

CCG Board

Date of meeting		28 November 2019	
Agenda Item	6.1	Paper No	WHCCG19/111

NHS Continuing Healthcare and Learning Disability Highlight Report (November 2019)

Key issues	This paper updates the Board on the NHS Continuing Healthcare and Learning Disability (LD) Commissioning performance and activities in October 2019.
Actions requested / Recommendation	The West Hampshire Clinical Commissioning Group Board is asked to review the Continuing Health Care and Learning Disability Highlight Report (November 2019), and consider the associated risks and mitigations.
Principal risk(s) relating to this paper	Risks are reported as relating to the Continuing Health Care (CHC) adult time to decision target
Other committees / groups where evidence supporting this paper has been considered.	This joint report has also been presented to CHC Performance and Governance Committee
Financial and resource implications / impact	There are no direct financial / resource implications / impacts relating to this report.
Legal implications / impact	There are no direct legal implications / impacts relating to this report.
Public involvement – activity taken or planned	Not applicable
Equality and Diversity – implications / impact	There are no direct equality and diversity implications / impacts relating to this report.
Report Author	Ciara Rogers, Associate Director, Continuing Health Care
Sponsoring Director	Ellen McNicholas, Director of Quality (Board Nurse)

Date of paper	21 November 2019
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NHS Continuing Healthcare and Funded Nursing Care Learning Disabilities

Performance Report
Month 7 2019/20

Ciara Rogers, Associate Director NHS Continuing
Healthcare and Placements



CHC Performance Summary October 2019

Waiting List for CHC Assessment:

- People waiting for CHC assessment increased in October 2019 to 180 from 163. This is as a result of the highest demand for new assessments we have had in one month with 140 positive checklists. The majority of this increased demand was in West Hampshire CCG
- Number of people waiting more than 28 days for a CHC assessment decreased from 119 to 97
- Number of people waiting more than 12 weeks has reduced from 107 in April 2019 to 22

Location of CHC Assessments:

- All 5 Hampshire CCGs are consistently meeting the 85% assessments in the community target

Retrospectives: CHC Assessment:

- Reduced from a peak of 123 in February 2019 to 112 in September 2019
- 3 additional staff have been recruited to clear the retrospective waiting list
- WHCCG are outsourcing 34 retrospective assessments to CHC Direct

Decision Making:

- 21% of people assessed for CHC were found eligible - comparable to the national average

Fast Track CHC:

- Sharp spike in demand with 253 applications, demand was particularly high in month in West Hampshire CCG
- Average time to ratify increased to 4 days for West Hampshire and South Eastern Hampshire CCGs
- Average time to source care Fast Track – 8 days (including weekends)
- Ratification and sourcing are quicker for acutes than community
- Actions to reduce the time to source include moving the brokerage function to duty teams, increasing the number of Fast Track contract beds and commissioning a dedicated Fast Track care at home service

Appeals and Complaints:

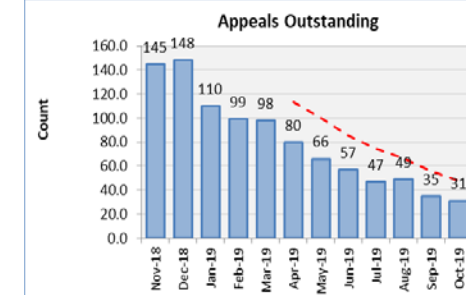
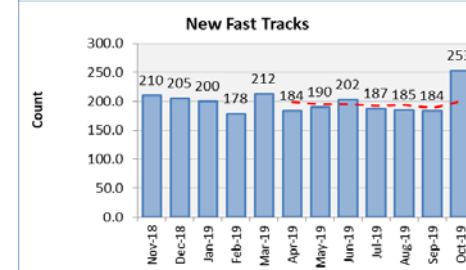
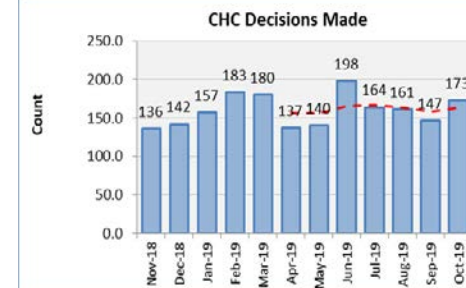
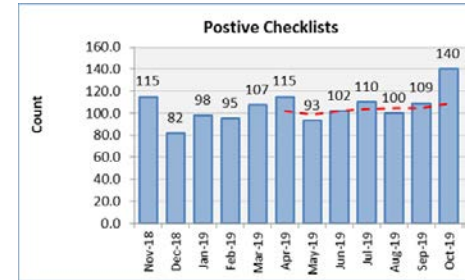
- Local appeals in 90 days target is being met for new appeals
- Number of outstanding appeals decreased from 148 in December 2018 to 31 in October 2019

Independent Review (IR) by NHS England:

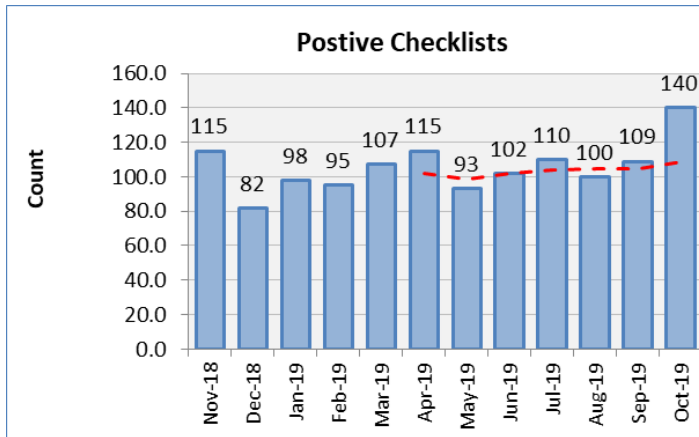
- Due to Hampshire CCGs clearing the waiting list for CHC assessment and local appeals there is now a backlog of 222 people waiting for an IR. Improvement plan is being developed.

