

HEALTH AND WELLBEING BOARD

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MEDWAY TRANSFORMING CARE PLAN 2016 - 19

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Summary

This report provides an update to the report presented to the Health and Wellbeing Board on 22 October 2013.

The 2013 report focused on the local stocktake of individuals covered by the Winterbourne View Concordat. Since then, Sir Stephen Bubb's report, *Winterbourne View – Time to Change* and the subsequent reviews of progress against that report, have broadened the scope of what is required to improve services for people with a learning disability.

In October 2015, an alliance of national organisations¹ produced *Building the Right Support* (see background paper) a national plan outlining how community services should develop, as well as the national service model (see background paper) which aims to provide a framework for improving services for people with a learning disability and/or autism who display behavior that challenges, including those with a mental health condition.

NHSE will be overseeing the development and implementation of local three-year Transforming Care (TC) plans. Local plans are required to demonstrate how areas intend to fully implement the national service model by March 2019 and close inpatient beds, starting with the national planning assumptions set out in *Building the Right Support*.

To this end, NHSE have established 49 Transforming Care Partnerships (TCPs) across England. Medway is joined with Kent in the Kent and Medway TCP. A single TCP plan has been requested which has proved challenging locally due to the differences in current commissioning and service delivery arrangements across Kent and Medway. For the final draft submission in May, separate TC plans will be submitted by Kent and Medway, but with a single Finance and Activity Template, Risk Register, a joint Executive Summary and a governance structure that includes a joint Kent and Medway Strategic Transformation Executive to oversee local

¹ NHS England (NHSE), Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS)

Transforming Care Boards. Kent and Medway will continue to work closely together and share learning and best practice wherever possible. Discussions between Kent, Medway and NHSE are continuing in order to reach agreement and sign off the Plans by the end of May 2016.

This report provides a summary of Medway's draft Joint Transformation Planning Template (see Appendix 1), submitted to NHSE in March 2016, and an outline of the immediate actions set out in the Plan to be undertaken this year. The three year plan covers all ages, and includes learning disabilities, autism, mental health and behaviour that challenges.

The Medway Plan acknowledges that, at present, service provision for this cohort of population is delivered across a range of service providers, that pathways are unclear and that there are some gaps in the system, such as the lack of adequate post diagnostic support for people with autism. Strategic accommodation planning and the number of young people with learning disabilities and/or autism who will require ongoing support into adulthood are also highlighted as challenging issues in Medway.

To support the delivery of local plans, NHSE has made available additional funds (£30m nationally) to match fund additional local commitments. Medway has included bids totaling £131,300 in its Transforming Care Plan finance template and we are currently awaiting details of the bidding process to be released. If successful, the funds will support a range of additional resources within local support services including, potentially, Occupational Therapy (OT) input to community LD services, employment support, specialist advocacy, a complex case coordinator, and post diagnosis support for people with autism. Securing these additional resources will be essential to the successful implementation of the Medway plan.

The CCG and Council have appointed an interim Senior Commissioning Officer as a Transforming Care project lead for an initial 6 month period to lead the work locally. Phil Cooper has been in post since mid-February and will be undertaking a review of local services for LD and autism. He will also develop a clear commissioning and service development plan which reflect the requirements of Transforming Care.

A new Medway Provider Network Group will be established to improve joint working and the development of better pathways and a new Medway Integrated Commissioning Board for Learning Disability will be established to provide local governance. The required Senior Responsible Officer (SRO) for Medway will chair the Medway Integrated Commissioning Board for Learning Disability and will also attend the Kent and Medway Strategic Transformation Executive.

1. Budget and Policy Framework

- 1.1 This matter falls within the policy framework for each of the statutory agencies represented on the Health and Wellbeing Board in respect of duties to people with learning disabilities and their families and carers, including safeguarding responsibilities. The Health and Wellbeing Board's interest is in relation to the leadership role that Health and Wellbeing Boards can undertake in ensuring that the core principles in the national Transforming Care model are achieved locally.

1.2 Medway Transforming Care Plan aligns with the Medway Council Plan 2015-16 as well as Medway CCG's Operating Plan 2016/17.

2. Background

2.1 The BBC broadcast an episode of Panorama in 2011 which reported physical and emotional abuse of vulnerable people staying at Winterbourne View, a private hospital. The abuse was perpetrated by staff working at the facility, 11 of whom were convicted of abuse and 6 of whom were jailed.

2.2 Investigations following the broadcast of the programme prompted cross-governmental commitment to transform care and support for people with a learning disability and/or autism who display behaviour that challenges. This has focussed on building up community based capacity and reducing inappropriate hospital admissions and placements far from service users' home and communities.

2.3 '*Transforming Care – A National Response to Winterbourne View Hospital*' was published by the D0H in 2012. In 2013 the Care Minister announced that all residential placements would be reviewed by June 2013 and all inappropriate placements would be moved out by June 2014.

2.4 Sir Stephen Bubb was appointed to lead a review and his report, '*Winterbourne View – Time for Change*', was published in November 2014.

2.5 Sir Stephen's final report, '*The Challenge Ahead*', was published in February 2016. The report stated that an additional 10,000 trained staff would be required to support people with LD and /or autism in the community

2.6 In October 2015, '*Building the Right Support*', a national plan to develop community services was published. Simultaneously, a Transforming Care service model aimed at commissioners of health and social care services was published to guide the development of local provision.

2.7 49 Transforming Care Partnerships (TCPs) were created to re-shape local services in line with the national service model. Overseen by NHSE, the TCPs have been required to detail their plans for the next three years and submit a Joint Transformation Planning Template (and associated finance and activity template), with the final draft submitted on the 11 May 2016. Our TCP includes Kent & Medway.

2.8 Kent County Council, following discussion with Medway Council, has queried requirements for a Kent and Medway TCP, and has submitted an independent Kent plan, prompting Medway to submit its own plan in early February 2016. It was considered that current service delivery and commissioning approaches differed significantly across the two Local Authority areas and that a joint plan would not represent the best format for outlining visions and commissioning plans for both Kent and Medway. Feedback from NHSE on the first draft was mixed, but with only one of the 32 sections rated red.

2.9 However, both Kent and Medway's plans were rated as Red overall, due to the fact that two individual plans were submitted and not one joint plan which had been requested.

- 2.10 A second draft was submitted in March, and was rated amber. This draft included a new overarching Kent and Medway governance structure and a joint finance and activity template. The final draft, to be submitted in early April will also include a joint Executive Summary, framing the two local plans and highlighting areas where joint working is occurring or intended and where the two plans meet local priorities.
- 2.11 NHSE has offered 5 days of dedicated support to the Kent and Medway TCP. The precise nature of the support is currently being discussed with The Avenues Group which has been nominated to deliver the support for Kent and Medway, Sussex and Surrey.
- 2.12 The Medway TC plan outlines the following prevalence data from the most recent needs assessment and stakeholder engagement exercises:
- 2.13 In 2011, it was estimated that in England 1,191,000 people had a learning disability. This estimate included 905,000 adults aged 18+ (530,000 men and 375,000 women)²
- 2.14 Applying this prevalence rate to Medway, we would expect 4,525 people with a learning disability to live in Medway. Approximately 1% of the population has an autistic spectrum condition.
- The prevalence rate of autistic spectrum conditions is higher in men (2%) than women (0.3%).
 - 60-70% of people who have an autistic spectrum condition will also have a learning disability.
 - The prevalence of autism increases with greater severity of learning disability or lower verbal IQ³
- 2.15 Applying this prevalence to Medway we would expect approximately 2,740 people to have an autistic spectrum disorder, with between 1,600 and 1,900 to have some form of a learning disability. Equally, between 30% and 40% of people with an autistic spectrum disorder will not have a learning disability. In January 2014 there were 901 patients aged 18 years and over with a learning disability registered with GP in Medway. Based on data from Improving Health and Lives web site (IHAL)⁴ there are currently the following numbers of school age children learning disability and/or who have a diagnosis of Autism who live in Medway:
- 671 children have mild/moderate LD
 - 126 children have severe LD
 - 816 children have diagnosis of ASD
- 2.16 It is estimated that 1% of children and young people in Medway will experience episodes of being seriously mentally ill requiring intensive support from specialist services and potentially inpatient care⁵.

² People with Learning Disabilities in England 2011

³ 'Estimating the prevalence of autistic spectrum conditions in adults', NHS 2012

⁴ <http://www.improvinghealthandlives.org.uk/>

⁵ (Medway CAMHS LTP 2015)

It is estimated that 9% of children and young people in Medway will experience significant emotional and behavioural difficulties which are complex and / or enduring, and will require support from specialist services. Signs may include anxiety, conduct or behavioural problems, attachment issues and eating disorders. Not all of these children will have learning disabilities, autism or mental health issues.

2.17 The key aims of the Medway Plan can be summarised as follows:

A Whole System Approach

A key aim of this plan is to establish a whole system approach to supporting children and adults with learning disability or autism who have mental health or challenging behaviour needs.

Better outcomes leading to better quality of life

The second key aim is to improve quality of life through improving outcomes for children and adults with learning disability or autism who have mental health or challenging behaviour needs. Individuals and their families will have an important role in identifying the short medium and long term outcomes they wish to achieve. Services will therefore need to place greater focus on person centred planning at all stages across the lifespan involving the service user and their family in identifying the most appropriate options for care and support.

Improved community provision reducing reliance on In-patient services

The third key aim of this Plan is to address the gaps in community service provision for people with learning disabilities or autism that result in poorer outcomes for individuals and their families and have adverse economic consequences for the health and social care system.

We aim to ensure there are appropriate resources and capacity in community services for people to provide swift and effective interventions when and where they are needed. This will have the added effect of reducing the impact on demand for adult services.

We will need to ensure there is seamless and equitable provision of care to meet the needs of individuals at critical junctures in their life e.g. transition, leaving education.

2.18 The draft Medway plan has also been developed within the context of the following wider commissioning and service development initiatives, in line with the national service model:

- Council and CCG Commissioners will work to develop the offer of personal budgets, personal health budgets and integrated personal budgets beyond rights guaranteed in law.
- Commissioners will work with the market and local voluntary sector to consider what additional or different local services are needed to ensure that people with personal budgets have a range of services to choose from.
- The Council is actively pursuing the remodelling and re-procurement of local advocacy services, including investment in non-statutory advocacy services and statutory and non-statutory advocacy for people who are leaving a hospital setting.

- The CCG will look to audit the number of people with LD being invited for and attending their Annual Health Check and work with GPs, where take up is lower than would be expected
- The development of a local continuum of support services for children and young people's emotional and mental health
- The CCG is working with the other CCGs in Kent to take forward an all-age neurodevelopmental pathway and to embed this within commissioning plans for children and young people and adults. Plans for improved post diagnostic for adults with autistic spectrum disorder are to be included within Medway's Plan as a match funding bid
- Contract monitoring of Medway's LD services will be improved to record accurate data on service activity to inform future planning and commissioning

2.19 A further assurance report will be issued by NHSE in April and the final Medway TC plan is required for submission by the 11 May.

3. Options

3.1 A thorough service review will take place from April 2016, along with a consultation and stakeholder engagement exercise. Following completion, a will be presented to the Learning Disability Partnership Board and the Integrated Commissioning Board for Learning Disability, as well as through the Council and CCG governance routes.

4. Advice and analysis

4.1 The Medway Transforming Care Plan represents an important opportunity to improve services for people with a learning disability and/or autism, behaviour that challenges and mental health.

4.2 The current system in Medway is fragmented and initial meetings with services and stakeholders have highlighted the lack of established pathways and joint working protocols being in place. A regular provider network, will support the development of better information sharing and partnership working across Medway.

5. Engagement activity

5.1 As described in the Medway TC plan, and below in Section 6, a full consultation exercise, and a simultaneous stakeholder engagement exercise and service review will take place from April 2016, for completion by the end of June 2016.

6. Risk management

6.1 As part of the Kent and Medway TCP, a joint risk register has been produced (see Appendix 3). The risk indicates identified risks across the TCP and also Medway and Kent specific risks.

7. Consultation

- 7.1 The Medway Transformation Plan does not represent a substantial change in the reconfiguration of services and, therefore, does not require an Equality Impact Assessment and formal consultation. Consultation with the Council's relevant Overview and Scrutiny Committees will not be required.
- 7.2 The Plan will require extensive stakeholder engagement and input from people with learning disabilities and/or autism, and their families and carers. Feedback from services, commissioned and non-commissioned, and wider stakeholders will also help inform the plan and ensure that it reflects local needs. Hence, following the submission of the final draft to NHSE on the 8th April 2016, a full consultation on the document as well as a stakeholder engagement exercise to capture the views of as many people affected by the content of the plan as possible will be undertaken across Medway. The template will be adapted in a manner accessible to a range of stakeholders and audiences with, for example, Easy Read.
- 7.3 Additionally, the Transformation Plan must receive the endorsement of the Health and Wellbeing Board.

8. Financial implications

- 7.1 The Kent and Medway joint Transforming Care financial and activity template is attached as Appendix 2. The template includes approximate projections of activity over the three years of the lifespan of the plan, approximate cost breakdowns and details of match funded bids to the NHSE national £30m Transforming Care fund.
- 7.2 Accurate costings have not yet been ascertained, however, as LD spend is included in general disability spend in some areas and it has not yet been possible to separate specific LD/autism costs. The accurate recording and reporting of spend as well as service activity will be an important element of the plan going forward.
- 7.3 For 2016/17, investment into additional psychology input into the KMPT Challenging Behaviour Service will increase by £52,006 and the adult Autism Assessment and Diagnosis Service will increase by £47,000 to £57,000.

9. Legal implications

- 9.1 Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it.

10. Recommendations

- 10.1 It is recommended that the Health and Wellbeing Board:
- (i) Consider how the Health and Wellbeing Board can promote and engage with this important agenda going forward, to offer support,

feedback and leadership to ensure the successful implementation of the Medway Transforming Care Plan and support the Council and CCG to comply with statutory duties.

- (ii) Support the local draft Transforming Care Plan and recommend the separate, but aligned approach with Kent as part of the Transforming Care Partnership.
- (iii) Agree for a progress report to be presented to the Board in 6 months' time.

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Appendices

Appendix 1 - Draft Medway Joint Transformation Planning Template
Appendix 2 - Draft Kent and Medway Transforming Care Finance and Activity Template
Appendix 3 - Kent and Medway joint Transforming Care Risk Register

Background papers

Building the Right Support
National Service Model

Joint transformation planning template

- 1) [Introduction](#)
- 2) [Planning template](#)
 - a. [Annex A – Developing quality of care indicators](#)

Introduction

- **Purpose**

This document provides the template and key guidance notes for the completion of local plans aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). These plans should cover 2016/17, 2017/18 and 2018/19.

- **Aims of the plan**

Plans should demonstrate how areas plan to fully implement the [national service model](#) by March 2019 and close inpatient beds, starting with the national planning assumptions set out in *Building the Right Support*. These planning assumptions are that no area should need more inpatient capacity than is necessary at any one time to cater to¹:

- 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

These planning assumptions are exactly what the term implies – assumptions for local commissioners to use as they enter into a detailed process of planning. Local planning needs to be creative and ambitious based on a strong understanding of the needs and aspirations of people with a learning disability and/or autism, their families and carers, and on expert advice from clinicians, providers and others. In some local areas, use of beds will be lower than these planning assumptions, but areas are still encouraged to see if they can go still further in supporting people out of hospital settings above and beyond the these initial planning assumptions.

- **National principles**

Transforming care partnerships should tailor their plans to the local system's health and care needs and as such individual plans may vary given provider landscape, demographics and the system-wide health and social care context.

¹The rates per population will be based on GP registered population aged 18 and over as at 2014/15

However local plans should be consistent with the following principles and actively seek to evidence and reinforce these:

- a. **Plans should be consistent** with [Building the right support](#) and the [national service model](#) developed by NHS England, the LGA and ADASS, published on Friday 30th October 2015.
- b. **This is about a shift in power.** People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision.

To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this, is through the expansion of personal budgets, personal health budgets and integrated budgets

- c. **Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education, housing) including people with direct experience of using inpatient services.

Summary of the planning template



Planning template

1. Mobilise communities

Governance and stakeholder arrangements

Section 1.1

Describe the health and care economy covered by the plan

Guidance notes; consider the following: current providers, statutory, independent and voluntary sector contracts. Collaborative commissioning arrangements, key commissioning blocks (block contracts, geographical boundaries, provider relationships)

The health and care economy in Medway sits within the administrative boundary of Medway Council. Medway Council is a Unitary Authority and is coterminous with NHS Medway CCG.

Medway is situated on the north coast of Kent, 30 miles from London to the west, and 40 miles from Dover to the east. It is part of the Thames Gateway economic development area, and is characterised by a highly populated urban area around the estuary of the river Medway, with substantial rural areas to the north and west

Medway is one of the largest conurbations in the South East outside London with a population approaching 270,000 and CCG registered population in excess of 290,000.

As reflected throughout this plan, Medway Council and CCG will be working closely with colleagues in Kent County Council and the seven Kent CCGs, reflecting national requirements and the desire to see the development of effective Transforming Care Partnerships based on Units of Planning (UoPs) with populations of > 1 million.

