

Report to Rutland Health and Wellbeing Board

Subject:	Transforming Care
Meeting Date:	22nd March 2016
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Presented by:	Sandy McMillan & Yasmin Surti
Paper for:	Note/Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

Background

1. In October 2015 NHS England, ADASS and the LGA published a Transforming Care national implementation plan and associated service model “Building the Right Support”.
2. The plan outlines three key expectations from Commissioners; implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
3. The national plan described the expectation of the development of area Transforming Care Partnerships. Each partnership is to consist of CCGs, NHS England’s specialised commissioners and local authorities, and will cover the whole of England. Leicestershire has been aligned as a TCP with Leicester and Rutland.
4. To support local areas with transitional costs, NHS England will make available up to £30 million of transformation funding over three years, with national funding conditional on match-funding from local commissioners. In addition to this, £15 million capital funding will be made available over three years. Transformational funding will be awarded based on a bidding process.
5. The Transforming Care Partnership was formally agreed as a function of the BCT LD work stream in December 2015. Sandy McMillan, Assistant Director (Leicestershire County Council) has been identified as the Senior Responsible Officer (SRO) to lead this area of transformation, along with Jim Bosworth, Assistant Director (East Leicestershire and Rutland CCG) who has been identified as the Deputy SRO.

Current Situation

6. The Joint Transformation planning template, the Route map and Finance template were submitted to NHSE on the 8th February and 14th March 2016.
7. Key outcomes of the plan are:
 - Strengthen community crisis response services and reduce use of commissioned inpatient beds;

- Increase community based accommodation;
 - Develop personal health budgets and integrated budget offer;
 - Redesign Short break provision;
 - Strengthen the Autism pathway;
 - Develop the workforce.
8. The national plan outlined key planning assumptions including the expectation that no area should need more inpatient capacity than is necessary to cater for:
- 10-15 inpatients in CCG commissioned beds (such as those in assessment and treatment units) per million population;
 - 20-25 inpatients in NHS England-commissioned beds (such as those in low, medium or high-secure units) per million population.
9. As of 20th January 2016 the number of CCG commissioned inpatient facilities exceeded the upper planning assumption at 26 beds per million adult population taking into consideration inpatients in LD specialist and MH specialist provision.
10. Specialised Commissioning inpatient beds are within the expected range.
11. A total of £1.2 million has been requested from the national TC programme to support the implementation of the plan with the three key financial priorities being the recruitment of a PMO for the Transforming Care plan, a Transforming Care coordinator whose role will be to case track and manage those in the LLR TC cohort and a whole age Positive Behavioural Support Planning Resource for LD and Autism
12. Plans will aim to reduce the CCG commissioned inpatient beds from the current level of 26 to 12 beds by March 2019.
- a) To support this, work has already begun to strengthen community based admission avoidance services and to target Care and Treatment Review (CTR's) for both inpatients and those deemed at risk of admission.
- b) Assuming some local transformation funding it is proposed the following key staff are recruited to ensure plan delivery:
- A senior project manager to co-ordinate delivery.
 - A care co-coordinator with responsibility to support discharge back to local provision from independent hospital and specialised commissioning placements.
13. Final submission of the plan is due on the 11th April 2016.

Health and Wellbeing Strategy

14. The Transforming Care Plan links directly to Theme Priority 4. Making Health and Social Care Services more Accessible - Hospital Discharges:
- People may stay in hospital longer than is medically required
 - Avoidance of hospital admissions

Financial implications:

1. NHSE has indicated it up to £30 million of transformation funding over three years, with national funding conditional on match-funding from local commissioners. In addition £15 million capital funding will be made available.
2. NHSE have recently released a Finance FAQ. Key points to note are:
 - a. This is live guidance subject to change & whilst it provides some clarification on financial underpinning it also raises some questions.
 - b. Further clarification is needed on how NHS England specialised commissioning budgets will be aligned to local partnerships
 - c. It indicates access to transformation funds will be on a bid basis so no guarantee all areas get some. This poses a risk to local delivery of the plan.
 - d. It appears to leave to local discretion level of NHS dowries payment for patients discharged after 5 years in hospital.
3. LLR TC investment consists of:
 - Enhancement of the LD Outreach team: £398,000 per annum.
 - LD Implementation manager supporting the TCP across 3 CCG's:£40,500 per annum.
 - LD Support Officer for Assuring Transformation Data collection and coordination of CTRs: £27,000 per annum.
 - Post diagnostic support service for people with Autism with an intellectual disability: £400,000 (business case submitted, terms and conditions not agreed).

Recommendations:

That the Health and Wellbeing Board:

1. Note the work undertaken to develop the TC plan.
2. Note the update on the financial implications.
3. Make comments to inform future iterations of the plan.
4. Delegate authorisation to the Transforming Care Partnership to submit the final plan on the 11th April, subject to approval from respective governing bodies.

Comments from the board: (delete as necessary)

Strategic Lead:		
Risk assessment:		
Time	L/M/H	
Viability	L/M/H	
Finance	L/M/H	
Profile	L/M/H	
Equality & Diversity	L/M/H	
Timeline:		
Task	Target Date	Responsibility