3 and 12 month review

- 114 reviews were carried out in October 2019



CHC Full Assessment Demand

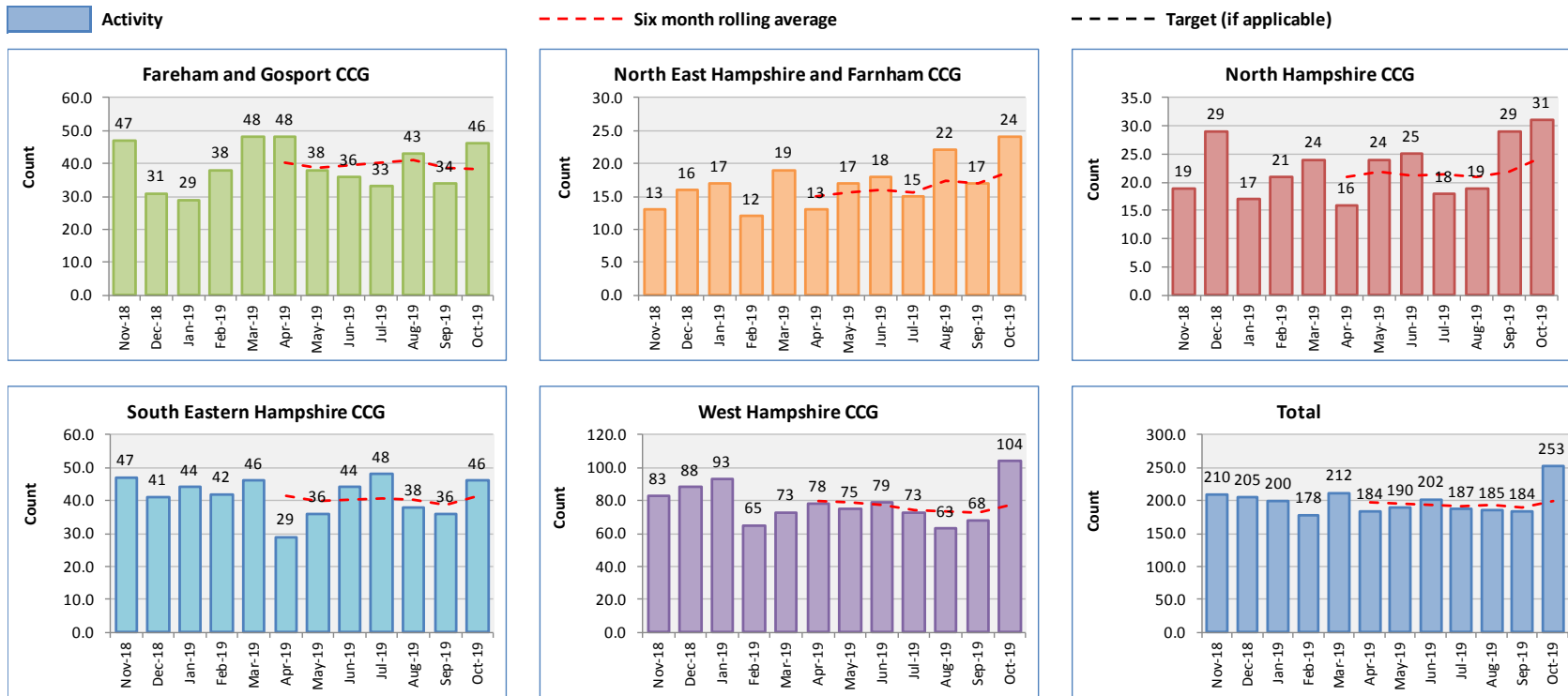


There were 140 positive checklists in October 2019. The demand pressure this month is highest in West Hampshire CCG. The quarter on quarter demand is highest in South CCGs.

CCG	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Graph (highlighting high and low points)	Qtr on Qtr Change	Qtr on Qtr Change %	High	Lowest Month With Activity
Fareham and Gosport CCG	24	15	20	11	12	14	15	13	15	19	21	21		18	42%	24	11
North East Hampshire and Farnham CCG	15	15	16	25	24	27	8	29	17	16	21	15		-2	-4%	29	8
North Hampshire CCG	16	14	12	16	18	15	13	11	15	10	22	11		4	10%	22	10
South Eastern Hampshire CCG	21	9	20	12	12	23	14	12	17	21	12	20		10	23%	23	9
West Hampshire CCG	36	27	28	31	39	35	43	37	45	34	31	72		12	10%	72	27
Other CCGs	3	2	2		2	1			1		2	1				3	1
All CCGs	115	82	98	95	107	115	93	102	110	100	109	140		44	14%	140	82



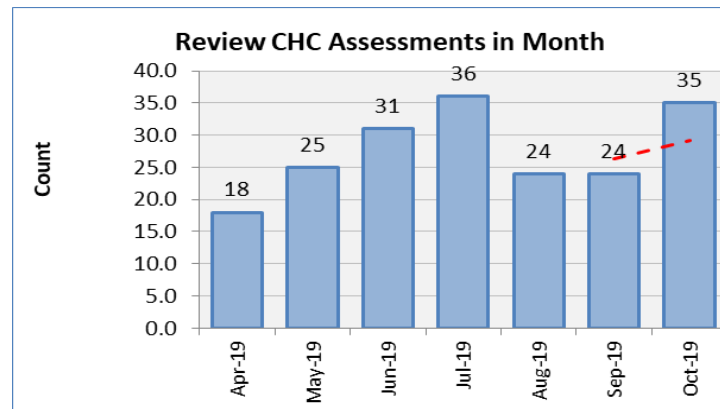
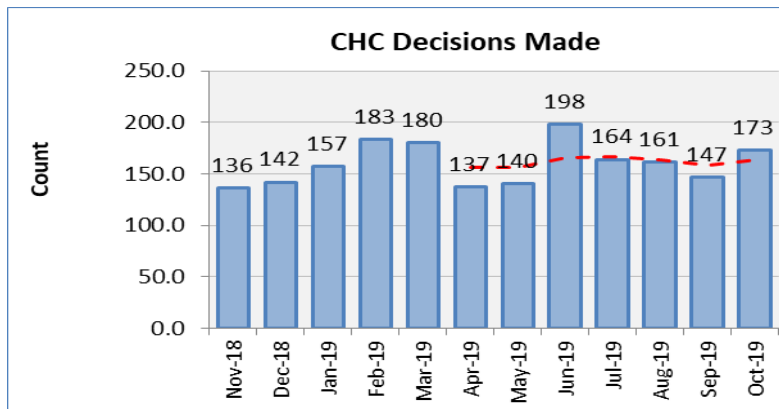
Fast Track Demand