Medway Council / CCG is represented on the Kent and Medway Transforming Care Working Group and at a strategic level the Kent and Medway Strategic Transformation Executive Board will ensure appropriate strategic oversight and input into jointly commissioned programmes and cross border issues. As is evident from our respective template plans, local commissioning and service delivery arrangements for people with Learning Disabilities and Autism is substantially different in Medway as a Unitary Authority with separate health and social care service functions.

Medway are keen to work with Kent colleagues through the partnership to learn from their more integrated approach to Learning Disabilities and Mental Health commissioning and care co-ordination and explore its applicability within Medway. Clearly there are strategic issues around out of area and cross border placements and sufficiency of supply where it's absolutely appropriate for Kent and Medway to work together in taking forward these plans. Equally, at the local level, there are, and will continue to be, differences in approach, commensurate with the very different geography and demography of the two Local Authority areas. Our outcomes focussed approach will ensure that the two plans work cohesively together.

COMMISSIONING

Medway Council and CCG commission and provide a range of health and social care support to children and adults with learning disabilities (LD) and/or autistic spectrum conditions (ASC) including:

- 0-25 and 25+ Disability Social Work Teams
- Medway Community Healthcare (MCH) Learning Disabilities Team - provides the health element of support for adults with LD in Medway
- Kent and Medway Partnership Trust (KMPT) - provides specialist mental health services for adults with LD across Kent and Medway through the Mental Health of Learning Disability (MHL) Teams
- KMPT Learning Disabilities Challenging Behaviour Service - provides targeted and intensive psychological interventions in the community for adults with LD and challenging behaviour experiencing crisis
- Medway Foundation Trust (MFT) provides community services for children, young people and families (primarily 0-11)
- Sussex Partnership NHS Foundation Trust provides support services for young people through its Kent and Medway CAMHS service

Medway Council and CCG jointly fund a Partnership Commissioning team who provide integrated commissioning support services across health and social care programmes.

The North Kent Specialist Assessment and Placement Team (SAPT) lead on ensuring optimal patient placement management of CCG funded placements across North Kent (including Medway) through:

- Supporting timely patient discharge
- Delivery of Care & Treatment Reviews
- Maintenance of the CCG's Transforming Care Register
- Submission of Transforming Care data returns (bi-weekly, quarterly and the Health & Social Care Information Centre database)

The NHS England NHSE Specialised Commissioning team commissions secure learning disability and ASC in-patient services across the Southeast (Kent and Medway, Surrey and Sussex).

PROVISION

Services for children and adults with LD and/or ASC are provided by the following statutory agencies:

Medway Council

Medway Council's 0-25 and 25+ Disability Social Work team provide (in conjunction with partner agencies) a range of different services for children and adults with LD or ASC

Kent and Medway Partnership Trust (KMPT)

KMPT provides specialist community mental health services for adults with LD across Kent and Medway through the Mental Health of Learning Disability (MHL) Teams. The teams include Psychiatry, Psychology and Specialist Nursing and their key roles relate to supporting people with LD to access mainstream mental health and providing adapted clinical interventions to people who are unable to benefit from mainstream services

KMPT are also being commissioned to provide an LD and Challenging Behaviour Support service in Medway to provide intensive support to people with LD who display severe challenging behaviours that will respond to behaviour approaches.

KMPT currently provide an ASC Diagnostic Service across Kent and Medway. Medway have also commissioned additional services from Psicon to address a significant backlog and waiting list in relation to assessment and diagnosis.

Medway Community Healthcare (MCH)

MCH provide the health element of LD services for adults, including Speech and Language Therapy, Physiotherapy and Sensory Therapy. MCH facilitate access for people with LD to the range of NHS services by supporting “reasonable adjustments” and focus on reducing health inequalities by supporting Annual Health Checks and Health Action Planning in primary care.

Sussex Partnership NHS Foundation Trust (SPFT)

SPFT provides CAMHS Services across Kent and Medway.

Medway Foundation Trust (MFT) provides community services for children, young people and families (primarily 0-11) in Medway.

Inpatient services

KMPT provide the following in-patient services for people with LD

- Low secure services at the Tarentfort Centre in Dartford (20 beds) for patients who have been diverted from hospital or who are at risk of coming into contact with the Criminal Justice System (CJS) as a result of their behaviour.
- Forensic rehab services at the Brookfield Centre in Dartford (13 beds) for patients who have been diverted

The Huntercombe Group provides

- low secure LD in-patient services at Cedar House in Canterbury (35 beds)
- Locked rehab beds at Poplar Ward, Cedar House (5 beds)

Private Sector

Psicon are commissioned to provide adult ASC diagnostic assessments in North Kent and East Kent.

Medway Council/CCG also have close links with the Kent Autistic Trust who provide a range of support services for children, adults and families in respect of ASD.

Section 1.2

Describe governance arrangements for this transformation programme

Guidance notes; who are the key partners, what is their involvement.

Kent and Medway are working together to establish a strategic planning footprint that covers the two Council areas. Governance arrangements have been drafted and will be confirmed by the end of March 2016. A single Strategic SRO will be appointed together with an Operational SRO for both Kent and Medway who will oversee local plans and governance arrangements.

Medway Council / CCG is represented on the Kent and Medway Transforming Care Working Group and, at a strategic level, on the Kent and Medway Strategic Planning Executive which will ensure appropriate strategic oversight and input into jointly commissioned programmes and cross border issues. Medway's governance arrangements in respect of its local

operational transformation and interface with Kent at a strategic level are described in **Appendices 4 and 5**.

Locally, in Medway, an Integrated Commissioning Board for Learning Disability will report upwards through established Council and CCG Governance to the Medway Health and Wellbeing Board. A similar structure has recently been established in relation to the CAMHS Local Transformation Plan and is working well, including interface with wider Kent programmes and pathways as appropriate.

The Medway Operational SRO for Transforming Care, a Medway Council Assistant Director, will be the Board member with responsibility for local service transformation. The Medway Operational SRO will work closely with the Operational SRO for Kent, and both will be supported by the single Strategic SRO for the Kent and Medway strategic footprint via the governance routes illustrated in **Appendix 5**.

Going forward, commissioners will seek to establish a closer relationship with providers, including representatives of the key organisations providing community support for people with a learning disability through a Providers and Service Alliance group. This new group will meet regularly and provide a forum to build relationships, share information, identify blocks and gaps and work collaboratively on finding solutions. See **Appendix 4**.

The Medway Integrated Commissioning Board will consider the applicability of Kent proposals around integrated commissioning, S75 agreements and a more formal commissioner/provider alliance in terms of local needs and service provision.

The TCP will have links with the Medway Children and Young People, Emotional and Well-Being LTP Board to ensure that the Transforming Care Plan is considered at this and in other relevant forums as appropriate.

Section 1.3

Describe stakeholder engagement arrangements

Guidance notes; who has been involved to date and how? Who will be involved in future and how? It is important to explain how people with lived experience of services, including their families/carers, are being engaged.

Learning Disability

In-patient engagement

During 2014, KCC commissioned Advocacy Services for Kent to consult with people with LD who were in-patients at the Tarentfort and Brookfield Centre in Dartford on the services that should be provided in the community for people with LD. The consultation focussed on three questions.

1. what kind of support do you think you will need when you are living in the community?
2. if you were to get into trouble in the community, what support would help you to not to go back into hospital?

3. what will be different for you about being in the community rather than in hospital?

Medway will be working with Kent colleagues to share some of the learning from this survey in relation to delivery of local services.

Medway Learning Disability Partnership Board

The well established Medway LD Partnership Board is jointly chaired by the Deputy Director for Adult Social Care (TCP Board Member) and two local service users. The Board comprises a range of service user representatives, including families and carers. The Board will be consulted about proposals for developments/improvements in LD services and will receive regular updates on progress on Transforming Care.

The Boards current Terms of Reference state the role of the Board is:

- To work together to make things better for people with a learning disability in Medway
- Improve quality of life for people with a learning disability
- Make sure that people with a learning disability have the same opportunities as everyone else
- To help everyone who is involved to have their say
- Give people a chance to have a voice and ask questions
- Represent people with learning disabilities and their families and carers
- Bring their questions and ideas, and feedback information
- To share information
- Find out what is happening in Medway and across the country including Government ideas and legislation
- Find out about future plans
- Share and debate ideas and legislation
- Discuss important documents
- Coordinate with the other Medway Partnership Boards
- To influence decisions
- Bring together people with lots of experience and knowledge and work together to bring change
- Make sure people, agencies and services think about how they affect people with learning disabilities, their families and carers
- Have a say in how money is spent on learning disability services
- Help other agencies and services to consult with the Partnership Board
- To make things happen
- Help develop Medway strategies, policies and action plans for people with learning disabilities and make sure they lead to action
- Make sure that what's said in important national documents that affect people with a learning disability is actually happening in Medway
- Hold services to account support and challenge them
- To ensure that the quality of people's lives is improving
- To monitor how well people with learning disabilities and their families are involved
- To ensure that people are doing the jobs they have said they will do
- To monitor how well the Partnership Board is working
- To determine whether we are achieving our goals
- To ensure that action plans are completed, including the Joint Learning Disability and Social Care Self Assessment, Autism Self Assessment and Transforming Care Plan

Representation includes:

- Medway Council Children and Adult Social Care Services
- Housing Services
- Clinical Commissioning Group (CCG)
- Mid Kent College
- Medway Shout Out
- People with a Learning Disability
- Family/Carers
- Medway Community Healthcare
- Vol Org rep
- Job centre

Subgroups are set up when needed to complete identified projects.

Local statutory service providers (as described in Section 1.1 above) also have their own service user reference groups and the TCP Board will consider opportunities to bring together shared learning and best practice in order to develop and expand service user involvement in commissioning and co-production of services.

Young People with Disabilities

Medway has a well-established and flourishing Young People's Disability Group that meets monthly. The group includes representation from people affected by diverse disabilities including learning disability, autism, behaviour that challenges and mental health. Transforming Care has been introduced to the group by Medway Partnership Commissioning and the group will be engaging with the TCP throughout the lifespan of the current plan. The group will also play an active role in the upcoming consultation exercise.

Autistic Spectrum Conditions

Improvements in services for people with ASC are incorporated in the All age Neurodevelopmental Care Pathway which was designed during 2014/15 on behalf of the Kent and Medway CCGs and Kent County Council.

The steering group for this project included parent and patient representatives and met on a monthly basis between October 2014 and June 2015.

Medway Council / CCG are now working to establish how best to achieve the aims and objectives of the pathway through commissioning and redesign of services (**see Appendix 2**)

Medway Council/CCG also have close links with the Kent Autistic Trust who provide a range of support services for children, adults and families in respect of ASD.

Carers

Medway Parents and Carers Forum (MPCF) is an independent group formed and run by parents, families and carers of children and young people aged 0 to 25 who have a variety of

disabilities and additional support needs, from all communities and backgrounds. It works in partnership with voluntary and statutory services and raises awareness of common issues that affect disability groups across Medway.

Feedback is obtained from parents and carers, and representatives from the Forum participate in strategic planning groups to ensure the voices of parents and carers are heard in a structured way, helping to influence the development of services to make lives better.

The Forum can signpost to services and activities, offer training, run information days and coffee mornings.

The Forum are actively involved and engaged in all Children's and Young People's Commissioning Programmes in Medway.

The Medway Carer's Partnership Board aims to be a strategic forum which holds statutory and voluntary organisations to account for providing family carers with emotional and practical support and to promote the interests of family carers and those receiving care in the home. This will be achieved through the development of strategic and effective partnerships and through lobbying and advocacy to gain recognition and social justice for s carer's invaluable contribution to society.

The Board has the following key purposes

- To hold agencies tasked with delivering the Medway Carers Strategy to account and oversee the implementation of the strategy
- To inform the JSNA plans in Medway and oversee and influence the commissioning intentions of Health and Social care commissioners in Medway Council To raise and empower the profile of Carers in Medway through raising awareness of national and local policies which affect Carers in Medway Council
- To identify priorities for Carers and Carer's services in Medway including the personalisation agenda and direct payments
- To develop, implement and monitor a three year action plan for Medway Carer's Partnership Board and report annually against progress

The Board will be actively involved in the development and roll out of the Medway TCP.

Section 1.4

Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers

Two tools to help areas assess levels of co-production can be accessed [here](#) and [here](#).

The Transforming Care Plan, as outlined in this document, is yet to be formally consulted on with service users.

The Plan was discussed at the Medway LD Partnership Board on the 28th January 2016 and there was enthusiasm from all stakeholders in terms of the role of the Board in helping to shape and steer the Plan going forward. Based on the outcome of that discussion; more

detailed plans will be developed in regard to ongoing service user participation and co-production.

Reviews of current service provision will involve representatives from children, young people and adults with a learning disability and/or autism and/or families/carers in both the review of provision and design of new care pathways.

In addition, the TCP will be informed through:

- Person Centred Planning undertaken with each patient and their circle of support in preparation for their discharge from hospital
- Feedback directly received from patients with LD or ASC and their families/carers during Care and Treatment Reviews (CTRs)

This Plan will be issued for consultation among all stakeholders when a final draft has been produced. Partnership Commissioning are working to support personalisation and co-production across a range of commissioned services at the current time so good practice and learning from elsewhere will be utilised in establishing appropriate structures for this work. This is described in more detail under Section 4.5.

Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership

Any additional information

See TC Activity and Finance Template for patient projections for Medway CCG.

As at 31/12/15, Medway had a total of 14 in-patients in specialist LD or ASC inpatient services. This total is comprised of 12 patients in NHSE Specialised Commissioned beds and 2 patients in CCG commissioned beds.

Medway has a CCG registered population of 292,948 people. Based on the National Service Model target of 10-15 CCG in-patients and 20-25 NHSE in-patients per 1 million population, Medway should have a maximum of 11 people (4 CCG, 7 NHSE) with LD or ASC in specialist in-patient units at any point in time.

Patient projections

2016/17 – Projections are based on the 14 patients who were in NHSE or CCG commissioned hospital beds on 31/12/15. Their individual clinical progress was considered in order to determine how many would either step down from NHSE beds or be discharged directly to the community from NHSE beds or CCG beds during 2016/17.

2017/18 – Due to the inability to accurately assess the impact of

- the investment in community LD services on CCG in-patient admissions and
- the adverse impact of the aforementioned recent Serious Incident involving a discharged offender with LD on future discharges of patients with similar needs currently in NHSE commissioned beds

the in-patient projections for 2017/18 are based on the target number of placements per 1 million population on GP registers i.e. 292,948 population = maximum 12 patients in specialist LD or ASC in-patient services at any given point in time (10 NHSE, 2 CCG)

2018/19 - Due to the inability to accurately assess the impact of

- the investment in community LD services on CCG in-patient admissions and
- the adverse impact of the aforementioned recent Serious Incident involving a discharged offender with LD on future discharges of patients with similar needs currently in NHSE commissioned beds

the in-patient projections for 2017/18 are based on the target number of placements per 1 million population on GP registers i.e. 292,948 population = maximum 11 patients in specialist LD or ASC in-patient services at any given point in time (9 NHSE, 2 CCG)

2. Understanding the status quo

Baseline assessment of needs and services

Section 2.1

Provide detail of the population / demographics

Guidance notes; This is a plan for a very heterogeneous group of people. What are the different cohorts? Consider the 5 needs groupings described in the national service model. Ensure that all your information on the different cohorts reflects children and young people who have these needs, including those who are in residential schools out of area.

Medway is one of the largest conurbations in the South East outside London with a population approaching 270,000 and CCG registered population in excess of 290,000.

There is a growing population and considerable additional housing will be developed over the next ten years. There are now settled Asian, African Caribbean and Eastern European communities, although 85.5% of the population is White British, and generations of families have lived in the same areas of Medway for many years.

The population is expected to grow to almost 323,000 by 2035, an increase of approximately 20% from current population levels. This is above the predicted growth level for England (+15%) and the South East (+17%). Recent growth can be attributed to both natural growth and inward migration.

Children and Young People

Every term schools report to the Department for Education about all children who have special educational needs and the type of need they have. There are four levels of learning difficulties: specific difficulties such as dyslexia (excluded from this analysis), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties. The school census covers all pupils enrolled in state-funded primary, secondary or special schools. A formal medical diagnosis is not required; as such these numbers may not reflect those seen in data from medical sources.

- Children who have a moderate learning difficulty have difficulty in all areas of learning. They may have speech and language delay
- Children with severe learning difficulties will have serious difficulty in participating in ordinary school programmes without support. Many have limited communications

and self-help skills

- Children with profound and multiple learning difficulties have very severe difficulty in learning combined with physical or sensory disabilities. They require a high level of adult support for both learning and personal care needs

Public Health England has compiled learning disability profiles from the DfE reports².

