Quality Impact Assessment (QIA) 2019/20

Project Ownership (Section A)

Project Name	Transforming Care Programme, Community Model and bed reduction.
Project UI Number	
Quality Of Care Statement	
Project Board	Transforming Care Partnership Board
Project Lead	Kulbinder Thandi
Exec Lead	Helen Hibbs
Quality Lead	Tom Richards, Sandwell & West Birmingham CCG
Clinical Lead	NA

Project Overview (Section B)

The Transforming Care Programme (TCP) aims to improve the lives of children, young people and adults with a learning disability and/or autism that display behaviours that challenge including those with a mental health condition. the mandate to reduce hospital beds followed the Winterbourne Review. The TCP programme has 3 key aims: a) To improve **quality of care** for people with a learning disability and/or autism. b) To improve **quality of life** for people with a learning disability and/or autism. c) To enhance community capacity, thereby **reducing inappropriate hospital admissions and length of stay.**
Transforming Care is all about improving health and care services so that more people can live in the community, with the right support, closer to home.

Quality Indicators

National reduction of people requiring assessment and treatment beds:
CCG level: 10-15 per million population **NHSE:** 20-25 per million population
Black Country TCP 2018/19: CCG level: 16, NHSE level: 27 (including children and young people)   **Black Country TCP**
2019/20: CCG level adults 19, NHSE level adults: 19, children and young people: 5

PLANNING ASSESSMENT (Section C)

	Quality Improvements of the Project:	Possible Concerns of the Project:
For Patients (safety and experience)	Improved outcomes for people with learning disabilities and/or autism. People will be 'closer to home' and remain well within their own home. There will be a reduction in the need for Assessment and Treatment beds as per NHSE Transforming Care Mandate as the loccal clinical community teams evolve to provide support within the community and minimise the need for crisis admissions.	Potential lack of assessment and treratment beds and service provision should admission be required. Increasing complex patients managed within community settings
For the CCG	The proposed new clinical service model will consist of a community learning disability team within each locality, a new Community Forensic service and new a Community Intensive Support Service which will cover the whole of the Black Country TCP/STP footprint . The services will be in addition to the existing services across the Black Country and provide consistency and flexiblity but also meet the needs of the local population in each area.	Potential lack of assessment and treratment beds and service provision should admission be required. If not implemented lack of alignment with national TCP model
For Effectiveness of Care	The purpose of the new model is to prevent people from entering crisis and receive appropriate care at the right time to minimize the potential risk of hospital admission. Patients will receive care within a familiar environment in own setting. This will provide increased patient experience and satisfaction and potentially minimize anxiety.	Lack of resouces to provide intervention in a timely manner which impact on effectiveness of care.
For Service Quality	There will be an equitable service across the Black Country TCP footprint, this includes standardisation of quality measures allowing a more joined up colloborative approach to monitoring quality by the Black Country Learning Disability Commissioners.	Risk of higher acuity patients not being able to access quality care in an appropriate setting.

RISK GRADING (Section D)

Risk Grading
Risk of Possible Concerns Occurring

	Likelihood Score	Consequence Score	Overall Risk Score: Likelihood x Consequence (L x C) = R (Risk score)	Overall Risk Grade
Patient Safety	1	2	2	1 to 3: Low Risk
Patient Experience	1	1	1	1 to 3: Low Risk
Clinical Effectiveness	1	2	2	1 to 3: Low Risk

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur.possibly frequently

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Clinical Review (Section E)

GP / Clinical Name	NA
Date	
Comments	

APPROVAL (Section F)

Project Lead	Kulbinder Thandi	Quality Lead	Tom Richards/Yvonne Higgins/ Sukhi Parvez
Date	01/07/2019	**Date**	01/07/2019
Comments	Quality is the key to success of this programme. The intention has been to deliver high quality, responsive services for people with learning disabilities and/or autism. The new services: Community Forensic Team and the Intensive Support team have been co-produced in collaboration across the 4 CCGs and BCPFT, and partners including the 4 local authorities. The new services have been commissioned on the TCP/STP footprint as mandated by NHSE and 'Building the Right Support'. In order to ensure quality is continually being monitored and reviewed, the commissioners, BCPFT, and quality leads from each CCG have worked together to agree the (SQPR) service quality performance review indicators. We all acknowledge that the service is evolving and maturing as it responds to the needs of the patients and that the quality issues will change. In agreement with BCPFT, we are continually monitoring on a monthly basis and will review as part of the service reviews. The SQPR is reported to the 'one commissioner' learning disability contract review meetings and the Clinical Quality Review meetings (CQRM). As the new community model has developed there has been a natural significant reduction in the usage of beds, people are being admitted only when clinically appropriate and more people are being supported and treated at home. The engagement carried out on the development of the community model has brought positive feedback from people with learning disabilities and their families, in that they would prefer not to be admitted to assessment and treatment beds when they are not well.	**Comments**	The Quality Team has engaged with CCG partners in developing a comprehsive suite of LQRs to support the ongoing delivery of this project, and attendance/engagement and ongoing review/monitoring at Clinical Quality Review Meetings. The iniative will enable improved patient outcomes and experience by providing care closer to home.
Has Sections A, B, C, D, E Been completed?	The original business case was done using the Sandwell & West Birmingham CCG process and templates. This document supports those papers.	**Has Sections A, B, C, D, E Been completed?**	The original business case was done using the Sandwell & West Birmingham CCG process and templates. This document supports those papers.

completed?	The original business case was done using the Sandwell & West Birmingham CCG process and completed. This document supports those papers		Approval Agreed	Yes

Review Board		Approval Board	
Date		Date	
Comments		Comments	
QIA Supported	YES/NO	Approval Agreed	YES/NO

CLOSURE ASSESSMENT				
	Quality Outputs Achieved	Outcomes of the Change (positive)		Is there any Negative Impacts of the change:
For Patients (safety and experience)	<To Be Filled In>	<To Be Filled In>	For Patients (safety and experience)	<To Be Filled In>
For the STP Footprint	<To Be Filled In>	<To Be Filled In>	For the STP Footprint	<To Be Filled In>
For Effectiveness of Care	<To Be Filled In>	<To Be Filled In>	For Effectiveness of Care	<To Be Filled In>
For Service Quality	<To Be Filled in>		For Service Quality	<To Be Filled In>

Quality Lead		Closure Review Date:	

1 Rare	1 Negligible	**1 to 3: Low Risk**
2 Unlikely	2 Minor	**4 to 6: Moderate Risk**
3 Possible	3 Moderate	**8 to 12: High Risk**
4 Likely	4 Major	**15 to 25: Extreme Risk**
5 Almost Certain	5 Catastrophic	