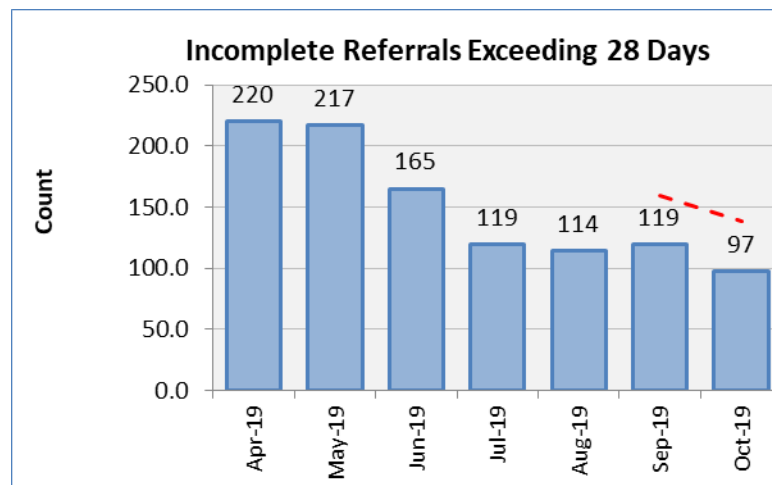
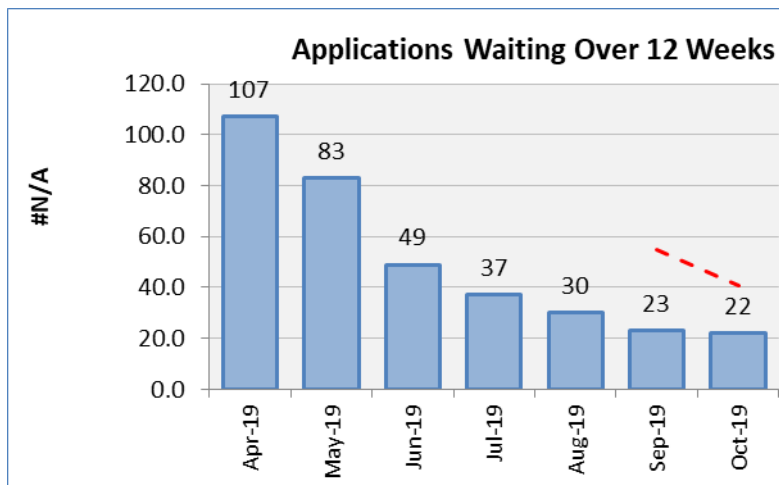
Fast Track activity has had a sharp spike in October 2019. Demand was high in all CCGs but particularly in West Hampshire CCG with 104 new Fast Track assessments in October 2019



Number of CHC New Application Decisions



The number of decisions per month has gone up significantly since September 2018. The service is increasing the number of review CHC assessments for people who may no longer be eligible. The number of people waiting for more than 12 weeks have decreased steadily since November 2018 and is now at 22 people across all 5 CCGs



CHC Assessment Waiting List by CCG (Excluding Acute and D2A)

19 November 2019

CCG	Total Waiting	Over 12 weeks	Over 28 days	Cancelled in October
Fareham & Gosport	19 (2 LD)	2 (1 LD)	8 (1 LD)	21
South Eastern Hampshire	19 (1 LD)	0 (0 LD)	14 (3 LD)	
North East Hampshire	23 (3 LD)	3 (3 LD)	10 (4 LD)	2
North Hampshire	18 (4 LD)	2 (2 LD)	11 (1 LD)	3
West Hampshire	85 (15 LD)	12 (7 LD)	57 (14 LD)	5
Total	164 (25 LD)	19 (13 LD)	100 (23 LD)	2 due to CHC 6 due to individual 23 due to Social Work

Of the 164 people on the waiting list on 19 November 2019

- 15 (9%) have had a CHC assessment and are with hub for a final decision (ratification, panel or dispute)
- 17 (10%) have had a CHC assessment and paperwork is being finalised for submission to the hub
- 106 (64%) have a CHC assessment scheduled
- 30 (17%) require the assessment to be scheduled

The waiting list remains the same as this time last month and reduction is limited by

- Increased demand
- Challenges with social worker allocation and cancelled assessments, particularly in South CCGs
- Capacity required for reviews and review DSTs, case management and safeguarding

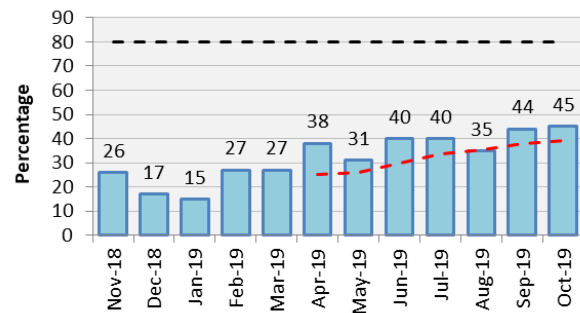


Performance: 28 Days to Decision

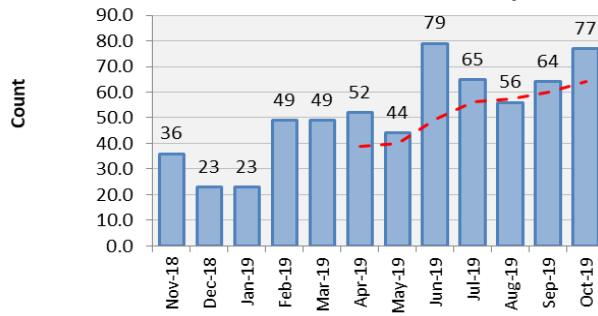
The percentage of applications closed in month that were completed in 28 days remains below target as expected. This is because we are closing an increasing number of older applications all of which are over 28 days.

Performance for all 5 CCGs was 45% against a target of 80%.