The table below compares Medway rates with England and the South East region:

Rate per 1000 pupils			
	England	South East region	Medway
Children with moderate learning difficulties known to schools per 1000 population	15.6	13.8	14.9
Children with severe learning difficulties known to schools per 1000 population	3.73	3.34	2.8
Children with profound and multiple learning difficulties known to schools per 1000 population	1.27	1.04	Value suppressed for disclosure control due to small count
Children with autism known to schools per 1000 population	9.1	10.00	18.1

The table below compares Medway with its statistical neighbours:

Rate per 1000 pupils				
Statistical neighbour	Children with moderate learning difficulties known to schools per 1000 population	Children with severe learning difficulties known to schools per 1000 population	Children with profound and multiple learning difficulties known to schools per 1000 population	Children with autism known to schools per 1000 population
Dudley	31.1	Value suppressed	0.79	8.3
Havering	14.7	3.56	Value suppressed	6.3
Medway	14.9	2.80	Value	18.1

² <http://fingertips.phe.org.uk/profile/learning-disabilities/data>

Northamptonshire	12.3	3.71	suppressed Value suppressed	9.2
Rotherham	14.7	3.07	1.37	17.8
Southend on Sea	26.2	4.92	1.46	8.00
Swindon	17.7	3.75	1.92	9.2
Telford & Wrekin	31.4	Value suppressed	3.2	6.6
Thurrock	29.0	1.72	Value suppressed	9.2

Medway is an outlier in relation to the high prevalence of children with Autism known to schools, and at the lower end of the scale for children with learning disabilities known to schools. It is likely that higher rate of children with Autism known to schools relates to the higher rate of ASD diagnosis in Medway comparative to the national prevalence estimate. The latest prevalence studies of autism indicate that at approximately 1% of the population in the UK may have autism.³ In Medway this would amount to approximately 735 of the GP registered 0 – 19 population, however diagnoses are running at approximately twice that rate.

Children, young people or adults with a learning disability and/or autism who have a mental health condition

It's estimated that 1% of children and young people in Medway will experience episodes of being seriously mentally ill requiring intensive support from specialist services and potentially inpatient care (Medway CAMHS LTP 2015)

It's estimated that 9% of children and young people in Medway will experience significant emotional and behavioural difficulties which are complex and / or enduring, and will require support from specialist services. Signs may include anxiety, conduct or behavioural problems, attachment issues and eating disorders. (Medway CAMHS LTP 2015)

Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health

Medway has a school population of 42,991, of whom around 3.8% (1,299) are children and young people subject to a Statement of Special Educational Needs or EHC Plan. 548 (42%) of Medway's children and young people with statements or EHC plans attend a mainstream school. This is significantly less than the national average and we would expect more children to be in a local mainstream school.

At the start of October 2015, Medway had 49 children with disabilities placed in residential care and residential special schools.

- 29 were non LAC in 38 week residential special schools
- 10 were LAC in 52 week residential special schools
- 10 were LAC were in 52-week residential care

³ National Autistic Society/[NICE](#)

The greatest demand for 52 week residential services are for children diagnosed with Autism, ADHD, global development delay and complex and challenging behaviours including sexualised behaviours. These children often enter care under S20 due to parents no longer having the ability to cope with their children's challenging behaviours especially when they reach age of 11 – 14 years. Often these children enter care not due to a child protection concerns. There is the need to provide greater preventive work to reduce the escalation of need and to reduce to the length of time children remain in long term residential care.

Similarly, In the current year, there are seven children or young people with high level emotional or mental health needs placed out of area that could have potentially benefitted from a more local provision.

Children, young people or adults with a learning disability and/or autism who display risky behaviour which could lead to contact with the criminal justice system

Based on CHIMAT/PHOF data Medway has a broadly similar number of first time entrants to the youth justice system compared to the regional average. Medway Youth Offending Team work with an average of 140-160 young people (from 10-18 years) at any given time. Approximately 60-80% of young people within the criminal justice system in Medway have a speech, language and/or communication need.

Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

In 2011, it was estimated that in England 1,191,000 people had a learning disability. This estimate included 905,000 adults aged 18+ (530,000 men and 375,000 women)

(Source: People with Learning Disabilities in England 2011)

Applying this prevalence rate to Medway, we would expect 4,525 people with a learning disability to live in Medway. Approximately 1% of the population has an autistic spectrum condition.

- The prevalence rate of autistic spectrum conditions is higher in men (2%) than women (0.3%).
- 60-70% of people who have an autistic spectrum condition will also have a learning disability.
- The prevalence of autism increases with greater severity of learning disability or lower verbal IQ.

(Source: NHS Report -'Estimating the prevalence of autistic spectrum conditions in adults', 2012)

Applying this prevalence to Medway we would expect approximately 2,740 people to have an autistic spectrum disorder, with between 1,600 and 1,900 to have some form of a learning disability. Equally, between 30% and 40% of people with an autistic spectrum disorder will not have a learning disability.

Not all people with a learning disability or diagnosed with an autistic spectrum disorder have

a social care need. The likelihood of having social care needs will increase as the severity of the condition or disability increases. Even though they do not have a social care need, having a learning disability or an autistic spectrum disorder may make people vulnerable, and there will need to be community support and services available for people and families to access themselves.

In January 2014 there were 901 patients aged 18 years and over with a learning disability registered with GP in Medway. Not all people with learning disabilities will have social care needs. At the end of March 2015, the adult social care disability team had just over 520 people on its caseload.

Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time.

The TCP define “a very long time” as any patient who will have been an inpatient for a minimum of 5 years on 1 April 2016 because this is the criteria set by NHSE for payment of a “dowry” by the NHS for these patients’ care and support for their lifetime due to the complex and long term nature of their needs.

As at 31/12/15, Medway had a total of 14 in-patients in specialist LD or ASC inpatient services. This total is comprised of 12 patients in NHSE Specialised Commissioned beds and 2 patients in CCG commissioned beds.

Of those 7 in-patient (1 CCG and 6 NHSE) had been an inpatient for over 5 years and 6 (1 CCG and 5 NHSE) for less than 5 years (although two of the NHSE inpatients will reach 5 years later in 2016).

Section 2.2

Analysis of inpatient usage by people from Transforming Care Partnership

Guidance notes; Set out patient flows work, any other complications / geographical / organisational considerations? (e.g. importer / exporter relationships)?

ADULT IN PATIENT PLACEMENTS

As a part of standard placement management processes all Medway CCG placements were reviewed by June 2013 (in line with Winterbourne Concordat), including review and identification of any placements considered to be inappropriate. These reviews were carried out under the Care Programme Approach Framework and identified a total of five Medway in-patients whose placements were considered to be inappropriate.

There were also 14 Medway patients in appropriate care settings, as per the Department of Health Winterbourne View Review Concordat: Programme of Action.

4 of the above patients were in CCG funded placements for whom the north Kent placements team (SAPT) continue to oversee the management of patient care. The other 10 patients were in NHS England funded placements where NHS England oversee patient placement management.

Since establishing the Transforming Care register 10 patients have been discharged from the register:

- 7 patients discharged to community
- 2 patients transferred to alternate CCGs
- 1 patient stepped up to NHS England secure services

LEARNING DISABILITY

Of the total of 10 people who were in CCG commissioned in-patient services in April 2013, just 1 was placed in a local Assessment and Treatment service for people with LD provided by KMPT (The Birling Centre).

Many patients remained in this service due to delays in identifying and arranging suitable community placements from the point the patients were ready for discharge. Anecdotal evidence and an apparent disparity in referral activity and bed usage between East, West and North Kent (incl. Medway) when compared to LD populations and levels of morbidity suggest that some localities had a lower threshold for admission than others.

In addition, the service was not designed for high levels of aggressive or disturbed behaviour resulting in patients being stepped up to local secure or more robust assessment and treatment units out of area.

An analysis produced by both the Provider and Practitioner Reference Groups, identified similar issues with the LD care pathway at that time (April 2013) that resulted in people with LD being admitted to specialist hospitals. The main issues identified were:

- Lack of timely access to MDT support with all clinical disciplines carrying waiting lists and providing interventions on a priority basis.
- Crisis situations then develop for a proportion of people on the waiting list
- When crises develop, interventions are often too late to prevent a complete breakdown of the support package
- Community LD services not resourced to provide a crisis response i.e. 24/7, and crisis management is often left to mainstream Crisis Resolution Teams and/or the Police who do not have the knowledge and skills to understand the client's problems - diagnostic overshadowing often results.
- Hospital admission to a place of safety is the only response available when the support package has broken down
- In some cases, social care providers would serve notice on the client's community placements at the point the client was admitted due to the above, thereby delaying the client's discharge from hospital
- Resourcing of community services has not increased in response to increased need, demographic trends, policy and guidance.
- Lack of clarity about role and function of different services leading to disjointed service response

AUTISM

It is acknowledged that an adequate range of pre and post diagnostic support for adults with ASC is lacking in Medway. Typically, individuals with complex mental health or challenging behaviour needs have been unable to have their needs met by local services due to a lack of expertise and diagnostic overshadowing. This has resulted in a number of admissions to out

of area in-patient services for assessment and treatment.

A total of 9 patients have appeared on the registers on the basis of their admission to ASC in-patient services commissioned by CCGs and NHSE Specialised Commissioning. Care and Treatment Reviews carried out on a number of this patient group indicates that

- A number of admissions to out of area hospitals could have been avoided if local expertise was available to support mainstream mental health (community and acute) services and social care services in the assessment, planning, implementation and evaluation of care and treatment.
- Significant concerns exist about the quality of care and treatment available in ASC hospitals

Steps are therefore being explored, in partnership with Kent to repatriate these patients to hospital services in or nearer to Medway/Kent and to develop appropriate accommodation and support services to facilitate their discharge to the community.

CHILDREN'S PLACEMENTS

Tier 4 CAMHS

The Medway TCP is currently looking at the governance and decision making process for Tier 4 CAMHS admissions in response to a number of issues including

- NHSE Specialised Commissioning colleagues reports of insufficient Tier 4 CAMHS bed capacity to meet current demand resulting in young people being placed far from home
- Governance and decision making for Tier 4 CAMHS admissions not aligned with governance for Transforming Care
- Current admission processes do not yet incorporate the requirement for Care and Treatment Reviews (CTRs)
- Gap in knowledge and understanding about current community services for children and young people to inform the Transforming Care Implementation Plan as a result of the above.

Out of area placements for children with disabilities

At the start of October 2015, Medway had 49 children with disabilities placed in residential care and residential special schools.

- 29 were non LAC in 38 week residential special schools
- 10 were LAC in 52 week residential special schools
- 10 were LAC were in 52-week residential care

The greatest demand for 52 week residential services are for children diagnosed with Autism, ADHD, global development delay and complex and challenging behaviours including sexualised behaviours. These children often enter care under S20 due to parents no longer having the ability to cope with their children's challenging behaviours especially when they reach age of 11 – 14 years. Often these children enter care not due to a child protection concerns. There is the need to provide greater preventive work to reduce the escalation of need and to reduce to the length of time children remain in long term residential care.

Similarly, In the current year, there are seven children or young people with high level emotional or mental health needs placed out of area that could have potentially benefitted

from a more local provision.

Section 2.3

Describe the current system

Guidance notes; How is the system currently performing against current national outcome measures?; How are the needs of the five cohorts set out above currently being catered for? What services are already in place?; What is the current care model, and what are the challenges within it?; Who is providing those services? What is the provider base?; How are those providers currently commissioned/contracted, by which commissioner(s)?

Please see **Section 1.1** for details of services currently commissioned in Medway.

Children and Young People's Services

For children with learning disabilities or autism who are showing signs of difficulty, timely access to specialist multidisciplinary assessment and post diagnostic support and interventions result in improved long term outcomes. However, evidence from local needs assessments highlight there is:

- Insufficient specialist provision to meet demand for multi-disciplinary assessments and diagnosis
- Insufficient specialist provision to provide adequate multidisciplinary post diagnostic follow up and support.
- A lack of appropriate provision for people with learning disabilities from age 16
- Insufficient provision of child and adolescent mental health services (CAMHS), especially for children and young people with a learning difficulty, autism and those with challenging behaviour.

This lack of provision results in:

- Delays in obtaining specialist assessments and MDT support which adversely affects long term outcomes
- Insufficient capacity to allow time for effective joint working between agencies
- Increased demand on adult services for the 18-25 age group
- Increasing needs over time resulting in decisions to move children and young people to specialist placements that are considerable distances from their home and families in order to have their needs met.

Adult Learning Disability Services

Learning disability practitioners and social care providers identified the following issues that result in high numbers of people being admitted to specialist hospitals:

- Lack of specialist LD resources in the community to provide individuals with timely access to specialist LD multi-disciplinary interventions.
- Waiting lists for access to key clinical disciplines e.g. Psychology, SaLT, OT
- Lack of specialist LD services to allow a crisis response
- Lack of robust respite accommodation and access to skilled social care support staff to offer a more appropriate alternative to hospital admission for some individuals

- Lack of clarity about role and function of different services resulting in disjointed service response and service users falling into service gaps

This lack of provision results in:

- Crisis situations developing for a proportion of people on the waiting list
- When crises develop, interventions from specialist LD services are often unable to prevent a complete breakdown of the support package
- Crisis management may be left to mainstream Crisis Resolution Teams and/or the Police who do not have the specialist knowledge and skills required - diagnostic overshadowing often results.
- Hospital admission to an acute mental health is currently the only response available when the support package has broken down or the individual is presenting a high level of risk. Busy in-patient units with high levels of acuity are in many cases deemed to be an inappropriate environment for people with learning disability or autism.

Adult ASC

A review of Adult ASC Diagnostic and Support services identified the following issues:

- Insufficient resources to meet demand for diagnostic assessments
- Insufficient resources to provide post diagnostic follow up and support and joint working with other agencies/services
- No capacity for assessment and diagnosis of complex co-morbid neurodevelopmental disorders e.g. ADHD
- Increased demand resulting from insufficient resources in CYP services - 70%+ of clients referred are in the 16-25 age group

These issues have resulted in:

- Waiting time for diagnostic assessments that far exceed NICE guidelines
- Increased numbers presenting with challenging behaviours due to unmet need who are at risk of admission
- Lack of understanding of autism among other health and social care professionals resulting in inappropriate service responses including referrals to out of county specialist ASC in-patient services
- Insufficient capacity to allow time for effective integrated working between health and social care elements of the service

The All age Neurodevelopmental Care Pathway (**Appendix 2**) was designed to address the needs of people with Autism in Kent.

CCGs across Kent and Medway are exploring different commissioning options for this care pathway. It is likely that the Children and Young People's (0-25) component will be included within the emerging Service Model and re-procurement plans for an integrated Medway Children and Young People's Emotional Health and Wellbeing Service. Medway CCG are also working with neighbouring north Kent CCG colleagues on the development of a new assessment and diagnostic provision for adults (including ASD and ADHD) together with better quality pre and post diagnostic enablement and therapeutic support. This is a key component of Medway's match-funding bid detailed in the enclosed *TCP Activity and Finance Annexes*.

As detailed in section 2.5 below, Medway are also working to develop the offer of personal budgets (PBs) , personal health budgets (PHBs) and integrated personal budgets (IPBs) beyond rights guaranteed in law. This will require work to identify funding currently 'locked' within block contracts. By April 2016, the CCG will have a 'local offer' in place setting out how it intends to expand the use of personal health budgets. This will include people with a learning disability.

Commissioners will work with the local voluntary sector to consider what additional or different local services are needed to ensure that people with PBs and PHBs have a range of services to choose from. This is already happening in other service areas e.g. older people and dementia and good practice and shared learning will help to inform this work.

Medway has recently set out it's intentions regarding PHBs in a draft Local Offer statement and a paper to the Medway Commissioning Committee.

The documents describe the following plans for the period covered by the Medway TC Plan 2016-2019, including:

Year 1 – 2016-2017:

- A full needs analysis will be conducted to identify who could most benefit from personal health budgets between now and 2019/2020, a process which will involve people with lived experience of health services, their families, as well as other people such as NHS staff, social services, and other local organisations.
- More concrete plans will be developed to enable people with learning disabilities and mental health needs and / or autism to access PHB, as part of the wider Transforming Care programme of transformation of the way in which we support people in this group (working closely with Medway Council social services and other partners).
- As explained above, children and young people with additional needs (who have Education, Health and Care Plans) will also be supported to access a PHB as part of their EHC Plan, if they, their families, and healthcare professionals feel that they would benefit from this.

To facilitate this a recommendation has been made to the Commissioning Committee to support the following two new posts:

- A PHB coordinator for the North Kent CCGs, located in the CCG Specialist Assessment and Placements Team (covering Medway, DGS and Swale CCGs). This post will be largely operational in focus, acting as a caseworker for individual PHBs, and undertaking an auditing role; but s/he will also have a wider remit for supporting rollout, once the local strategy and plan has been developed and agreed.
- A Designated Medical Officer is being recruited to the Children's Programme area within Partnership Commissioning (Medway Council), a role which, among other elements, will have a duty to promote and champion Personal Health Budgets for groups of children in Medway who have been prioritised or identified in the local strategy and plan as potential beneficiaries.

Section 2.4

What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

Guidance notes: Provide a summary of existing estate data by property; describe what the existing estate from which the client group are supported is and how fit for purpose/how settled the accommodation is;

Where the NHS has an existing interest in a property, confirm whether the associated capital grant agreement (CGA) and (where appropriate) legal charge is held by NHS England⁴ or the Department of Health / Secretary of State for Health (DH/SoS).

