Transforming Care - Learning from the Fast Tracks and the Programme to Date

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Transforming Care Programme
Making it happen – turning plans to reality
The scope of the programme includes:

**Building the Right Support**

*Ensuring that there is strategy and plan for implementing the service model set out in the National plan and support the achievement of the goal of 50% reduction in total inpatient numbers.*

**Improving the Health and Health Outcomes for people with Learning Disabilities**

*Developing and implementing a strengthened Quality assurance approach. Ensuring that plans are in place to improve access to health and improve health outcomes including roll-out of a strategy and plan to improve volume and quality of key screening.*

To transform the care for people with learning disabilities focusing on reducing:

- Overuse of hospital beds
- Premature mortality
...and across the Health and Care system

In partnership with the Association of Directors of Adult Social Services, Care Quality Commission, Local Government Association, Health Education England and the Department of Health.

key work areas

• **Empowering individuals** – giving people with learning disabilities and/or autism, and their families, more choice and say in their care.

• **Regulation and inspection** – tightening regulation and the inspection of providers to drive up the quality of care.

• **Workforce** – developing the skills and capability of the workforce to ensure we provide high quality care.

All working together in order to achieve the two key outcomes of Building the Right Support and reducing premature mortality
What have we achieved?

- Published Building the Right Support and National Service Model
- 6 Fast Tracks established
- National and local governance mechanisms in place
- Mobilised wholesale national delivery through 42 new Transforming Care Partnerships (to make 48 in total) health and social care SROs in place (7 local authority SROs)
- Embedded Care and treatment reviews to support right care in the right place for individuals – over 3000 CTRS now completed
- Published update to *Who Pays* guidance and commitment from DH to update regulations to clarify changed NHS Responsible Commissioner Guidelines for s117
- Started the work on understanding the children and young people’s population and awarded grants in excess of £800,000 and surveyed 52 week placements
- Consulted, engaged and revised
- Created new opportunities and piloting of new ways of working
- Established working groups and task specific groups
- Discharged more people than were admitted
- Helped changed people’s lives
What have we learned?

- Change is complex
- Data is important
- Governance is helpful
- Funding is crucial
- Timescales are challenging
- The reward is worth it
What's still to do?

By the end of 2016/17:

• We will be a third of the way along our three-year journey to shut inpatient capacity and build better support in the community for people with a learning disability and/or autism:

• Health and care commissioners will have drawn up their plans for transformation and will be delivering against them – including NHS England as the commissioner of specialised services

• We will have put in place a framework of support to help local commissioners build up community services and close hospital beds (inc reformed funding flows, better data to support the management of performance, best practice guidance, and practical support for local leaders to learn from each other)

• More people with a learning disability and/or autism will be living in their own homes in the community, and the number in hospital will have fallen

• We will have improved access to NHS services for people with a learning disability, laying the groundwork for long-term decline in levels of premature mortality:

• The proportion of people with a learning disability that are known to GPs will have increased, and more of them will be receiving an Annual Health Check from their GP

• Rates of screening for the major causes of death amongst people with a learning disability will have risen, and people with a learning disability will have better access to evidence-based pathways to address those illnesses

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What are the tricky issues?

- Pace of change
- Competing priorities
- Alignment of budgets and funding flows
- Alignment of footprints
- Delivering new models of care
- Improving quality of care
- Improving experience of care
Next Steps

• Improvement programme being mobilised to support system change and learning:
  • Networking and buddying – learning focus
  • Commissioning and provider development / pilots
  • Alignment of effort and resources around leadership development – with HEE and Skills for care/health
  • Extra support for challenged systems
  • Testing finance issues with 3 TCPs to accelerate learning
• Changing spec comm case management responsibilities – from May identifying originating spec comm hub instead of contract host, re-look at £ for originating hub and re-align to TCP and local budgets
• Delivering the Change – TCP plans formalised and signed off ready to go from July
• Evaluating Impact – commissioning formal and real time feedback as we go to stay on track
Discussion