Percentage of Decisions Made in 28 Days - Full Applications



Number of Decisions Made in 28 Days



Days to decision – CHC full applications	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Total
5 CCGs									
Number completed	180	137	140	198	164	161	147	173	1,300
Number completed within 28 days	49	52	44	79	65	56	64	77	486
% completed within 28 days	27%	38%	31%	40%	40%	35%	44%	45%	37%
West Hampshire									
Number completed	63	42	53	79	66	55	40	45	443
Number completed within 28 days	17	15	18	30	26	20	19	18	163
% completed within 28 days	27%	36%	34%	38%	39%	36%	48%	40%	37%
Fareham and Gosport									
Number completed	27	18	19	29	24	29	27	31	204
Number completed within 28 days	6	7	10	12	4	12	14	16	81
% completed within 28 days	22%	39%	53%	41%	17%	41%	52%	52%	40%
South Eastern Hampshire									
SE Number completed	35	32	26	21	20	30	30	44	238
Number completed within 28 days	7	12	5	6	12	11	11	21	85
% completed within 28 days	20%	38%	19%	29%	60%	37%	37%	48%	36%
North Hampshire									
N Number completed	25	29	19	34	26	21	21	17	192
Number completed within 28 days	11	11	7	14	14	7	9	7	80
% completed within 28 days	44%	38%	37%	41%	54%	33%	43%	41%	42%
North East Hampshire									
NE Number completed	28	14	23	33	26	23	26	33	206
Number completed within 28 days	6	5	4	15	7	4	11	13	65
% completed within 28 days	21%	36%	17%	45%	27%	17%	42%	39%	32%

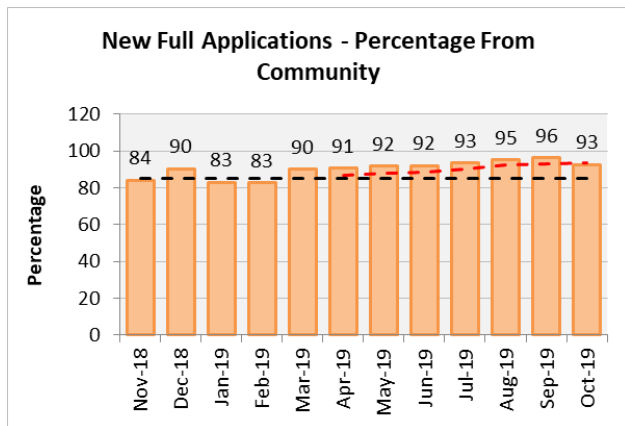


Performance: Assessments in the Community

Across the 5 CCGs performance in October 2019 was 93% against a target of 85%.

All CCGs met the target in month with 4 CCGs meeting the target for 6 months in a row. This is as a result of CHC Discharge to Assess (D2A) being fully implemented across Hampshire

Assessments in the Community	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Total
5 CCGs									
% Community	90%	91%	92%	92%	93%	95%	96%	93%	93%
Acute	11	10	9	12	9	5	4	11	71
Community	101	99	103	141	128	97	107	138	914
Total	112	109	112	153	137	102	111	149	985
West Hampshire									
% Community	100%	88%	92%	89%	96%	98%	97%	92%	94%
Acute	0	4	4	6	2	1	1	3	21
Community	36	30	47	50	55	39	29	35	321
Total	36	34	51	56	57	40	30	38	342
Fareham and Gosport									
% Community	89%	100%	87%	90%	100%	100%	100%	100%	96%
Acute	2	0	2	2	0	0	0	0	6
Community	16	14	13	19	22	13	28	32	157
Total	18	14	15	21	22	13	28	32	163
South Eastern Hampshire									
% Community	88%	86%	100%	94%	86%	94%	92%	85%	90%
Acute	2	3	0	1	3	1	2	5	17
Community	15	19	12	15	19	16	23	29	148
Total	17	22	12	16	22	17	25	34	165
North Hampshire									
% Community	88%	100%	100%	97%	82%	93%	100%	88%	94%
Acute	2	0	0	1	3	1	0	2	9
Community	15	23	13	32	14	13	12	15	137
Total	17	23	13	33	17	14	12	17	146
North East Hampshire									
% Community	77%	81%	86%	92%	94%	88%	93%	96%	89%
Acute	5	3	3	2	1	2	1	1	18
Community	17	13	18	24	17	14	14	25	142
Total	22	16	21	26	18	16	15	26	160



Performance: Conversion of Checklist to Eligibility

Conversion of Checklist to Eligibility	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Total
5 CCGs									
Eligible	43	32	27	37	32	25	34	30	260
Not Eligible	137	105	113	122	136	136	113	143	1,005
% Eligible	24%	23%	19%	23%	19%	16%	23%	17%	21%
West Hampshire									
Eligible	19	10	10	16	10	9	12	8	94
Not Eligible	44	32	43	52	56	46	28	37	338
% Eligible	30%	24%	19%	24%	15%	16%	30%	18%	22%
Fareham and Gosport									
Eligible	3	6	5	7	5	3	3	2	34
Not Eligible	24	12	14	16	20	26	24	29	165
% Eligible	11%	33%	26%	30%	20%	10%	11%	6%	17%
South Eastern Hampshire									
Eligible	9	7	5	3	6	3	9	9	51
Not Eligible	31	26	25	21	13	17	27	21	181
% Eligible	23%	21%	17%	13%	32%	15%	25%	30%	22%
North Hampshire									
Eligible	9	5	3	6	4	4	3	3	37
Not Eligible	20	16	24	16	22	22	17	18	155
% Eligible	31%	24%	11%	27%	15%	15%	15%	14%	19%
North East Hampshire									
Eligible	3	4	4	5	7	5	7	6	41
Not Eligible	25	10	19	17	19	18	19	27	154
% Eligible	11%	29%	17%	23%	27%	22%	27%	18%	21%