In 2001 the Government set out its vision and expectation for people with learning disabilities in the 'Valuing People Now' document, the vision that 'people with learning disabilities are entitled to the same aspirations and life chances as other people'. Medway Council and Medway CCG have a strategic aim to enable adults with learning disabilities, autism and mental health issues to live independently in their own homes with the support they need to be able to live as far as possible the same lives as people who do not have these conditions. This means they will live in their own homes, have meaningful personal relationships, including with families and, friends, and have something purposeful to do during the day, like work, volunteering or education/training.

In Medway, as is the situation nationally, people with learning disabilities have historically had little or no choice about with whom and/or where they live. It is widely accepted that the challenge is to provide a range of suitable housing options, across tenures, that people with learning disabilities will choose to live in, with access to the appropriate level of support as required. Across Medway there remains a high demand/requirement for supported living options. This can be in the form of single units of accommodation, shared houses and more specialised accommodation and services for those with challenging behaviour and/or physical and sensory needs. The use of supported housing is one option to support the outcome of independent living for this client group. Although a preferred model of provision is for single units of accommodation within a small scheme or building, having no more than ten units together, consideration should be given to shared units, one or two units together, as this will broaden the spectrum of options.

Residential care is frequently considered the most appropriate solution for people with complex needs or challenging behaviour, however there are excellent examples whereby supported housing developments manage people better to live more independently. In Kent, for example, the charity MCCH have successfully developed five state of the art self-

⁴ Where the original CGA and/or property charge is in the name of a Health Authority, NHS Primary Care Trust or NHS Property Services Ltd, these organisations have now been succeeded as holder of the relevant CGAs and property charges by NHS England.

contained flats, each tailor made for the residents and all are fitted with assistive technology to ensure greater independence and safety. This is an excellent example of how all stakeholders, including the client and their family/support network can work together to achieve the objective of a providing an opportunity of independent living. This scheme is supported by a specialist care and support provider to bring the elements together successfully. Medway will be actively seeking opportunities to replicate that type of provision locally.

For people with learning disabilities who are living with family, the access to 'short breaks' accommodation is important. Although Medway Council do have specific accommodation in Medway to meet this need, the challenge is for housing and care home providers is to consider innovative and flexible use of existing or new accommodation to meet the continued demand for 'short breaks'. Availability of Short term placements to allow for a period of assessment would also prevent people with learning disabilities being placed unnecessarily into residential care. This is a better outcome for the client and a potential reduction in expenditure for Medway Council. There is also need to consider access to suitable accommodation for clients with learning disabilities (for very high needs and mild learning disabilities) who may find themselves at a point of crisis, to time offer the transition of services and support and prevent inappropriate placements which could be detrimental to a clients' wellbeing. Medway Council/CCG are exploring options for resourcing this provision jointly with Kent County Council as it's unlikely that this could be financially sustainable on a Medway only footprint.

It is accepted by Medway Council and other agencies that there will be continued need for some residential care provision for people with learning disabilities who have a range of needs who for a period of time will find the environment of a registered setting the right one to meet these. This provision will look very different from the current offer and care home providers will need to be flexible about the accommodation and support provided, to enable them to adapt their care provision to cater for changing requirements, this will include flexibility for clients with learning disabilities who age and may also have physical disabilities or mental health needs, such as dementia.

Looking ahead there are two big challenges Medway Council/KCC and stakeholders face. Firstly it is how to identify and manage the number of children with complex needs, who are now living longer and will become the responsibility of Adult Social Care; ensuring that there is adequate provision to deal with an increase in demand for housing care and support. Secondly, there are many middle aged people with learning disabilities in Medway who are currently living with an elderly carer. Some of these people may not have the skills to equip them to live independently should their elderly carer themselves require support or pass away, but their level of care need does not warrant a placement into residential care. Identification and provision of the right type, number and location of accommodation is critical to ensure all stakeholders are supporting independence for an expected growth in demand for housing care and support within this adult social care client group.

All services for people with learning disabilities need to be person centred and the subsequent placements into housing or residential accommodation should take into account the current and potential future care and support needs to ensure the best possible outcome for the individual.

The issues are articulated in Medway Market Position Statement for LD, to be published in February 2016.

Financial Implications

The cost of care for people with learning disabilities in residential care ranges considerably, based on individual need. KCC has developed many supported accommodation schemes with registered providers, care providers and district council partners and has greatly improved understanding the needs of individuals with learning disabilities, including their accommodation needs and is now introducing ways within the review process to monitor people's future accommodation needs. This is a key area where Medway Council will seek to partner with and take learning from KCC.

It is recognised that in some instances if people move from residential care to supported living, at least initially, costs may increase while clients adjust to their new arrangements. This is largely due to the institutional nature of current residential care provision and people need targeted and intensive support for a short period. However, the long term outcomes for people greatly improve their quality of life and over time, through review of needs, the care packages will adjust to the client's needs and increased independence.

The following provides a breakdown of current estates provision in Medway:

Residential Care Homes

There are 38 residential care homes for people with learning disabilities in Medway. Many are long established, owned by private local couples or individuals, In terms of total supply, there are 251 beds available and approximately 57 vacancies.

Nursing Homes

There are no nursing homes for people with learning disabilities in Medway. 2% of learning disability spend is on nursing care and this will be delivered in homes that are outside of Medway. People with learning disabilities are living longer and with increasingly complex conditions. There is an opportunity to provide nursing care that meets the particular needs of people with learning disabilities who are ageing.

Supported Living/Supported Accommodation

There are 2 purpose built supported living schemes (Polder House and Chaucer Court) with a total of 12 units of accommodation in Medway for people with a learning disability. By Supported Living we mean a tenancy and support delivered by the same provider at the same place, and the receiving support is a requirement of living there. The support provided will vary according to the needs of the tenants and will be as non intrusive as possible. The provider's staff may be on site 24/7 or they may be there at certain times only, depending on the intensity of the support needed at the scheme.

Typically there will be support to develop independent living skills, often with the aim of people then being able to move on to fully independent living. There may be prompting with personal care, but supported living differs from residential care in that personal care is not provided. Medway want to see a shift in the number of people living in residential care to living independently. Supported living schemes are an ideal bridge between residential care and living independently so we would welcome providers who could develop new supported living schemes in Medway that provide innovative ways of providing those schemes in a way that is cost effective and supports a shift in social care budgets away from residential care.

Housing Related Support

In Medway we currently support just under 60 people to live independently with housing related support. We want this to increase so we would like to encourage providers to develop their offer in Medway.

Live in Care/24/7 Care

In Medway, we have almost 20 people with learning disabilities living independently in their own homes with live in care. We therefore would welcome providers who could develop their offer in Medway and provide live in care in a way that provides innovative ways of providing live in care cost effective and supports a shift in social care budgets away from residential and nursing care, particularly for those people who have the highest needs, and for those people with behaviour that challenges or people with severe autism who may benefit from living apart from other people with similar needs – especially those who live at a distance from their families in Medway because there are not specialist facilities locally.

Children and Young people

At the start of October 2015, Medway had 49 children with disabilities placed in residential care and residential special schools.

- 29 were non LAC in 38 week residential special schools
- 10 were LAC in 52 week residential special schools
- 10 were LAC were in 52-week residential care

There is no local 38 to 52-week residential provision in Medway able to support children with disabilities. The Council is dependent on using high cost independent provider's located long distances from Medway (Devon, Dorset, Norfolk and Kent). This also results in some children being transported back to special schools in Medway incurring a two-hour commute each day. A third of our disabled LAC could have been placed closer to their families and attended local schools, if there were sufficient residential services available in Medway.

The greatest demand for 52 week residential services are for children diagnosed with Autism, ADHD, global development delay and complex and challenging behaviours including sexualised behaviours. These children often enter care under S20 due to parents no longer having the ability to cope with their children's challenging behaviours especially when they reach age of 11 – 14 years. Often these children enter care not due to a child protection concerns. There is the need to provide greater preventive work to reduce the escalation of need and to reduce to the length of time children remain in long term residential care.

Similarly, In the current year, there are seven children or young people with high level emotional or mental health needs placed out of area who could have potentially benefitted from a more local provision.

Medway Council is actively pursuing a business case and strategy to create and integrated local accommodation and respite solution for children and young people with LD, autism, challenging behaviour and mental health issues.

Section 2.5

What is the case for change? How can the current model of care be improved?

Guidance notes; In line with the service model, this should include how more can be done to ensure individuals are at the centre of their own packages of care and support and how systems and processes can be made more person-centred.

Medway Council and Medway CCG have a strategic aim to enable adults with learning disabilities, autism and mental health issues to live independently in their own homes with the support they need to be able to live as far as possible the same lives as people who do not have these conditions. This means they will live in their own homes, have meaningful personal relationships, including with families and, friends, and have something purposeful to do during the day, like work, volunteering or education/training.

Commissioners will continue to work with provider partners to ensure services are focussed on

- Preventative and proactive interventions to identify and address the needs of children and young people in high risk groups
- Intensive support for adults at risk of admission to in-patient services
- Co-production of care and support plans and packages of care with people and their families /carers including crisis and contingency plans
- Improved communication and co-operation between services
- Joint working with other agencies to achieve improved outcomes and seamless care
- Removing service gaps at crucial junctures in people lives e.g. transition

As set out above, there are clear opportunities to improve the current model of care through improved integration of commissioned service providers and social care.

In line with the new Service model:

- Medway Council and CCG Commissioners are working to develop the offer of personal budgets, personal health budgets and integrated personal budgets beyond rights guaranteed in law. This will require work to identify funding currently 'locked' within block contracts. By April 2016, the CCG will have a 'local offer' in place setting out how it intends to expand the use of personal health budgets. This will include people with a learning disability
- Commissioners will work with the local voluntary sector to consider what additional or different local services are needed to ensure that people with personal budgets have a range of services to choose from. This is already happening in other service areas e.g. older people and dementia and good practice and shared learning will help to inform this work.
- The Council is actively pursuing the remodelling and re-procurement of local advocacy services, including investment in non-statutory advocacy services and statutory and non-statutory advocacy for people who are leaving a hospital setting. All such advocacy provision will be independent and provided separately from care and support providers
- Medway Council and CCG have introduced a Complex Case Transitions Panel to improve the pathway for young people who may have complex needs who are facing transitions. In addition MCH and the social care teams have established a complex case meeting to identify and resolve more complex cases as early as possible.

The improvements required in the care pathway for people with ASC are outlined in the Neurodevelopmental Care Pathway (ASC/ADHD) at *Appendix 2*. Medway CCG and Council are actively working to implement this care pathway through:

- Re-modelling and re-procurement of the Medway CAMHS Service
- Exploring options for the commissioning of a neurodevelopmental service for adults in partnership with neighbouring north Kent CCGs

The above improvements in services cannot be achieved without significant whole system change. Medway will also continue to drive forward the necessary change in

- the social care Market as set out in its Adult Social Care strategy and Market Position Statement
- Workforce – both the professional/practitioner workforce and the social care support workforce

Please complete the 2015/16 (current state) section of the 'Finance and Activity' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

See Section 2 "Community Provision" of the Finance and Activity Template.

Medway Council and CCG Placements Teams are currently cross referencing several data bases to identify spend and activity on the following items:

- Joint NHS/local government funded packages of support in community settings for former inpatients
- NHS-funded packages of support in community settings for other people at risk of admission
- Local authority-funded packages of support in community settings for other people at risk of admission
- Joint NHS/local government funded packages of support in community settings for other people at risk of admission
- NHS-funded packages of support in community settings for children and young people

Kent and Medway have not yet established arrangements for developing "At Risk Registers" and are not therefore in a position to identify numbers and spend on people at risk of admission.

Services catering to many individuals

Current spend is included for

- Community LD Teams
- Mental Health of LD Teams
- Adult ASC Support Service

3. Develop your vision for the future

Vision, strategy and outcomes

Section 3.1

Describe your aspirations for 2018/19.

Guidance notes; This should include, as a minimum, an articulation of:

- *Improved quality of care*
- *Improved quality of life*
- *Reduced reliance on inpatient services*

The aspirations of individuals and families for their own lives should be central to this.

Medway CCG, Medway Council and our partners are committed to working in partnership with individuals with learning disabilities or autism and their families and with wider stakeholders to define what good person centred care and support looks like and to describe the system that will deliver it.

We're committed to changing how we commission and provide services in order to overcome organisational boundaries and unnecessary bureaucracy so that children and adults with learning disabilities or autism experience truly integrated and well-co-ordinated health and social care that delivers improved outcomes throughout their lives.

We want to ensure that every individual and their families have timely access to a range of services, facilities, accommodation and support that will enable them to live safe and fulfilling lives in their local community, close to the people who are important to them.

We want to avoid the long term consequences of inadequate local service provision for individuals and their families and for the local health and social care economy. We are therefore committed to early intervention and prevention to ensure that people's needs do not increase over time. We aim to commission services that have sufficient capacity to provide increased or intensive support to individuals with more complex needs or to those who are in crisis.

We are committed to supporting the continuing development of our skilled and dedicated workforce across all sectors. We will promote the sharing of knowledge and best practice in order to develop expertise and confidence and we will involve the workforce as partners in designing and resourcing a system that will respond swiftly, flexibly and effectively to the needs of people with learning disabilities or autism who have mental health or challenging behaviour needs.

We acknowledge that there is a broad range of needs among children and adults with learning disability or autism in Medway that require support from the whole range of available education, health and social services. These needs are being addressed through a number of recently published local strategies:

- Medway Joint Health and Wellbeing Strategy
- Medway SEN – Joint Strategic Needs Assessment
- Medway Emotional Wellbeing Strategy for Children, Young People and Young Adults
- Medway Adult Social Care Strategy

This plan focusses on services for people with learning disabilities or autism who are at risk of admission to specialist in-patient services due to mental health or challenging behaviour needs. The vision for learning disability and autism services reflect the vision and aspirations set out in the local strategies above and the service developments and projects described within this plan may have implications for the wider range of services accessed by people with learning disabilities or autism.

Medway's aspirations for 2018/19 are to build on the solid foundations already achieved in relation to Winterbourne and improved support for people to live well within their community.

The Council and CCG are committed to the principle that, the starting point for everyone should be about access to support that is based on individual need, through establishing an understanding of the factors, both historic and current, that have contributed to the individual's behaviour. Care and support should then be delivered with the aim of improving the person's quality of life.

In order for this to be successful, it will require multi-disciplinary and multi-agency working, as well as skilled informed responses from specialist health and social care services, in partnership with the person and those who provide day-to-day support.

Key Aims of the Plan

A Whole System Approach

A key aim of this plan is to establish a whole system approach to supporting children and adults with learning disability or autism who have mental health or challenging behaviour needs.

We will therefore seek to define local models of care that are grounded in best practice and establish clarity on the role and function of different services in order to piece them together to present a complete picture of a whole system that will deliver better outcomes to individuals and meet the requirements of legislation, policy and good practice guidance.

How will we achieve this?

- We will design care pathways that allow for effective joint working between services
- We will work towards more integrated and cohesive commissioning arrangements for all adult learning disability services
- We will work towards more integrated governance arrangements for adult learning disability and disabled children's social services
- We will establish processes and systems that will obtain both qualitative and quantitative data from a range of sources to support integrated commissioning and provide better quality data and information on those at highest risk to be able to target resources where they will be most effective.
- We will promote greater involvement of our social care providers as partners in developing and improving standards in the social care market using the Quality in Care Framework

Better outcomes leading to better quality of life

The second key aim is to improve quality of life through improving outcomes for children and

adults with learning disability or autism who have mental health or challenging behaviour needs. Individuals and their families will have an important role in identifying the short medium and long term outcomes they wish to achieve. Services will therefore need to place greater focus on person centred planning at all stages across the lifespan involving the service user and their family in identifying the most appropriate options for care and support.

We need to enable services to undertake multi agency and multi-disciplinary assessments as standard. This will allow early identification of individuals with greatest needs or at highest risk of being placed in out of area hospitals or residential schools.

We need to increase the options we offer to individuals and their families which means we will need to expand and change current services. Increasing accommodation options and the availability of community services is a key part of this.

How will we achieve this?

- We will define the processes for providers that will enable them to identify the required outcomes for individuals e.g. Health Equalities Framework
- We will closely monitor the outcomes achieved for individuals through robust performance management
- We will agree and continually revise service specifications that require the following from service providers:
 - greater involvement of individuals and their families in developing person centred packages of support that can effectively meet their assessed needs.
 - robust arrangements for regular communication and sharing of information between services and individual practitioners
 - greater sharing of knowledge and best practice between services and promotion of knowledge creation and learning from experience.
 - better crisis and contingency planning that defines the role and function of multiple agencies in meeting the expressed preference of the individual and their family
 - encourage the workforce to look beyond existing options for care and support and to recommend new and innovative models of care based on individuals' person centred plans
 - the development of new models of care for the assessment and treatment of people who are in crisis as an alternative to the use of specialist learning disability or ASC hospitals

Improved community provision reducing reliance on In-patient services

The third key aim of this Plan is to address the gaps in community service provision for people with learning disabilities or autism that result in poorer outcomes for individuals and their families and have adverse economic consequences for the health and social care system.

We aim to ensure there are appropriate resources and capacity in community services for people to provide swift and effective interventions when and where they are needed. This will have the added effect of reducing the impact on demand for adult services.

We will need to ensure there is seamless and equitable provision of care to meet the needs of individuals at critical junctures in their life e.g. transition, leaving education.

How will we achieve this?

