functions at a regional level are being developed with aligned budgets,,
 - TCPs which do not receive the transition funding requested, or could not match fund, will need to release funds from empty beds quickly enough to reallocate funding into community service re-provision. Our financial model asks TCPs to use the total sum of money they spend as a whole system to deliver care in a different way that achieves better results. Our support offer to each TCP will help reduce this risk; and
 - Uncertainty in the housing sector, with ongoing Government reforms to the supporting housing sector and investor uncertainty, is likely to impact on the housing options available to people moving out of inpatient facilities. NHS England's capital investment and the appointment of a Housing Lead will help to reduce this risk.

RECOMMENDATIONS

28. The Board is asked to:
- Note the progress made since publishing the national plan (*Building the right support*) in October;
 - Note the review timetable for Transforming Care Partnership plans; and
 - Support the four-point delivery plan.

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APPENDIX A

FOUR-POINT DELIVERY PLAN

1. In order to support delivery of *Building the right support*, we have reviewed lessons learned from 2015/16 and developed a four-point plan. This delivery plan supports the work of TCPs and aims to increase the focus on closing inpatient services and building up community provision.
2. The four point delivery plan:
 - Developing and implementing '**High impact changes**' for TCPs - including action on admissions - to help them commission the critical path to closure;
 - Building a **strategic resettlement** response especially for the more complex, long stay cohort where discharge lead in times are longer;
 - **Extending the Fast Track community**, working with seven groups of TCPs who are the furthest from standard. These TCPs account for over 50% of the proposed inpatient reductions in 2016/17. The improvement programme, clinical culture change and transformation funding will be directed at these TCPs; and
 - **Improving data quality** by providing web-based training and workshops with NHS Digital to improve understanding of the definition in providers and commissioners and use contract levers (eg clauses of the NHS Standard Contract; financial incentives/penalties) more effectively to increase timeliness of reporting. We are also exploring with NHS Digital options for publishing provisional and final versions of the data.
3. In addition, we will have a universal improvement offer for other TCPs, and particular support for the South Region whose challenge is repatriation.
4. To support this work, the Sustainable Improvement Team has now been recruited. Their work will enable us to build the evidence base and spread good practice.