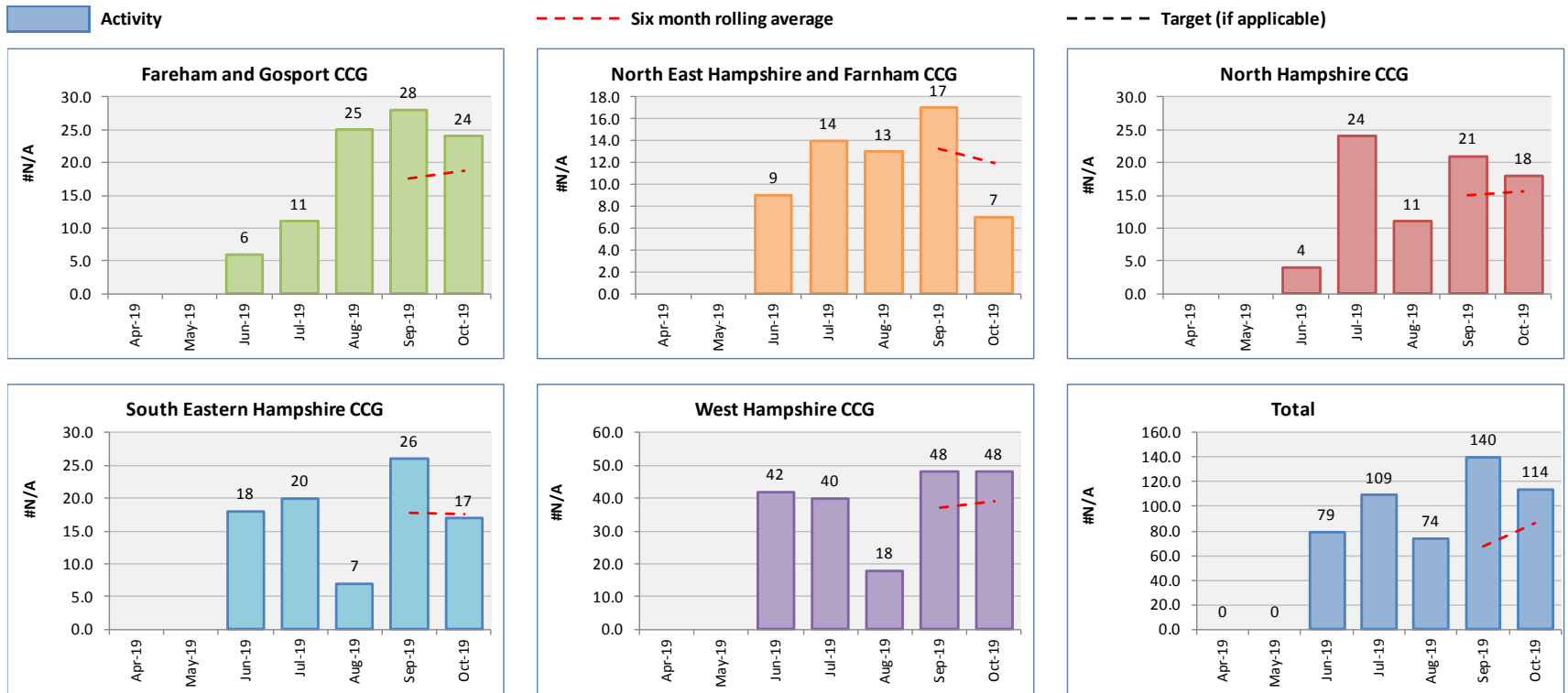
The current conversion rate is 21% across all 5 CCGs.

This is as expected and demonstrates robust decision making and ratification in line with the national framework and national average

As we increase the number of review DSTs we would expect the eligibility rate to decrease



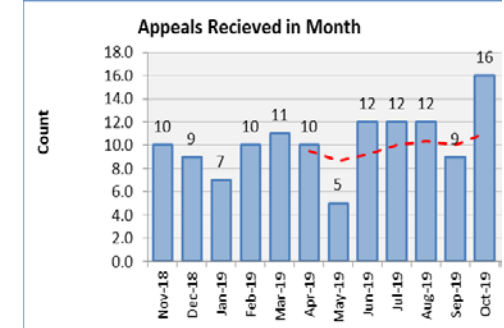
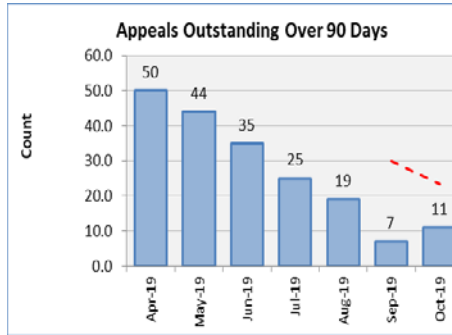
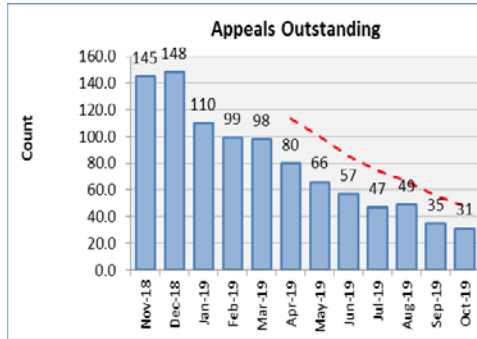
Reviews Completed Per Month (3 month and annual, CHC and Fast Track)



As per the agreed work plan the focus on reviews has been scaled up since June 2019

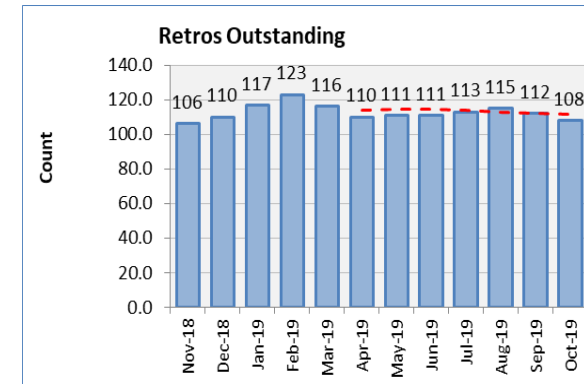
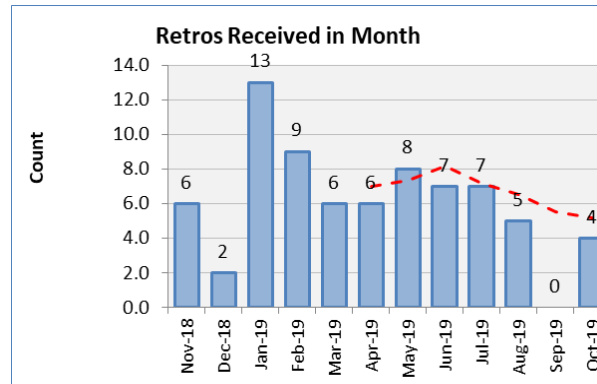
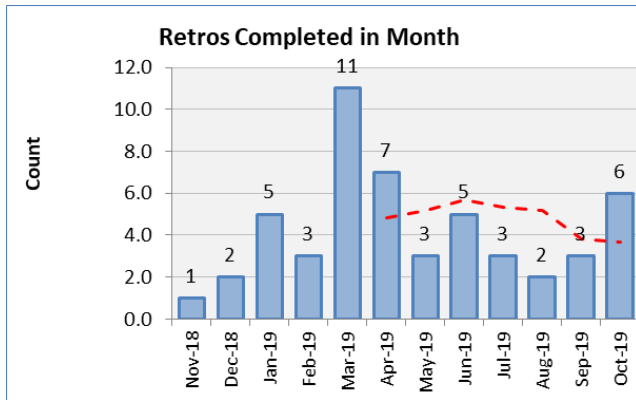