- We will map and review the current Learning Disability Care Pathway across providers and scope potential opportunities for greater streamlining and integration – taking learning from the Integrated Commissioning Model currently being developed in Kent
- We will design and commission an all age care pathway for neuro developmental disorders and associated conditions that dovetails with existing service provision for people with autism
- We will establish productive partnerships across all sectors including housing and social care providers through participating in the Kent Challenging Behaviour Network.
- We will extend the scope of existing professional fora to include social care providers in order to enable the wider sharing of learning and good practice and to promote reflective learning in all services
- We will map our current services and planned service developments against the new National Service Model to help us identify service gaps and areas for improvement
- Following clarification received in April 2016, we will implement the Care and Treatment Review Policy locally and use the information gathered to inform commissioning plans in support of individual placements

Section 3.2

How will improvement against each of these domains be measured?

Guidance notes;

Transforming care partnerships should select indicators that they believe to be appropriate for their plans.

However, areas should be aware that nationally:

- *To monitor reduced reliance on inpatient services, we will use the Assuring Transformation data set*
- *To monitor quality of life, we are minded to make use of the Health Equality Framework⁵*
- *To monitor quality of care, we are supporting the development of a basket of indicators (see Annex A); exploring how to measure progress in uptake of personal budgets (including direct payments), personal health budgets and, where appropriate, integrated budgets; and strongly support the use by local commissioners of quality checker schemes and Always Events*

In developing our Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan, partners in Medway have drawn information from a wide range of sources and led a number of engagement activities involving children, young people and families. The purpose has been to gain a fuller understanding of the level of need in Medway and the actions needed to establish a more connected 'whole system' of support around emotional wellbeing. The analysis of these findings has also been shaped by awareness of, and sensitivity to, changes that are underway in related services and

⁵ <http://www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide1/>

workstreams – for example, within Medway Council’s Early Help offer; with plans to develop integrated services across the health and social care system and the commissioning intentions of Medway’s Clinical Commissioning Group (CCG).

This consultation and engagement work has highlighted a number of key issues, pertinent to the development of Medway’s Transforming Care Plan, including:

Neurodevelopmental disorders

Health services for Children and Young People with neuro-developmental disorders are currently provided across multiple providers. Parents and carers tell us that it is difficult to navigate the system, and get the right support at the time they need it.

The existing service model does not provide a bespoke pathway of treatment and support for these young people and is an area where additional resource is required, including dedicated consultant psychiatry and psychology time. Partnership working and collaboration to reduce duplication and clarify roles, particularly for children and young people with neuro-developmental disorders, will be important. Key to the successful delivery of this pathway will be no long waiting times, no age gap and better support for families with children already diagnosed.

Joint working with paediatric teams to agree protocols around the assessment, diagnosis and treatment of these children and young people, including issues of age criteria will be need to be undertaken. A need has been identified to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to universal and early help services. The development of NICE compliant pathways on ADHD and ASC is a priority for Medway and the new service provider will be required to work with commissioners and other providers to re-design and implement these pathways.

Learning Disabilities

A need has also been identified for a service to meet the needs of those children and young people with a learning disability and/or autism who also have or are at risk of developing a mental health condition or behaviours described as challenging. This includes children with autism (including Asperger’s syndrome) that do not have a learning disability, as well as those with a learning disability and/ or autism whose behaviour could lead to contact with the criminal justice system. Medway’s new Children and Young People’s Emotional Health and Wellbeing service will be required to work in partnership with children, young people and their families and other services to help reduce the need for children to communicate their needs in ways that challenge, thus enabling them to achieve the best possible level of independence and safe participation in their community. The starting point should be for mainstream services to meet the needs of these children, making reasonable adjustments wherever possible. This is an extremely diverse group of children and young people, the support they require will, therefore, need to be tailored to their needs.

Partnership and joint working with other agencies will be central to any provision of psychiatric services for children and young people with learning disabilities and the development of interagency care pathways will be a key role for the service.

The service will be required to develop mental health services for children and young people incorporating shared care arrangements with community paediatricians and Learning Disabilities Services. This would involve working closely with:

- learning disability staff

- community health and ADHD nurses
- community paediatricians
- child development centres
- educational services, including educational psychology
- primary care
- early years settings
- any other service that provide or offer services to this client group

In taking forward the development and procurement of the new Children and Young People's Emotional Health and Wellbeing Service, a reference panel of children and young people will be established, including those with Learning Disabilities.

MEASUREABLE INDICATORS OF SUCCESS

The Winterbourne Concordat highlighted that too many people with learning disabilities or autism experience poor quality care resulting in poor outcomes. As a result, many have been and continue to be admitted to in-patient services for protracted periods of assessment and treatment. Our measurable indicators of success therefore relate to the outcomes achieved for individuals in their local communities and the numbers of people who are in specialist in-patient services at any point in time.

- *To improve outcomes for people with learning disabilities or autism.*

We will begin to measure and report the reduction in health inequalities achieved for adults with learning disabilities using the **Health Equalities Framework**.

Outcome measures for people with autism will be included in the service specification for the all age neurodevelopmental care pathway.

- *To reduce the numbers of adults with learning disability or autism being admitted to specialist hospitals out of area away from their local support networks.*

The number of patients with LD or autism admitted to inpatient settings in Medway is relatively low and within national guidelines for CCG and NHSE funded placements. This is, however, not a reason for complacency, and it's recognised that without significant investment in community support, there is a risk of this number increasing in the future with an increasing number of complex cases transitioning to adult services.

Numbers and projections are set out in the Finance Tracker.

- *To reduce the numbers of children who are placed out of area for care and treatment*

At the start of October 2015, Medway had 49 children with disabilities placed in residential care and residential special schools.

- 29 were non LAC in 38 week residential special schools
- 10 were LAC in 52 week residential special schools
- 10 were LAC were in 52-week residential care

There is currently no local 38 to 52-week residential provision in Medway able to

support children with disabilities. The Council is dependent on using high cost independent provider's located long distances from Medway (Devon, Dorset, Norfolk and Kent). This also results in some children being transported back to special schools in Medway incurring a two-hour commute each day. A third of our disabled LAC could have been placed closer to their families and attended local schools, if there were sufficient residential services available in Medway.

Similarly, In the current year, there are seven children or young people with high level emotional or mental health needs placed out of area that could have potentially benefitted from a more local provision.

We expect to see a significant reduction in this number when an appropriate range of specialist community services have been commissioned. In order to achieve this we will need to establish a process that generates high quality information about children and young people at risk. This will be achieved by embedding the CTR process within the SEN Placements panel and the Tier 4 CAMHS decision making processes.

Medway are also actively exploring the potential for 38/52 week residential facilities within Medway to cater for children and young people with LD, autism, challenging behaviour and mental health conditions where their education needs can be met by Medway schools.

- *To increase preventative interventions that are designed to keep people in their local communities using Positive Behaviour Approaches.*

We will monitor and report the number and outcomes of preventative interventions offered under an agreed multi-agency complex care referral pathway as part of formal performance meetings during 2016/17 and onward. In Medway, the Complex Care Response is the new multi-disciplinary element of the care pathway that seeks to prevent crises developing through proactive interventions in the community as well as providing a comprehensive response should a crisis occur. Medway will prioritise the development of a similar pathway through management of existing service providers.

- *To increase the range of accommodation options*

In terms of supported housing, Medway will require significantly higher numbers of units in the next 5 years. Exact numbers to be determined. This includes additional capacity for shared and Independent living placements to meet expected demand.

Section 3.3

Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.

Medway Council and Medway CCG recognise some of the current gaps in service provision and support for LD and ASD across health and social care. We also recognise the benefits of improved integration of services and will benefit from working in partnership with Kent colleagues in order to develop this approach.

The guiding principles behind Medway's offer of care and support will be in line with the National Service model i.e.

Quality of life – people should be treated with dignity and respect. Care and support should be personalised, enabling the person to achieve their hopes, goals and aspirations; it should be about maximising the person’s quality of life regardless of the nature of their behaviours that challenge. There should be a focus on supporting people to live in their own homes within the community, supported by local services.

Keeping people safe – people should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparent and open reporting, ensuring lessons are learned and acted upon.

Choice and control – people should have choice and control over their own health and care services; it is they who should make decisions about every aspect of their life. There is a need to ‘shift the balance of power’ away from more paternalistic services which are ‘doing to’ rather than ‘working with’ people, to a recognition that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act. People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.

Support and interventions should always be provided in the least restrictive manner. Where an individual needs to be restrained in any way – either for their own protection or the protection of others, restrictive interventions should be for the shortest time possible and using the least restrictive means possible, in line with Positive and Proactive Care.

Equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework. The starting point should be for mainstream services, which are expected to be available to all individuals; to support people with a learning disability and/or autism, making reasonable adjustments where necessary, in line with Equality Act legislation, with access to specialist multi-disciplinary community based health and social care expertise as appropriate.

Please complete the Year 1, Year 2 and Year 3 sections of the ‘Finance and Activity’ tab and the ‘LD Patient Projections’ tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

4.Implementation planning

Proposed service changes (incl. pathway redesign and resettlement plans for long stay patients)

Section 4.1

Overview of your new model of care

Guidance notes; How will the service model meet the needs of all patient groups, including children, young adults, and those in contact with the criminal justice system?

The National Service Model sets out nine overarching principles which define what 'good' services for people with learning disabilities and/or autism whose behaviour challenges should look like:

- i. Providing more proactive, preventative care, with better identification of people at risk and early intervention
- ii. Empowering people with a learning disability and/or autism, for instance through the expansion of personal budgets and personal health budgets, direct payments and independent advocacy;
- iii. Supporting families to care for dependants at home, and the provision of high-quality social care with appropriate skills
- iv. Providing greater choice and security in housing
- v. Ensuring access to activities and services that enable people with a learning disability and/or autism to lead a fulfilling, purposeful life (such as education, leisure)
- vi. Ensuring access to mainstream health services (including mainstream mental health services in the community)
- vii. Providing specialist multi-disciplinary support in the community, including intensively when necessary to avoid admission to hospital
- viii. Ensuring that services aimed at keeping people out of the criminal justice system are able to address the needs of people with learning disabilities and/or autism, and that the right specialist services are in place in the community to support people with a learning disability and/or autism who pose a risk to others, and
- ix. Providing hospital services that are high-quality and assess, treat and discharge people with a learning disability/autism as quickly as possible

These key principles will underpin changes to the service delivery model in the short to medium term.

Adult LD

The precise details of any medium term service changes and revised service model will be informed by further consultation with service users and providers, although Section 4.4 below highlights some of the issues identified through preliminary analysis.

Adult ASC

The precise details of any medium term service changes and revised service model will be informed by further consultation with service users and a thorough review and diagnostic of adult service provision (as described in Section 4.6 below).

CAMHS

A comprehensive review of provision for children and young people is underway in relation to service redesign and procurement of Medway's CAMH service and associated early help provision for children and young people's Emotional Health and Wellbeing. This will include specialist pathways and support for those with Learning Disabilities and neurodevelopmental conditions and associated challenging behaviour (as described in Section 4.6 below).

Short term committed service changes include:

- Improved pre and post diagnostic support for adults in relation to ASC and – currently there is no locally commissioned assessment, diagnosis and support for ADHD resulting in individuals being referred to services out of area. Proposals will be developed in early 16/17 for a locally commissioned and holistic support service for neurodevelopmental conditions in line with NICE guidance and national standards.
- Additional psychology support for adults with LD and Challenging Behaviour to support individuals in crisis and at risk of placement breakdown (see 4.2)
- The development of an integrated service model for children and young people's (0-25) emotional health and wellbeing

Section 4.2

What new services will you commission?

The precise details of any medium term service changes and revised service model will be informed by further consultation with service users and stakeholders and a thorough review and diagnostic of adult service provision (as described in Section 3.1 above).

Across the border in Kent, partners have been developing integrated commissioning arrangements for learning disability between the 7 Kent CCGs and Kent County Council. These will be set up under a Section 75 Agreement and will include new governance arrangements. KCC will manage and lead the integrated commissioning team on behalf of the CCGs.

Medway, as a separate unitary authority, is not part of this integrated finance and governance arrangement, however, going forward, the Council and CCG will be seeking to take learning from Kent's arrangements in order to better align our current commissioning and governance processes where it is appropriate and expeditious to do so in rolling out of this Transforming Care Plan. This may include the development of pooled Section 75 for Learning Disabilities/Autism funding as a key enabler but a number of different models currently being utilised across the country are being explored to ensure any way forward that is agreed is right for Medway. Kent and Medway are both included in the joint strategic footprint governance structure for Transforming Care described in Appendix 5 and above in Section 1.2.

This direction of travel sits within a broader agenda and commitment around enhanced integration of health and social care provision, linked to Better Care Fund and other key programme areas.

Council and CCG Commissioners are working to develop the offer of PBs, PHBs budgets and IPBs beyond rights guaranteed in law. This will require work to identify funding currently 'locked' within block contracts. By April 2016, the CCG will have a 'local offer' in place setting out how it intends to expand the use of personal health budgets. This will include people with a learning disability.

A comprehensive review of provision for children and young people is underway in relation

to service redesign and reprocurement of Medway's CAMH service and associated early help provision for children and young people's Emotional Health and Wellbeing. This will include specialist pathways and support for those with Learning Disabilities and neurodevelopmental conditions and associated challenging behaviour (as described in Section 4.1 above).

Short term service changes (*subject to match funding bid enclosed with the TCP Finance and Activity Annexes*) include:

- Improved pre and post diagnostic support and enablement for adults in relation to ASD and ADHD – currently there is no locally commissioned assessment, diagnosis and support for ADHD with individuals referred to SLAM in London. Proposals will be developed in early 16/17 for a locally commissioned and holistic support service for neurodevelopmental conditions in line with NICE guidance and national standards
- Additional psychology support for adults with LD and Challenging Behaviour to support individuals in crisis and at risk of placement breakdown.

The establishment of a community based quick response service offering swift support to patients at the point of crisis has the potential to prevent community placement breakdown that would otherwise result in inpatient admission. Evidence suggests that psychology and behaviour based approaches are most effective for LDCB patients and so a psychologist with a specialist in behavioural support would be optimally placed to offer that response. For this reason the service will be delivered by the Mental Health Learning Disability (MHL) Psychology Team. The expectation is that this will result in a significant further reduction in the number of people being admitted to in-patient services.

In order for the role to be effective it is essential that patients are supported shortly after referral. Agreeing patients to be supported through this process will ensure rapid access to support for patients with greatest need / potential to benefit where the behavioural support specialist will undertake a face to face clinical assessment within a week of case allocation.

Following identification of appropriate patients the Clinical Psychologist Challenging Behaviour Specialist will assess patients (jointly with psychiatry where appropriate). In addition to psychological assessment this will also seek to identify and address the root causes of patient's challenging behaviour. The Clinical Psychologist Challenging Behaviour Specialist will then develop a time limited care plan with usual support options including:

- Direct intensive behavioural support
- Facilitating multi-disciplinary input to agreement and deliver of care plan (psychology / psychiatry / community LD team / care management)
- Convening multi-disciplinary meetings to co-ordinate stakeholder support for complex patient cases
- Facilitate aligned or consistent multi-agency approach to risk assessment and management
- Development of plans to support clients through periods of crisis

The Clinical Psychologist Challenging Behaviour Specialist will also:

- Undertake preventative work across Medway through delivering behaviour support and training to care homes, carers and further stakeholders in the delivery of community care.
- Support care stakeholders to work together collaboratively.
- Additional OT support for people with LD living in the community (not limited to those open to Adult Social Care) and OT input into sensory integration therapy.

The OTs in the 0 to 25 and over 25 disability teams receive referrals directly from an individual's social worker. So, this service is only open to those who meet the Social Services criteria for social care. The main purpose is to support carers to deliver enabling care; set goals to promote a person's independence in all aspects of activities of daily living including advice on complex seating needs and accessing the community, (e.g. travel training) support carers to deliver effective and safe care that can involve equipment, and advice on the safe moving and handling of people who might also have a physical impairment; advise the social worker on the level and amount of care a person needs following a period of enablement; support an individual's housing needs by translating needs into a housing report to obtain suitable accommodation and/or make recommendation to adapt a persons environment to promote safety and independence for the individual and their carers.

- Supported employment co-ordinator for NEET, adult LD and autism
- The development of an integrated service model for children and young people's (0-25) emotional health and wellbeing including specialist LD and neurodevelopmental pathways and support
- Medway are also actively pursuing an integrated approach to local residential and respite services for children and young people to avoid the need for out of area placements, particularly where their education needs can be adequately met in Medway. This will enable children and young people to remain closer to families and, in conjunction with more flexible respite provision, avoid the need for young people to be taken into care in the first place

Section 4.3

What services will you stop commissioning, or commission less of?

A key enabler for the development of community services was the cessation of service provision at a Kent inpatient learning disability acute assessment and treatment unit (the Birling Centre) from the 1st October 2014. Kent and Medway CCGs historically commissioned six beds at the Birling Centre at a cost of £413.70 per day (11/12 price) where Medway's usage based contribution was 14% of the total with an associated annual cost of £122,000. This represented a total of 156 bed days annually.

It was reported that the service had been deemed "not fit for purpose" by Commissioners and the provider, KMPT.

In 2011/12 Kent & Medway CCGs disinvested from in-patient beds from the Birling Centre to allow investment in Community Psychiatric Nurse provision. This investment reduced expenditure on non-contracted activity at the Birling Centre.

When we have an appropriate range of local (community and specialist inpatient) services we will reduce:

- Out of area LD assessment and treatment in-patient services

When we have an appropriate range of local (community and specialist inpatient) services we will reduce:

- Tier 4 hospital placements
- Out of area secure hospital placements
- Out of area hospital placements for people who have ASC and other complex conditions

Section 4.4

What existing services will change or operate in a different way?

A preliminary analysis of locally commissioned services has highlighted some key strategic issues to be addressed through local commissioning/operational arrangements and also opportunities for joint working with partners in Kent, namely:

- People who are in transition from Children's to Adult services (including health services and education)
- Young people who have a learning disability and/or autism and behaviour that challenges
- Accommodation
- Workforce development
- Complex care
- Post diagnosis support for people with autism

In Medway the current operational and commissioning landscape includes services that are spread between a number of providers for this cohort of population. This includes:

- KMPT – psychology and psychiatry
- MCH – physical healthcare services
- Medway Council 0-25 and 25+ disability social work teams
- Medway Council mental health social work team

In practice this means, for example, that:

- i. Physical health and social care / mental health needs are split between Medway Council, MCH and KMPT.
- ii. Anecdotally in Medway, there is good communication between the agencies involved but much of this is down to individual working relationships where staff have worked together prior to the social work function coming back in-house and isn't necessarily formally captured through an integrated service model or specification. There is a risk, therefore, of deterioration when these individuals move on.

- iii. There is no formalised 'complex care' pathway to provide an effective multi-agency response to individuals who may present in crisis in the community. This needs to be addressed as a priority and is integral to the LD Challenging Behaviour service described in Section 4.2. An initial meeting between providers and commissioners has taken place to explore how this issue can be addressed in Medway and a dedicated working group is currently being organised.
- iv. As well as the challenge of Kent and Medway articulating a consistent and co-ordinated approach to Transforming Care, there are specific issues in relation to 'service levels' for individuals who may be placed by Medway Council in the Kent County Council Local Authority area. In order for Kent's complex care response to work effectively, it requires a multi-agency response, including input from social workers. In Kent, this is less of an issue as the Community Learning Disability Teams are fully integrated but for Medway placements, the social work team would need to respond in line with the agreed multi-agency response in order for it to work effectively.
- v. Kent are also seeking to commission 'Safe Accommodation' the purpose of which will be to prevent admissions, where possible, through provision of a community based service that will provide an appropriate environment to manage a crisis situation. It may also be used to support a timely discharge from hospital if necessary. It will be specifically designed for short term use (2-12 weeks) in order to assess and plan interventions in conjunction with multi-disciplinary team input. Whilst this is yet to be established, there are clear opportunities for joint commissioning arrangements to maximise the potential of this provision and this will be addressed through joint governance arrangements. Medway is closely involved in ongoing discussions and is considering options for accessing this facility for Medway service users once it is operational.

A priority for the first 12 months of the plan will be to work towards improved alignment and integration of these services. At present, though, more information regarding services, service activity, pathways through the Medway system and the service user and carer experience is needed in order to ensure that plans are relevant and meet the needs of the local population. This will be accomplished by a service review and a consultation to highlight specific areas of provision that require attention. A new provider and commissioner network group will be established as well as a new Integrated Commissioning Board for LD to oversee and direct proposed changes.

Children and Young People

There is no local 38 to 52-week residential provision in Medway able to support children with disabilities. The Council is dependent on using high cost independent provider's located long distances from Medway (Devon, Dorset, Norfolk and Kent). This also results in some children being transported back to special schools in Medway incurring a two-hour commute each day. A third of our disabled LAC could have been placed closer to their families and attended local schools, if there were sufficient residential services available in Medway.

The greatest demand for 52 week residential services are for children diagnosed with Autism, ADHD, global development delay and complex and challenging behaviours including sexualised behaviours. These children often enter care under S20 due to parents no longer having the ability to cope with their children's challenging behaviours especially when they reach age of 11 – 14 years. Often these children enter care not due to a child protection

concerns. There is the need to provide greater preventive work to reduce the escalation of need and to reduce to the length of time children remain in long term residential care.

Similarly, In the current year, there are seven children or young people with high level emotional or mental health needs placed out of area who could have potentially benefitted from a more local provision.

Medway Council is actively pursuing a business case and strategy to create and integrated local accommodation and respite solution for children and young people with LD, autism, challenging behaviour and mental health issues.

Section 4.5

Describe how areas will encourage the uptake of more personalised support packages

Guidance notes; Areas should look to set out, how their reforms will encourage the uptake of and what year on year progress they expect to make in:

- *Personal budgets (including direct payments)*
- *Personal Health Budgets*
- *Where appropriate, integrated budgets*

It should be noted that children and young people with a learning disability who are eligible for an Education, Health and Care plan should also be considered for a personal health budget, particularly for those in transition and those in 52-week placements.

This process aligns with the 'local offer' areas are developing for personal health budgets and integrated personal commissioning (combining health and social care) in March.

The local delivery approach is based on collaboration with Medway Council to deliver personal health support plans, brokerage functions and direct payments to adults and children eligible for NHS Continuing Healthcare (CHC) or Children's Continuing Care.

PHB brokerage functions are delivered as part of the North Kent Specialist Assessments and Placements Team. The brokerage element supports adults and children eligible for CHC/CC who choose to receive their eligible funding in the form of a PHB to plan and define the support package that meets their assessed needs. Brokers also carry out regular periodic reviews in conjunction with CHC/CC clinicians to ensure that health outcomes are achieved and the support packages continue to meet assessed needs.

This provides a platform for extension of the local PHB offer to wider patient cohorts in line with national planning guidance and policy direction.

In addition, the Kent and Medway CCGs are beginning to focus on LD as a key area for their expanded local offer. A Kent and Medway group has been established to facilitate collaboration across the patch and so that plans for the extended offer align with existing programmes support service/pathway redesign for LD and related patient groups. For example, this has resulted in CCG PHB leads engaging in the all age neuro-developmental pathway project to ensure personalisation and PHBs are built into the overall delivery strategy and specification of services. As part of this project a workshop has been

scheduled to develop a common approach on how personalisation can be implemented in the context of the proposed all age neuro-developmental pathway and to define how PHBs could be used to support the delivery of person-centred approaches.

The experience gained from using a co-production approach to the development of the local PHB delivery framework will inform the work around the ND pathway and the broader extension of the PHB offer. This work is in the early stages and plans will be further developed in the coming months.

Medway Council and CCG are actively pursuing the development of a Local Offer in relation to personal budgets and personal health budgets.

The principle of personalisation is already embedded within commissioning plans in a number of programme areas including, for example:

Short breaks for children and young people with a disability – this is a menu of options of personalised services which parents and young people can purchase using direct payments or care managers can purchase on behalf of parents using their personal budgets.

Day opportunities for people with dementia – again, this will result in a menu of options where people can use direct payments or personal budgets to purchase day care or preferably alternatives to day care such as support to access the sorts of activities they enjoyed prior to their dementia.

Some work has been undertaken to develop other innovative funding models e.g. Individualised Service Funds (ISFs) in the context of key service areas such as dementia and Continuing Healthcare.

Further work is required to expand this offer for other user groups – particularly those with a learning disability or autism.

Partnership Commissioning are attending a series of seminars/workshops led by NHS England entitled PHBs - Developing a local offer. The learning from these workshops will inform specific commissioning and operational recommendations in due course.

In line with national guidelines, Medway's Local Offer will provide a clear action plan including:

- Timescales for PHBs being developed / made available
- How and when PHBs will be rolled out beyond initial priority groups
- Budget setting – our approach to this, and the scope / flexibility of personal budget spend
- Information for patients and families about the above – or how this will be developed / provided
- How support planning will be provided to individuals
- How we will involve people with lived experience of using health services in co-producing our approach to PHBs

Enabling more patients to benefit from Personal Health Budgets is a major change process for Medway Clinical Commissioning Group, so we will be undertaking a phased approach to this locally. The programme will be implemented as follows:

Year 1 – 2016-2017:

- A full needs analysis will be conducted to identify who could most benefit from personal health budgets between now and 2019/2020, a process which will involve people with lived experience of health services, their families, as well as other people such as NHS staff, social services, and other local organisations.
- More concrete plans will be developed to enable people with learning disabilities and mental health needs and / or autism to access Personal Health Budgets, as part of the wider Transforming Care programme of transformation of the way in which we support people in this group (working closely with Medway Council social services and other partners).
- As explained above, children and young people with additional needs (who have Education, Health and Care Plans) will also be supported to access a Personal Health Budget as part of their EHC Plan, if they, their families, and healthcare professionals feel that they would benefit from this.

Year 2 – 2017/2018:

- Exploration of the possible use of personal health budgets for the purchase of wheelchairs.
- Also explore opportunities to roll out personal health budgets, alongside more person-centred approaches, for people with dementia, mental health needs, neuro-rehabilitation, and continence services (for children and adults).

Year 3 – 2018/19:

- Consideration of the role of personal health budgets in end of life care;
- Further development of personalised approaches for any other groups which may have emerged as priorities from the earlier needs analysis and lessons learned as the programme as developed.

To support the successful implementation of the Local Offer and plans to expand PHBs in Medway proposals for two new posts are currently being considered, as described in 2.3 above, namely:

- A Personal Health Budgets coordinator for the North Kent CCGs, located in the CCG Specialist Assessment and Placements Team (covering Medway, DGS and Swale CCGs). This post will be largely operational in focus, acting as a caseworker for individual PHBs, and undertaking an auditing role; but s/he will also have a wider remit for supporting rollout, once the local strategy and plan (following this paper) has been developed and agreed.
- A Designated Clinical Officer is being recruited to the Children's Programme area within Partnership Commissioning (Medway Council), a role which, among other elements, will have a duty to promote and champion Personal Health Budgets for groups of children in Medway who have been prioritised or identified in the local strategy and plan as potential beneficiaries.

A cross directorate Council working group has been established to address some high level issues in relation to ISFs including:

- the role of social workers
- how this development would complement the direction of travel for which direct payments are (and will remain) the foremost enablers – i.e. personalisation and

- enabling people to access flexible support
- what this might mean for the long term future of commissioning, contracting and procurement
- the broader context which ISFs would support, i.e. of co-production with people and families, maximising people's own assets and skills, and building on existing community resources.

The working group has identified some specific individuals who might benefit from this opportunity in the short to medium term – and the intention is to take a phased, evolutionary approach, working closely with individuals to meet their own outcomes and to learn as we go - i.e. not a 'big bang', top-down, directive approach.

Section 4.6

What will care pathways look like?

Guidance notes; Consider planned, proactive and co-ordinated care.

To be fully determined – as described in Section 4.1 above.

Medway's holistic model of care will be further developed in conjunction with providers, key stakeholders and service users over the next 6 to 12 months in line with the National Service Model and BRS.

At time of writing, specific consideration has been given to mapping pathways for (i) Children and Young Peoples emotional health and wellbeing, (ii) all-age neurodevelopmental conditions and (iii) complex/crisis care (in line with new LD Challenging behaviour service – see 4.2)

These pathways are provided in Appendices with further explanatory detail provided below:

Appendix 1 – Draft Service Model for Children and Young People's Emotional Health and Wellbeing

Appendix 2 – Pathway for all-age neurodevelopmental conditions

Appendix 3 – Complex Crisis Care Pathway

Children and Young People - Learning Disabilities (Appendix 1)

The service will include a component for children and young people with a learning disability and/or autism who also have or are at risk of developing a mental health condition or behaviours described as challenging. This includes children with autism (including Asperger's syndrome) that do not have a learning disability, as well as those with a learning disability and/ or autism whose behaviour could lead to contact with the criminal justice system.

The aim of the service would be to work in partnership with children, young people and their families and other services to help reduce the need for children to communicate their needs in ways that challenge, thus enabling them to achieve the best possible level of independence and safe participation in their community. The starting point should be for mainstream services to meet the needs of these children, making reasonable adjustments wherever possible.

This is an extremely diverse group of children and young people, the support they require will, therefore, need to be tailored to their needs.

Partnership and joint working with other agencies will be central to any provision of psychiatric services for children and young people with learning disabilities and the development of interagency care pathways will be a key role for the service.

The service would need to develop mental health services for children and young people incorporating shared care arrangements with community paediatricians and Learning Disabilities Services. This must involve working closely with:

- learning disability staff
- community health and ADHD nurses
- community paediatricians
- child development centres
- educational services, including educational psychology
- primary care
- early years settings
- any other service that provide or offer services to this client group

The service would be delivered based on the nine overarching principles set out in the NHS/LGA document; 'Supporting people with a learning disability and/ or autism who have a mental health condition or display behaviour that challenges'.

Children and Young People - Neurodevelopmental disorders (Appendix 1)

Health services for Children and Young People with neuro-developmental disorders are currently provided across two different providers. Parents and carers tell us that it is difficult to navigate the system, and get the right support at the time they need it.

The existing service model does not provide a bespoke pathway of treatment and support for these young people and is an area where additional resource is required, including dedicated consultant psychiatry and psychology time

Partnership working and collaboration to reduce duplication and clarify roles, particularly for children and young people with neuro-developmental disorders, will be important. Key to the successful delivery of this pathway will be no long waiting times, no age gap and support for families with children already diagnosed.

Joint working with paediatric teams to agree protocols around the assessment, diagnosis and treatment of these children and young people, including issues of age criteria will be need to be undertaken.

The Primary Mental Health team would need to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Additional services.

The development of NICE compliant pathways on ADHD and ASC is a priority for Medway and the provider would be required to work with commissioners and other providers to re-design and implement these pathways.

All age neurodevelopmental conditions (Appendix 2)

Following increasing concern about the lack of clear diagnostic pathways and post diagnostic support for children, young people and adults across Kent and Medway with ASC and ADHD conditions and unacceptable waiting times, the 8 Kent and Medway Clinical Commissioning Groups (CCGs) commissioned a project to design a new all age pathway.

The project was launched in October 2014 and a re-designed pathway has been formulated.

Specific actions have been taken by individual CCGs in relation to local waiting lists and commissioners are now working to embed this pathway within future commissioning plans for Children and Young People's Emotional Health and Wellbeing Services and also within an enhanced assessment, diagnostic and support service for adults for April 2017.

Complex Care Pathways (Appendix 3)

The Clinical Psychologist Challenging Behaviour Specialist will attend weekly multi-disciplinary team meetings to identify patients with the greatest need / benefit from additional support with regard to:

- Avoiding the need to admit to hospital
- Avoiding placement breakdown
- Risk (to self or others)
- Potential to improve quality of received care
- Potential to improve care outcomes
- Potential to rehabilitate
- Potential to save future resources across supporting agencies

In order for the role to be effective it is essential that patients are supported shortly after referral. Agreeing patients to be supported through this process will ensure rapid access to support for patients with greatest need / potential to benefit where the behavioural support specialist will undertake a face to face clinical assessment within a week of case allocation.

Following identification of appropriate patients the Clinical Psychologist Challenging Behaviour Specialist will assess patients (jointly with psychiatry where appropriate). In addition to psychological assessment this will also seek to identify and address the root causes of patient's challenging behaviour. The Clinical Psychologist Challenging Behaviour Specialist will then develop a time limited care plan with usual support options including:

- Direct intensive behavioural support
- Facilitating multi-disciplinary input to agreement and deliver of care plan (psychology / psychiatry / community LD team / care management)
- Convening multi-disciplinary meetings to co-ordinate stakeholder support for complex patient cases
- Facilitate aligned or consistent multi-agency approach to risk assessment and management
- Development of plans to support clients through periods of crisis

The Clinical Psychologist Challenging Behaviour Specialist will also:

- Undertake preventative work across Medway through delivering behaviour support and training to care homes, carers and further stakeholders in the delivery of community care

- Support care stakeholders to work together collaboratively

Section 4.7

How will people be fully supported to make the transition from children's services to adult services?

Guidance notes; Consider what will be different for children and young people going through transition, including those in 52-week placements.

Medway Council / CCG already have well established protocols and processes in relation to transition from children to adult services. A CQUIN is in place with Sussex Partnership and KMPT in order to incentivise system co-ordination in relation to LD and Mental Health. The transition process is supported by the existing 0 to 25 Social Work team which supports individuals to bridge the gap between children's and adult social care and enables greater flexibility and tailored support appropriate to individual needs.

A multi-agency Transition Panel meets bi-monthly to assess and review all young people in care or in receipt of support services to agree transition arrangements. Information provided to this panel includes:

- Name of young person and gender.
- Date of birth and age
- FWI reference number.
- Current placement
- Whether the young person has a diagnosed mental health problem or a learning disability? Dates of diagnosis and details of disability.
- Whether the young person on the autistic spectrum including date of diagnosis and the impact this has on the young person's day to day living.
- Whether the young person has a physical disability or diagnosed global developmental delay including dates of diagnosis and details of disability.
- The reason for referral to transition panel at the current time.
- Whether the young person is likely to meet adult social care criteria? If not what are the young persons risks/vulnerabilities that require additional services.
- All relevant documentation including: Pathway Plan, recent psychiatric/psychological reports (within the last 18 months), recent Child and Family Assessment etc

These discussions also take account of the expressed wishes of the young person and their families/carers.