Local Appeals and Retrospectives

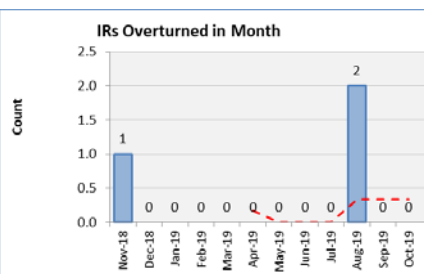
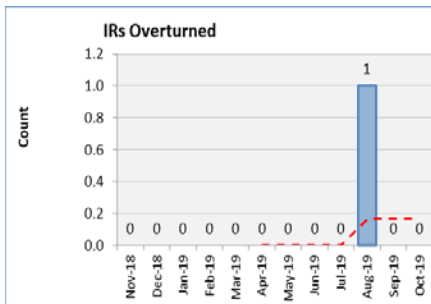
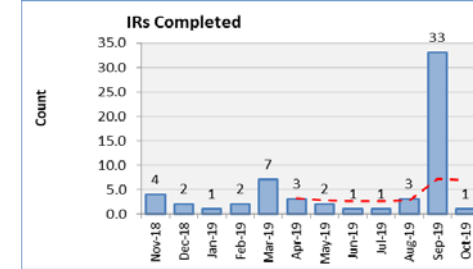
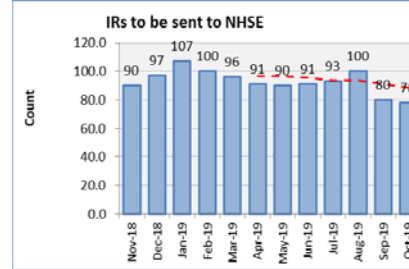
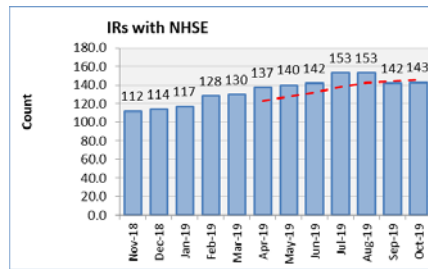
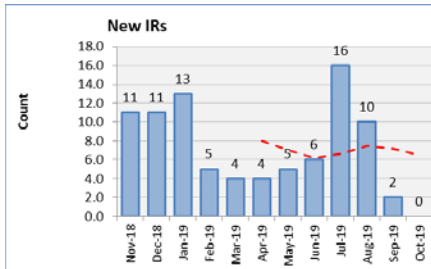


Number of outstanding appeals decreased from 35 to 31 with 16 new appeals received in month. The number of appeals over 90 days has increased from 7 to 11

3wte CHC Specialist Practitioners have been recruited to the hub team to manage the backlog of retrospectives. In addition West Hampshire CCG is outsourcing 34 retrospectives to CHC Direct



Independent Review NHS England



Over 2012 to 2015, due to increased demand and a lack of resources in the NHS Continuing Healthcare service, a backlog of requests for assessment for NHS Continuing Healthcare funding built up. In 2016 a significant investment was made to reduce this backlog. Clearing the backlog of assessments then led on to an increased demand for 1) local appeals of assessment decisions to be carried out by the CCG and 2) requests for NHS England to carry out an Independent Review if the person remained unhappy with the CCG decision.

The Hampshire CHC service has a higher number of people requesting Independent Review than other CHC services. Our decisions are being upheld as sound however due to poor process and poor communication people are unhappy with the outcome.

Getting the decision right the first time and good communication are the keys to reducing the numbers of Independent reviews.

A proposal has been submitted to NHSE for £50k for administration support to get all remaining files sent to NHSE



CHC Locality Team Staffing

WHCCG						SEFGCCG						NNEHCCG					
Band	Est'ment WTE	In Post WTE	Appointed yet to start WTE	Vacancies WTE	Agency Staff	Band	Est'ment WTE	In Post WTE	Appointed yet to start WTE	Vacancies WTE	Agency Staff	Band	Est'ment WTE	In Post WTE	Appointed yet to start WTE	Vacancies WTE	Agency Staff
8	1	1	0	0	0	8	1	1	0	0	0	8	1	0.8	0	0.2	0
7	1	1	0	0	0	7	1	1	0	0	0	7	1	0.8	0	0.2	0
6	13.59	8.8	3	1.79	3	6	11	9.8	2.6	-1.4	1	6	8.2	6.5	1.8	-0.1	2
5	2.74	2	0.6	0.14	0	5	2.8	2.4	0	0.4	0	5	2	1	0	1	0
4	2	2	0	0	0	4	2	2	0	0	0	4	2	2	0	0	0
3	8.3	8.3	0	0	0	3	5	4	0	1	0	3	4.8	2.13	2	0.67	0
Total	28.63	23.1	3.6	1.93	3	Total	22.8	20.2	2.6	1	1	Total	19	13.23	3.8	1.97	2

- Band 6 Specialist Practitioner recruitment has been successful
- West Locality remains in a more challenged position than South and North Localities
- LD team and hub team staffing is in a good position
- All new staff will require training in CHC to ensure they are competent assessors and decision makers