In the past issues have arisen in respect of 52 week placements where a timely transition review has not been carried out. This has led to complex and chaotic discharge/service transfer arrangements, particularly in relation to autism and challenging behaviour without a diagnosis of comorbid mental health condition. Learning has been taken from these instances to ensure that potential process loopholes are eliminated

Medway is acting on learning from previous cases that highlighted blocks or gaps in pathways and is introducing a Complex Case Transition Plan to avoid service users being

passed between different agencies, panels and pathways unnecessarily.

Principal local services have also introduced a complex case meeting to address specific cases, such as people making the transition from children to adult services. The meeting aims to resolve issues raised by cases as swiftly as possible to avoid unnecessarily long waiting times or complex pathways.

Section 4.8

How will you commission services differently?

Guidance notes; Include new arrangements for, where appropriate, aligning or pooling budgets, changes as to how commissioning arrangements will change e.g. exploring capitated budgets with providers in the area

At present, services in Medway have built good relationships, established lines of communication and developed joint working across the system in a way that has sometimes relied on individual good will or proactive approaches. Medway Council and CCG will, following an extensive service review, seek to embed such positive practices into their commissioning plans going forward and a commissioning strategy for LD will be developed during the first year of the TC Plan as a priority.

A Commissioning strategy is being developed during the first year of the Medway TC Plan and Medway is exploring a variety of models and approaches currently being operated across the county including the integrated commissioning approach that has been developed in neighbouring Kent.

The Kent model includes integrated commissioning arrangements for learning disability between the 7 Kent CCGs and Kent County Council. These will be set up under a Section 75 (S75) Agreement and will include new governance arrangements. KCC will manage and lead the integrated commissioning team on behalf of the CCGs. The Transforming Care Partnership is also looking to move towards an Alliance Contracting model which will further embed joint working and accountability in the delivery of the Transforming Care agenda. In Kent, partners have been developing integrated commissioning arrangements for learning disability between the 7 Kent CCGs and Kent County Council. These will be set up under a Section 75 Agreement and will include new governance arrangements. KCC will manage and lead the integrated commissioning team on behalf of the CCGs.

The Kent Transforming Care Partnership (TCP) will sit under these new governance arrangements which formally come into place from 1st April 2016 and in shadow form before then.

The Kent Senior Responsible Officer for TCP, a KCC Director, will be the Board member with responsibility for TCP. All CCGs will be represented on the new S75 Board.

Medway, as a separate unitary authority, is not part of this integrated finance and governance arrangement, however, going forward, the Council and CCG will be seeking to take learning from Kent's arrangements and work towards better alignment our current commissioning and governance processes where it is appropriate and expeditious to do so in rolling out the Local Transformation Programme.

In particular, recent complex cases involving people transitioning from Children's to Adult

services have highlighted the need for the development of our commissioning intentions for this specific cohort.

In the short term, an additional complex care panel has been established to provide timely oversight and decision making for cases which may not have been clearly identified as appropriate for existing panels. Key services have also established a complex case meeting to ensure this cohort of cases, including people transitioning from Children's to Adult services receive input and planning from all relevant agencies more swiftly.

A complex case co-ordinator has been identified as a desirable role in Medway to improve support and planning for this cohort of service users and a bid has been submitted for match funding from the national Transforming Care funds made available by NHSE this year to support the delivery of plans.

Section 4.9

How will your local estate/housing base need to change?

Guidance notes: This should differentiate between the need for new capital investment and any potential recycled capital receipts (subject to approval) from the sale of unused or unsuitable property held under existing NHS capital grant agreements and/or associated legal charges. Set out the future accommodation requirements for children transitioning to adults if appropriate.

Section 2.4 above outlines the current estate/housing provision and presenting needs in Medway. In the light of information available at present, there are two big challenges facing Medway CCG/Council and stakeholders going forward. Firstly it is how to identify and manage the number of children with complex needs, who are now living longer and will become the responsibility of Medway Adult Social Care; ensuring that there is adequate provision to deal with an increase in demand for housing care and support. Secondly, there are many middle aged people with learning disabilities in Medway who are currently living with an elderly carer. Some of these people may not have the skills to equip them to live independently should their elderly carer themselves require support or pass away, but their level of care need does not warrant a placement into residential care. Identification and provision of the right type, number and location of accommodation is critical to ensure all stakeholders are supporting independence for an expected growth in demand for housing care and support within this adult social care client group.

All services for people with learning disabilities need to be person centred and the subsequent placements into housing or residential accommodation will take into account the current and potential future care and support needs to ensure the best possible outcome for the individual.

As detailed above in Section 2.4, Kent are also seeking to commission 'Safe Accommodation' the purpose of which will be to prevent admissions, where possible, through provision of a community based service that will provide an appropriate environment to manage a crisis situation. It may also be used to support a timely discharge from hospital if necessary. It will be specifically designed for short term use (2-12 weeks) in order to assess and plan interventions in conjunction with multi-disciplinary team input. Whilst this is yet to be established, there are clear opportunities for joint commissioning arrangements to maximise the potential of this provision and this will be addressed through joint governance

arrangements. Medway is closely involved in ongoing discussions and is considering options for accessing this facility for Medway service users once it is operational.

Section 4.10

Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve ‘resettling’ people who have been in hospital for many years. What will this look like and how will it be managed?

Delayed Discharge Project – High risk Offenders

This project is part of the Kent and Medway Transforming Care Programme and illustrates the close collaboration between

- KCC commissioning
- Kent and Medway CCGs
- NHSE Specialised Commissioning
- Kent and Medway Partnership Trust Forensic Services
- The Huntercombe Group
- Social Care Providers

The project was set up to identify patients who have remained in hospital for a long time because they present a level of risk to the community that could not be safely monitored or managed within the community without commissioning highly specialised forensic residential accommodation and support and the application of stringent legal frameworks to ensure compliance with their treatment and risk management plans. The aim was to commission accommodation and support including forensic outreach from secure services for each of the identified patients by March 2016.

The project group continues to work through

- Identifying patient needs through person centred planning and clinical and risk assessments
- Identifying suitable accommodation and support
- Commissioning forensic outreach to support risk management
- Exploring the robustness and applicability of existing legal frameworks to ensure safety in the community

This project is an incremental step to testing and preparing the local system for the resettling of other long term patients with similar needs who are not deemed ready for discharge.

Other Long Term Patients

Medway CCG has robust processes in place to assess, identify and meet the care needs of patients within the Transforming Care cohort from the point at which they are first identified as requiring specialist support.

In line with recently published national best practice recommendations, Care and Treatment Reviews (CTR) are undertaken for all patients being referred for consideration of admission. Patients who are admitted will have annual CTRs for the duration they remain inpatient. Each CTR will review, in-depth, whether it is possible to meet a patient’s needs in the

community and whether hospital admission continues to be required.

CTRs will always seek to develop robust discharge plans for patients including specific discharge dates wherever this is possible.

It is unfortunately the case, however, that it is not always possible for discharge plans to include specific realistic discharge dates. An example of this would be patients who present a high risk to the community where there are not currently any suitable available providers to safely manage the risk they present in the community.

Wherever it is not possible to identify realistic discharge dates a focus will continue on the required treatment plan which will be time specific and discharge focussed.

All patients will have an identified Social Care Manager and / or Care Co-ordinator depending on their individual health and / or social care needs.

Care Co-ordinators are routinely identified from Kent & Medway NHS & Social Care Partnership Trust. Care Co-ordinators will be identified either from specialist Learning Disability or generic Mental Health teams depending on patient's clinical presentation.

Patients discharged to the community through Section 117 arrangements will be supported on an ongoing basis by health and social care teams to ensure their needs continue to be met by provided health and social care services.

Patients discharged to the community would be referred for appropriate health and social care assessments and community support depending on need. Where indicated as beneficial patient eligibility for Continuing Healthcare support be considered also.

The CCGs contracts with providers ensure that providers deliver patient care in-line with multi-disciplinary CPA assessment of their needs.

Providers are required to involve the care co-ordinators, care managers and the Specialist Assessment and Placements Team in all co-ordinated CPAs which enables clinical representatives of the CCG always to be taking a pro-active role in the management of patient care.

The CCG has an interim Section 117 working arrangement with Medway Council to ensure that discharge planning arrangements are facilitated without delay.

Section 4.11

How does this transformation plan fit with other plans and models to form a collective system response?

Guidance notes; How does it fit with:

- *Local Transformation Plans for Children and Young People's Health and Wellbeing*
- *Local action plans under the Mental Health Crisis Concordat*
- *The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)*
- *Work to implement the Autism Act 2009 and recently refreshed statutory guidance*
- *The roll out of education, health and care plans*

Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

Medway's fully assured Local Transformation Plan for Children and Young People's Mental Health and Wellbeing clearly links with the aims and objectives of the Local Transformation Programme for Transforming Care.

The draft service model for children and young people with a learning disability and/or autism who also have or are at risk of developing a mental health condition or behaviours described as challenging. This includes children with autism (including Asperger's syndrome) that do not have a learning disability, as well as those with a learning disability and/or autism whose behaviour could lead to contact with the criminal justice system. The aim of the service would be to work in partnership with children, young people and their families and other services to help reduce the need for children to communicate their needs in ways that challenge, thus enabling them to achieve the best possible level of independence and safe participation in their community. The starting point should be for mainstream services to meet the needs of these children, making reasonable adjustments wherever possible. This is an extremely diverse group of children and young people, the support they require will, therefore, need to be tailored to their needs.

Partnership and joint working with other agencies will be central to any provision of psychiatric services for children and young people with learning disabilities and the development of interagency care pathways will be a key role for the service.

The service will develop mental health services for children and young people incorporating shared care arrangements with community paediatricians and Learning Disabilities Services.

This must involve working closely with:

- learning disability staff
- community health and ADHD nurses
- community paediatricians
- child development centres
- educational services, including educational psychology
- primary care
- early years settings
- any other service that provide or offer services to this client group

The service will be delivered based on the nine overarching principles set out in the Service Model.

Health services for Children and Young People with neuro-developmental disorders are currently provided across three different providers. Parents and carers tell us that it is difficult to navigate the system, and get the right support at the time they need it.

The existing service model for EWB&MH services does not provide a bespoke pathway of treatment and support for these young people and is an area where additional resource is required, including dedicated consultant psychiatry and psychology time

Partnership working and collaboration to reduce duplication and clarify roles, particularly for children and young people with neuro-developmental disorders, will be important. Key to the successful delivery of this pathway will be no long waiting times, no age gap and support for families with children already diagnosed.

Joint working with paediatric teams to agree protocols around the assessment, diagnosis and treatment of these children and young people, including issues of age criteria will be undertaken in the first year of the contract. Until such issues are resolved an appropriately qualified Children and Young People professional will assess, diagnose and commence treatment for all newly presenting secondary school age children.

The Primary Mental Health team will build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Additional services.

Strong links must be maintained between the community paediatric team and the Primary Mental Health team.

The development of NICE compliant pathways on ADHD and ASC is a priority for Medway and the provider would work with commissioners and other providers to re-design and implement these pathways.

Local action plans under the Mental Health Crisis Concordat

The Kent and Medway Mental Health Concordat comprises a multi-agency commitment to work together to improve the system of care and support for people in crisis due to a mental health condition. The Concordat commits partners to work together as local organisations to prevent crises happening whenever possible and ensure the needs of vulnerable people are met in urgent situations.

The Concordat aligns with the Transforming Care Programme through commitments to:

- Challenge inappropriate attitudes towards mental illness and learning disabilities and ensure every aspect of the work of partner agencies respects and protects a person's dignity
- Availability of a mental health professional to provide the most appropriate service for people experiencing crisis
- Consideration of other places of safety as an alternative to admission to an acute environment if it is safe to do so and this will be better for your recovery.
- Identify people with recurring mental health needs to ensure all relevant agencies are working together to help patients in the best way possible.

Local governance for the local Mental Health Crisis Care Concordat is now in place, NHS England have recommended that the Concordat report directly to the Kent Health and Wellbeing Board on an annual basis to monitor progress and for the board to provide the strategic partnership framework. This arrangement has been agreed in Medway through the Medway Health and Wellbeing board in April 2015 and by the Kent Health and Wellbeing Board in July 2015.

The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)

In Medway we are keen to further progress the use of direct payments by people with learning disabilities. An example would be the use of direct payments to purchase the support they need to join in with the work of their local tenants' association rather than attend traditional buildings based day care. We will be continuing to offer people direct payments

through assessment and review processes, and to streamline the way people manage their direct payments or make use of their personal budgets. We need a market of services that people can purchase using direct payments. We need the market to respond and innovate and we will make opportunities available to providers to meet direct payment users and hear directly from them about the sorts of services they would like to buy. See Section 4.5 above.

Work to implement the Autism Act 2009 and recently refreshed statutory guidance

Individuals receiving a diagnosis of an autistic spectrum condition in Medway are offered support and advice and signposted to social care or other local support services e.g. the Kent Autistic Trust Family Support Service which has a strong local presence. Looking ahead, Medway CCG has been participating in a Kent and Medway working group established to define an all-age neurodevelopmental pathway in line with Statutory Guidance which states that in every local area the NHS is expected to have a pathway to diagnosis, just as the local authority should have a clear framework for assessing the care and support needs of adults with autism. Medway is committed to meeting statutory requirements in order to ensure the needs of adults with suspected autistic spectrum disorders are adequately met and is currently scoping commissioning proposals to address any identified gaps in local provision.

A key component of our match funding bid will be the delivery of an ASD pre and post diagnostic support and enablement service, taking learning from the established and integrated provision across the border in Kent.

The roll out of education, health and care plans

There are four key accountabilities for Local Authorities and CCGs in respect of SEND reform implementation.

Identification (s 23) – A Dedicated Medical Officer (DMO), which is a non-statutory role; has been appointed within the Council/CCG Partnership Commissioning team in order to determine the way forward to support the CCG with its duties to children and young people with SEN need for health assessments and services.

Local Offer - Medway CCG continues to be actively engaged with Medway Council in respect of the development of its Local Offer.

Joint Commissioning Arrangements - The joint Medway Council/CCG Continuing Health Panel is currently set up to meet the statutory duties of both organisations.

EHC assessment and planning - Involvement in EHC plans, or relevant planning where this is not directly stated, is part of the relevant service provider specifications – and will be part of forthcoming specifications linked to reshaped paediatric services. In addition, the DMO role will have an involvement where there are more complex health needs as a part of EHC planning.

Any additional information

Section 5.1

Plans need to include key milestone dates and a risk register

Section 5.1

What are the programmes of change/work streams needed to implement this plan?

Guidance notes; As a minimum, set out a workforce development plan, an estates plan and a communications and engagement plan

Workforce development

We acknowledge that the level of knowledge and expertise that the workforce will require, and the level of complexity and risk that may present in the community, will increase over the lifespan of this plan, 2016-19.

We have identified workforce development as a priority for the Kent and Medway TCP and will be working with the dedicated support allocated by NHSE to explore options for addressing our future needs in this area.

Accommodation

Similarly, we have acknowledged that there the current market does not have the capacity to respond to variations in demand for accommodation for people with a learning disability and/or autism, behaviour that challenges or mental health needs. It is essential that we build relationships in order to develop plans much earlier in order to have support in place, including appropriate accommodation, for people who are returning to the community. We are working the TC support allocated to the Kent and Medway TCP by NHSE to develop our estates plan so that we will be better able to respond to requirements in good time and facilitate smooth and successful placements within the community.

Communication and Engagement

Kent and Medway are committed to a co-production approach in the development and implementation of TC (see section 1.4 above) to ensure that plans are relevant, reflect the needs of the TCP area, and are informed by the people who use services and their families and carers.

A full consultation and stakeholder engagement exercise will be undertaken in Medway once beginning May 2016. The views of as many people as possible will be heard, recorded and considered in the ongoing development of our Transforming Care work. Feedback from service providers, partners and other stakeholders, service users and their families and carers are vital to the plans we are developing in Kent and Medway. Service users and their families and carers will have direct input into governance, communication and ongoing monitoring of progress.

Following consultation and engagement, plans will be updated and findings will directly input into a new TC Commissioning Strategy for Medway.

Section 5.2

Who is leading the delivery of each of these programmes, and what is the supporting team.

Guidance notes; Who are the key enablers to success, what resources have been identified

The Medway Senior Responsible Officer (SRO) for TCP, a Medway Council Assistant Director, will be the Board member with responsibility for TCP. The SRO will be directly supported by the Strategic SRO for Kent and Medway, as well as the Deputy Director for Adult Social care (operational lead) and Deputy COO from the CCG. The Kent SRO, Medway SRO and Strategic SRO will participate in the Kent and Medway Strategic Transformation Executive.

The Medway Integrated Commissioning Board for LD, chaired by the Medway SRO, will oversee the development and implementation of the TC plan. The Board will include representation from commissioning and service users and carers.

An interim Programme Lead will have responsibility for the development and co-ordination of a communications and engagement plan for Medway to ensure all relevant stakeholders are aware of the details of the project to facilitate their proactive input into the partnership approach required for successful implementation (see Section 1.3 above).