Fast Track Winter Capacity

Fast Track Care at Home

- Agincare will provide block purchased Fast Track Care at Home
- Agincare have operated a similar service in partnership with NHS Solent in the Portsmouth area which delivered good outcomes for patients
- They will operate from 3 bases across Hampshire: Basingstoke, Alton, and Totton and provide 200 hours of carer time per week from each base
- The services are not restricted to any particular geography but the majority of visits should be within 10-15miles of the bases in order to minimise unproductive travelling time
- Services are due to commence the week beginning 25 November 2019 and run to 31 March 2019

Fast Track Nursing Home Care

- Evaluation of our existing block purchased Fast Track Nursing Home placements has demonstrated that patients are admitted into these beds significantly faster than when we have to spot purchase and they have proven to be cost effective. However, we are still spot purchasing the majority of this care, so we need to block purchase more beds
- A competitive tender will shortly commence to secure additional capacity for the longer term. In the meantime, we have block purchased additional 10 beds for the winter period (until end of March 2019)



Rate Cards for Care at Home

Previous way of working

Packages of care at home recorded as a weekly rate, no reportable breakdown of what care is to be provided each day

Action taken

Significant progress made in getting Rate Cards in place for care at home providers that specify the number of hours per day, cost per hour and number of carers per visit

Effect

Improved visibility of what we commission; which will improve strategic planning, reviews, and provider accountability.

Next Steps

- Consolidating Rate Cards
Many providers have multiple rate cards
Establishing Rate Cards per provider will enable us to better manage prices and streamline the annual inflationary uplift process.



Transformation – Q2 Achievements



1. Personalisation and PHBs

10 new PHB between April & Sept 2019, 10 already agreed/in progress for Q3

- PHB training sessions delivered
- Each Locality team now has a PHB Specialist Practitioner in place
 - Ellie Slatter, South Locality
 - Anni Davies, West Locality
 - Robert Mbay Kabwik, North Locality
- PHB panel launched – “meet” with 2 working days of request. Ensuring oversight and consistent decisions for new and revised PHBs
- PHB Train the trainer sessions with NHS England completed
 - Bridget Colbran
 - Ellie Slatter
 - Paris Downes
- PA training Group re-established - mapping and consolidate jointly with HCC all training opportunities available to PAs in health and social care.
- Direct Payment Support Service contract to commence in November 2019
- Reviews identifying governance issues to be resolved and surplus monies



Transformation - Q2 Achievements

2. 28 Days Project Group

On track to deliver the 28 day to decision target in Spring 2020

- Perfect week to test referral hub
- Shadowing by senior project manager to understand the process & challenges faced in the localities. Addressing these in the project group.
- Scheduling tool– testing with locality and LD teams to support capacity planning. Feedback before end October and decision about using this will be made.
- Evidence Task & Finish Group delivered recommendations for changes to how information should be recorded on checklist and DST to support standardising our approach– using **Needs, Interventions, Risk, Evidence (NIRE)**. Training will be delivered to teams with introduction of standard by end November 2019.
- New Social worker arrangements to support review DSTs and DST generated from FNC applications
- HCC have committed to MDT meeting at approx. day 17 for referrals form a SW.



Transformation - Q2 Achievements

3. Digitisation

- Portable scanners now available to each team.
- CHIE available for all SPs, training sessions with each team.
- E-referral portal pilot underway – promising results to date.
- NHSE Digital Pioneer Programme funding to support roll out of the e-referral portal – training lead and data admin – new opportunity for team- watch this space. Subject to successful pilot with external referrals roll out will commence end November.
- Digital Transformation Project Group met for the 1st time.

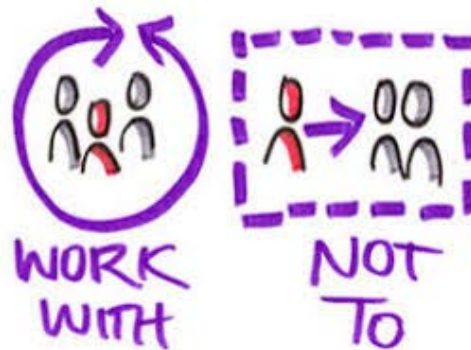
Aim: Identify the CHC service's priorities for digitising the CHC process



Transformation - Q2 Achievements

4. Co-Production and User Participation

- The Working Together Group has expanded further with the MP for Fareham and the Chair of the North Hampshire CCG Patient Participation Group having joined as members
- The CHC Leaflet design has been finalised and now in the final stages of sign off.
- PHB leaflet has been drafted
- Attended AGM with co-production group members – raising the profile of CHC
- A workshop has been held with the digital transformation group to begin scoping the CHC Website redesign – coproduction group will be supporting how we ensure our website is accessible and user friendly.
- The group has been involved in national patient portal scoping exercise as a critical friend.
- Revising the patient feedback survey – due to be launched before the end of the year.



Locality Duty Teams

Purpose: To improve our communication with referrers and clients through direct contacts and reduce the time it takes to get care in place by integrating the brokerage function into the locality teams and providing clinical oversight

Role:

- Fast Track eligibility decisions and sourcing care
- First point of contact for people who are CHC and Fast Track funded
- CHC sourcing care and changes in packages of care

Each team has Specialist Practitioner(s), a Duty Admin Lead and Duty Administrator(s) based together in our three offices: Fareham, Bartley and Aldershot.

We no longer have a central brokerage team based in Fareham.

- Redesign took place from July to November 2019
 - HR consultation Job redesign & skill mix
 - Recruitment
 - LEAN process redesign
 - Training
 - Launch on 4 November 2019

Early Impact – reduced time to get care in place, will be evaluated over the next three months

Quality services, better health



Developing Practice Standards

CHC Competency Framework / Practice Standards task and finish group to develop the following to be in use by 01 April 2020. All five aspects below should be integrated into a single approach to Practice Standards

1. Competency Framework based on NHSE SIP framework
2. Learning and development plan to support competencies
3. Improved 1:1 format and structure to focus on competency
4. Standard Operating Procedures and/or Handbook
5. Governance and assurance process to assess practice standards at individual, team and service level

Quick Wins:

- Operational Managers / Clinical Leads to assess the competencies of their staff in key areas of practice that they are currently involved in by auditing a selection of their work
- Business Support to provide more visibility of current training compliance rates for all staff to Leadership Team



Learning Disability – Work plan progress summary

Integration & ICS Alignment	National Target	QIPP	Start Date	Delivery Date	Service Lead	RAG Sep-19	RAG Oct-19	Notes
LD Placement Integration with HCC (Ops team, budget & commissioning)		No	Apr-19	Mar-20	Ciara Rogers	Amber	Amber	Timelines extended due to implementation challenges, new timeline April 2021

Learning Disability Commissioning	National Target	QIPP	Start Date	Delivery Date	Service Lead	RAG Sep-19	RAG Oct-19	Notes
S117 and CHC LD Teams Integration	No	No	Apr-19	Mar-20	Enilson Mateus	Completed	Completed	Completed
Transforming Care Inpatient Discharges	Yes	No	Apr-19	Ongoing	Enilson Mateus	Green	Green	Number of inpatients remain below national and regional targets
Annual Health Checks (AHC)	Yes	No		Ongoing	Enilson Mateus	Amber	Amber	Strategic Health Facilitators continue to work with GP practices to improve uptake of AHCs. Meeting held with WHCCG Primary care commissioners and NHCCG MHLDC commissioner to discuss how primary care commissioners can support the achievement of the 75% target for 20/21
Learning Disabilities Mortality Review (LeDeR) Programme	Yes	No		Ongoing	Enilson Mateus	Green	Green	Learning, themes and issues identified by the LeDeR steering group will now be discussed at the second part of the the SHIP TCP Leadership Board.
SHFT LD service redesign	No	No	Apr-19	Oct-21	Enilson Mateus	Green	Green	Commissioning model developed and in the process of being agreed with Hampshire and Southampton CCGs

Complex Placements Commissioning and Contracting	National Target	QIPP	Start Date	Delivery Date	Service Lead	RAG Sep-19	RAG Oct-19	Notes
Develop Commissioning and Contracting functions within the team	No	Yes	Apr-19	Jun-19	Enilson Mateus	Completed	Completed	Posts recruited to and objectives agreed
Develop and implement contractual arrangements with private providers	No	Yes	May-19	Mar-20	Enilson Mateus	Green	Green	Contracts sent to 95% of providers; awaiting to be signed off and returned
Develop and implement an Age Transition commissioning pathway	No	Yes	May-19	Mar-20	Enilson Mateus	Green	Green	Commissioning officer regularly attending Transforming Transition Panel
Review 100% health panel	No	No	Jun-19	Sep-19	Enilson Mateus	Amber	Amber	Being discussed as part of placements integration between CCG and HCC



Community Learning Disability Service Review - Highlight Report

Reporting Period	Sep-Oct
Delivery against Milestones BRAG	

Green	Key Milestones completed/project on schedule
Amber	Key milestones within 30 days of schedule/work underway to address delays
Red	Key milestones behind schedule (30+days)/significant issues to delivering agreed outcomes
Black	Multiple key milestones are significantly behind schedule. Sponsor identified significant risk to outcomes being achieved

What's happened this period?	What's coming up in the next period?
<ul style="list-style-type: none"> • Development of Commissioning Model for the reviewed service • Commissioning work stream project plan developed 	<ul style="list-style-type: none"> • Agree final version of commissioning model • Develop and agree case for change • Develop an easy read version of the commissioning model • Set up task and finish groups to develop service specification

Risk and Issues

Risk/Issue Description	Impact	Mitigation
<ul style="list-style-type: none"> - No resource (time and staff) identified to lead or delivery on actions - Lack of engagement of commissioning leads for physical health (acute and community services) 	<p>High</p> <p>High</p>	<ul style="list-style-type: none"> - Regular conversations at programme board - Added to the commissioning working group risk log and discussed at commissioning working group meetings



SHIP Transforming Care Partnership - Highlight Report

Reporting Period	Sep - Oct
Delivery against Milestones BRAG	Green

Green	Key Milestones completed/project on schedule
Amber	Key milestones within 30 days of schedule/work underway to address delays
Red	Key milestones behind schedule (30+days)/significant issues to delivering agreed outcomes
Black	Multiple key milestones are significantly behind schedule. Sponsor identified significant risk to outcomes being achieved

What's happened this period?	What's coming up in the next period?
<ul style="list-style-type: none"> Bids Submitted to NHSE for additional funding to improve care and reduce admissions were successful Learning Disability and Autism plans submitted as part of the STP LTP report 	<ul style="list-style-type: none"> Review Leadership board's ToR Continue to discharge inpatients as per plan in place Redesign Hampshire Dynamic Risk Register meetings

Risk and Issues			
Risk/Issue Description	Impact	Mitigation	Escalation to STP
<ul style="list-style-type: none"> Inability to recruit or retain staff due to delays in receiving second part of funding to develop/improve community services Financial system pressure to H&IoW TCP (reported as £12.8m in 2018/19's TCP finance plan) 	Medium	Regular conversations with NHSE Finance Manager for LD Transforming Care NHSE have been made aware via TCP finance plan and various meetings CFOs aware of risk	No
	High		No

Hampshire Transforming Care Partnership Inpatients

CCG Funded Adults				
CCG Name / Length of Stay		Number of Inpatients (as at 04.11.19)	YTD Discharges	OoA
WH CCG	<= 3.5 yrs	6	6	2
	> 3.5 yrs	0		
NH CCG	<= 3.5 yrs	0	0	0
	> 3.5 yrs	0		
SEH CCG	<= 3.5 yrs	0	1	0
	> 3.5 yrs	0		
F&G CCG	<= 3.5 yrs	2	2	0
	> 3.5 yrs	1		
NE&F CCG	<= 3.5 yrs	1	0	0
	> 3.5 yrs	1		
Total		11	9	2



Hampshire Transforming Care Partnership Inpatients

Specialised Commissioning Adults

CCG Name	Number of Inpatients (as at 04.11.19)
WH CCG	8
NH CCG	4
SEH CCG	4
F&G CCG	0
NE&F CCG	1
Total	17

CAMHS

CCG Name	Number of Inpatients (as at 04.11.19)
WH CCG	3
NH CCG	1
SEH CCG	0
F&G CCG	0
NE&F CCG	3
Total	7