SROs and Programme Leads will liaise closely with Kent County Council and South East Commissioning Support Unit colleagues, to ensure cross border plans and development are compatible and complementary and support the overarching aims of the Kent and Medway TCP. Joint working will be co-ordinated through the Kent and Medway Transforming Care Steering Group.

A multi-agency commissioner/provider working group will also be established with designated Transforming Care Leads nominated to ensure that agreed plans and actions e.g. joint working and collaborative protocols and pathways are embedded within their respective organisations.

Working groups themed around specific priorities, namely, Workforce Development and Accommodation will be established to develop the more significant and involved work streams and will report into the Medway Integrated Commissioning Board for LD.

Section 5.3

What are the key milestones – including milestones for when particular services will open/close?

*Guidance notes; What are the timescales / lead times for each key milestone
Please either complete a route map – as attached, or some other project management tool to map milestones*

Key milestones are currently being developed and agreement is expected by December 2016, in line with Council and CCG governance arrangements. Due to the differences in current position and commissioning intentions between the Kent and Medway areas within the TCP, milestones and service developments will be different for the individual authorities.

Milestones are likely to include:

- Implementation of short term investment plans (see section 4.2 above) by September 2016
- Additional commissioning support with a Senior Commissioning Office in post from mid-February for six months and additional SCO in post by June 2016 to develop and embed Transforming Care in Medway
- Establishment of local governance structure to provide robust oversight of TCP by June 2016.
- Proposals for LD service integration by December 2016 (Medway only)

- Detailed review of the potential for pooled budget arrangements for LD services by April 2017
- LD Workforce Plan by December 2016
- CAMHS Procurement including neurodevelopmental conditions by April 2017
- Adult neuro developmental care pathway implementation by December 2016 (April 2017 for Children and Young People)

Section 5.4

What are the risks, assumptions, issues and dependencies?

Guidance notes; Are there any dependencies on organisations not signatory to this plan, or external policies/changes?

Please refer to the attached **Kent and Medway TC Risk Register** for details of risks identified for the Kent and Medway Transforming Care Partnership and delivery of the TC plans. Within the risk register, some risks are identified as TCP-wide, whilst others are noted as being specific to Medway, which requires greater levels of development in some areas. For example, commissioned services have not yet developed close working relationships as has been achieved in Kent.

As detailed in the risk register, in order to drive transformational change across this agenda, support and buy-in will be required from a wide range of commissioner and provider organisations as well as other stakeholders. Statutory sector partners' contracts include additional requirement from 2016/17 to proactively engage with this programme and this will be monitored in regular contract monitoring meetings. Successful implementation of the plan will require engagement from all sectors. The Medway Integrated Commissioning Board for Learning Disability (as well as the Kent and Medway Strategic Transformation Executive) will oversee effective input and joint working from the statutory sector, social care providers and other stakeholders.

Results of the bidding process for match funding, as detailed in the finance and activity template, will also play a crucial role in successfully achieving our ambitions set out in the Kent and Medway TC Plans. It is an assumption of this plan that bids are, at least partially successful, in order to achieve what has been described, and failure to secure these funds will represent a significant risk to the TCP.

The key points detailed in the Kent and Medway TC Risk Register are as follows:

TCP-wide

- TCP partnership includes Kent and Medway, yet sustained partnership working between agencies across these areas has yet to be established.
- Current budget for the ND Care Pathway for adults (ASC/ADHD) is insufficient to allow procurement of a comprehensive community service for this population.
- Implementation of the Kent and Medway TC plans is largely dependent on the bids for match funding included in the finance and activity template being successful .
- The current market does not have capacity to respond to variations in demand for people with challenging behaviour or mental health needs and no plans to commission capacity on a proactive basis with the provider market are as yet in place.
- Currently arrangements for meaningful co-production of plans are not in place.

Relevance of plans may be diminished and TCP risk reputational damaged

Medway

- The LD service system in Medway is fragmented, with partnership working, communication between services, pathways through the system all requiring significant development.
- Providers may fail to engage in the process due to current level of fragmentation and lack of historical collaborative working.
- Commissioning resources to drive transformation have been limited and recent additions to Partnership Commissioning must be sustained to secure improvements.

Section 5.5

What risk mitigations do you have in place?

Guidance notes; Consider reputational, legal, safety, financial and delivery, contingency plans

Steps that are being taken to mitigate risk are detailed in the **Kent and Medway TC Risk Register** (see above).

Medway Council and CCG also maintain a comprehensive risk register through the web-based Covalent system in accordance with an agreed Risk Appetite Statement, which is regularly reviewed and reported via established Governance processes. As delivery plans are further developed and refined, associated risks will be captured via this process.



Risk Appetite
Statement revised Ju

Any additional information

6.Finances

Please complete the activity and finance template to set this out (attached as an annex).

End of planning template

Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.⁶

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

⁶ Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

Indicator No.	Indicator	Source	Measurement ⁷
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	Average census calculation applied to: <ul style="list-style-type: none"> Denominator: inpatient person-days for patients identified as having a learning disability or autism. Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	This indicator can only be produced for upper tier local authority geography. Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only. Numerator: all those in the denominator excluding those on commissioned support only. Recommended threshold: This figure should be greater than 60%.
3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty -	HES is the longest established and most reliable indicator of the fact of admission and readmission. <ul style="list-style-type: none"> Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism Numerator: admissions to psychiatric inpatient care within specified period

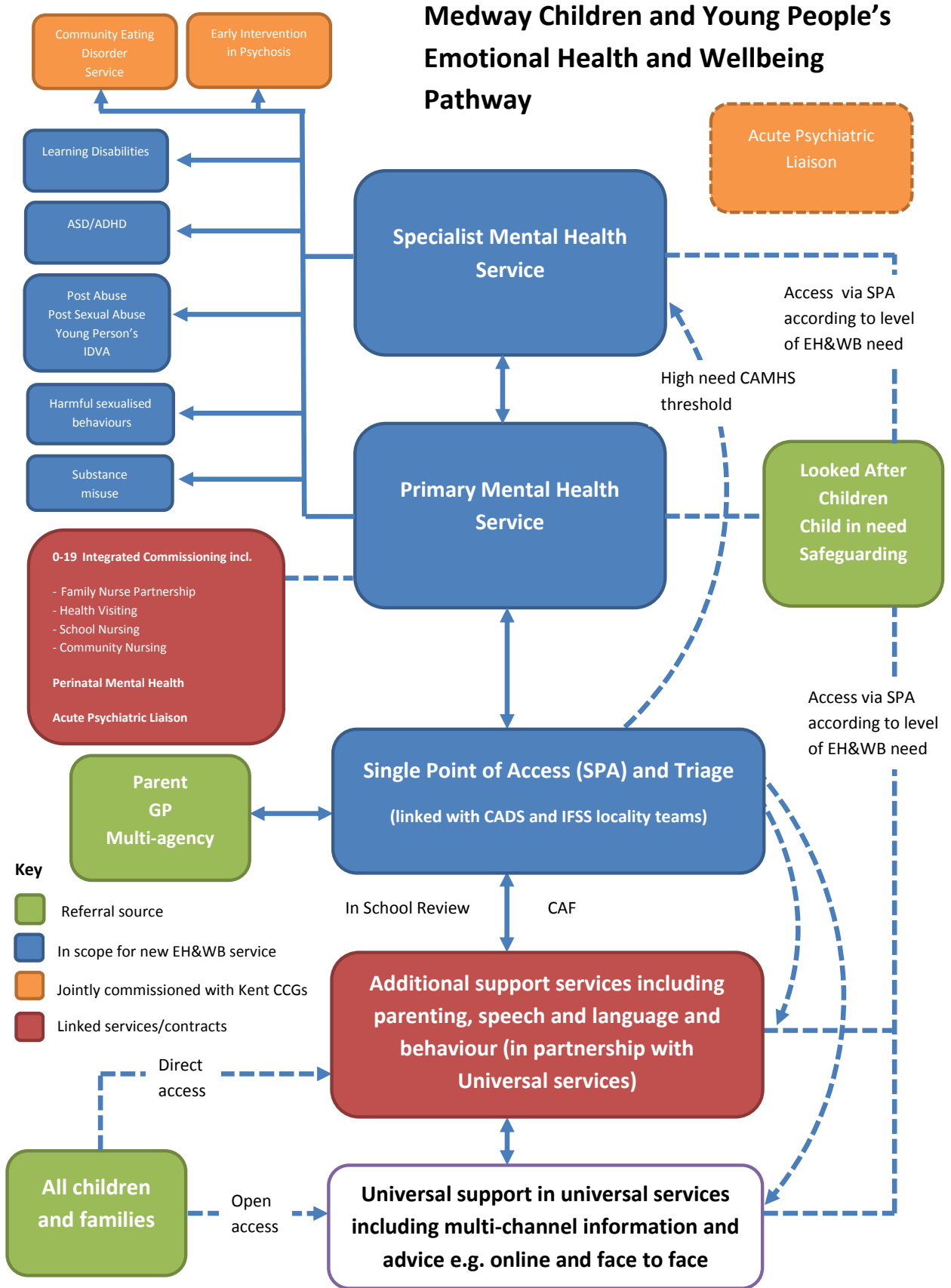
⁷ Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	<p>The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.</p> <p>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.</p>
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	<p>Two figures should be presented here.</p> <ul style="list-style-type: none"> • Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register • Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available • Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	<ul style="list-style-type: none"> • Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism • Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks

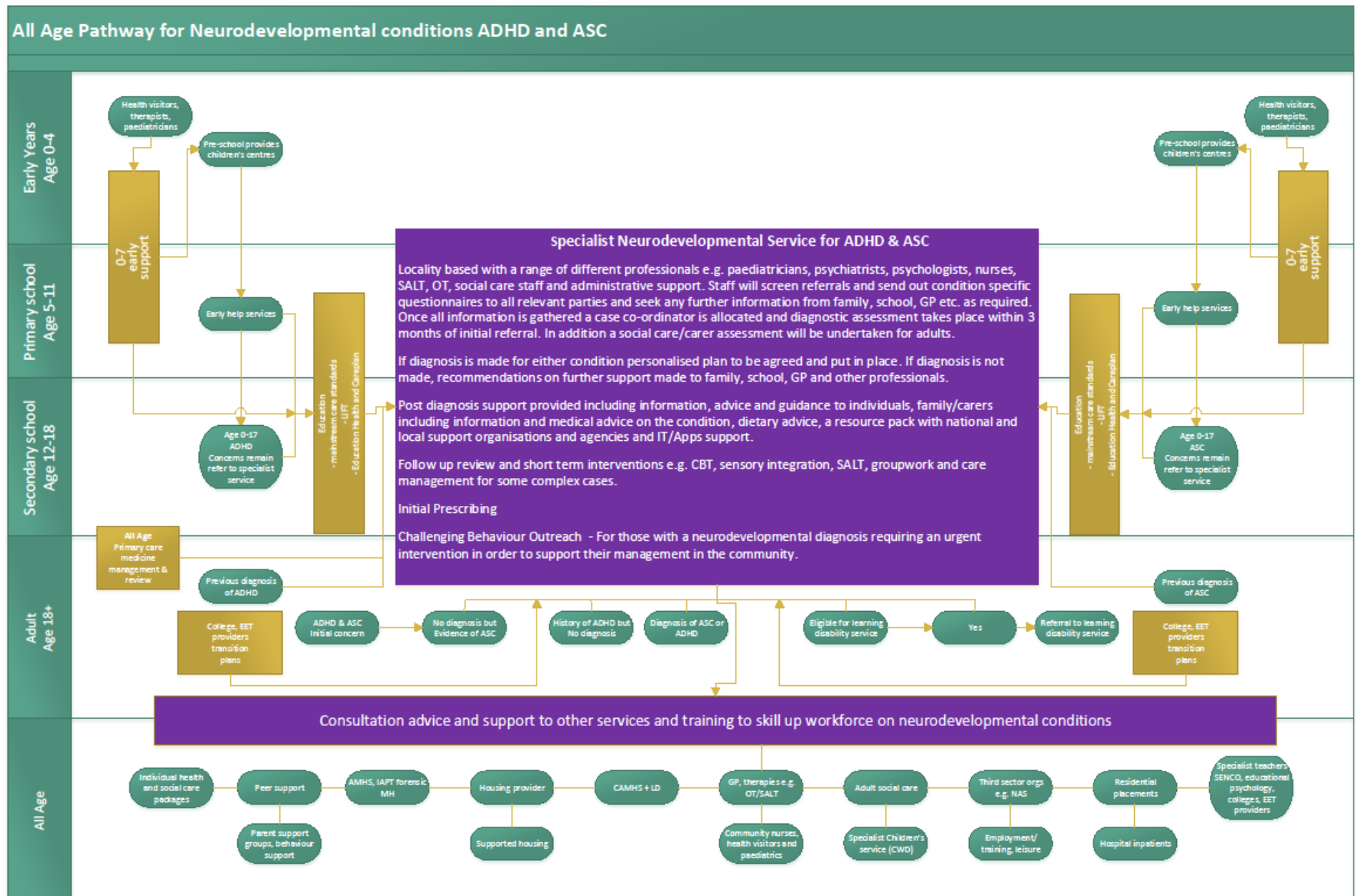
6	Proportion of looked after people with learning disability or autism for whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	Method – average census. <ul style="list-style-type: none">• Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities• Numerator: person days in denominator where there is a current crisis plan
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Appendix 1

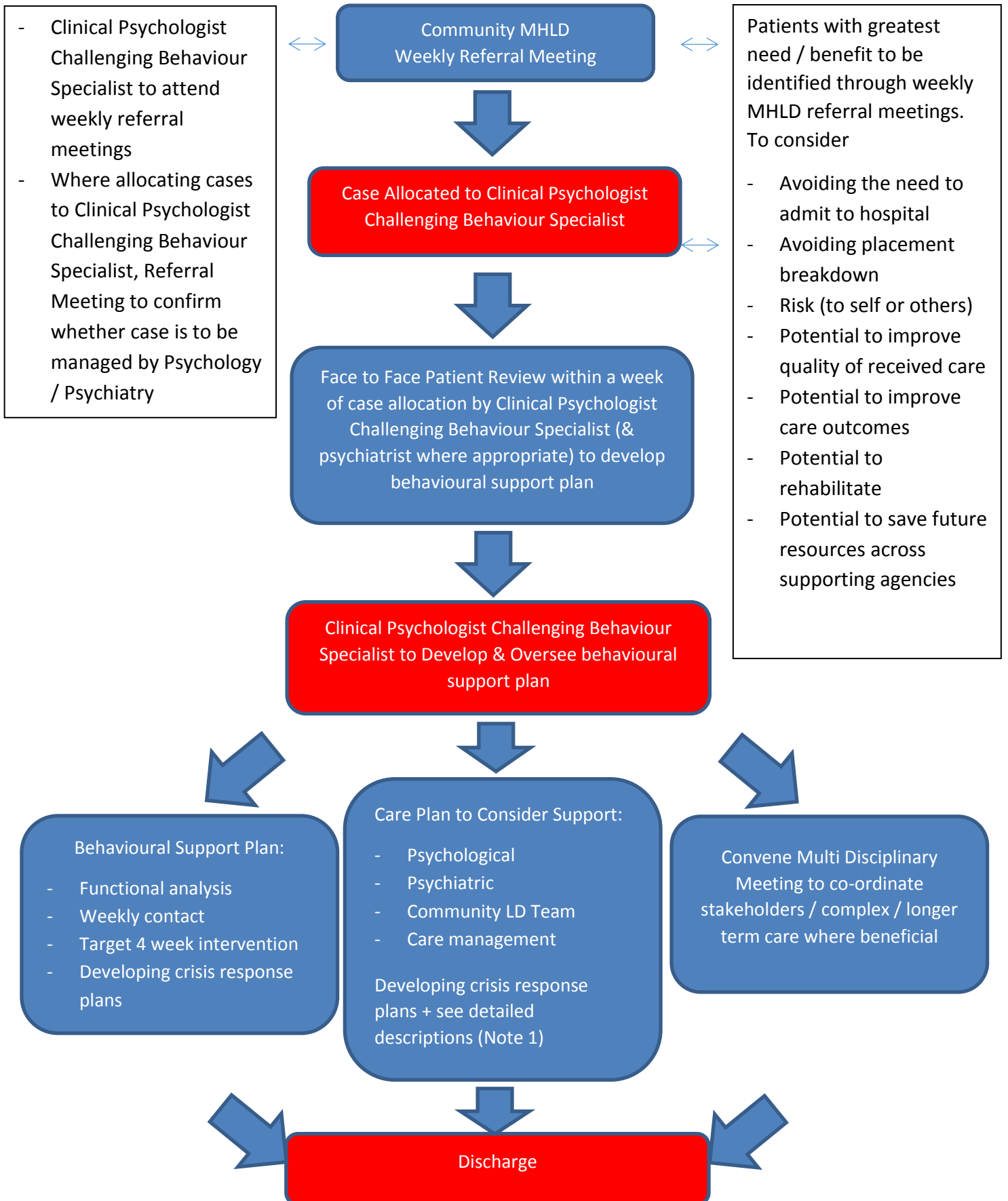
Linked Specialist Support Services



Appendix 2

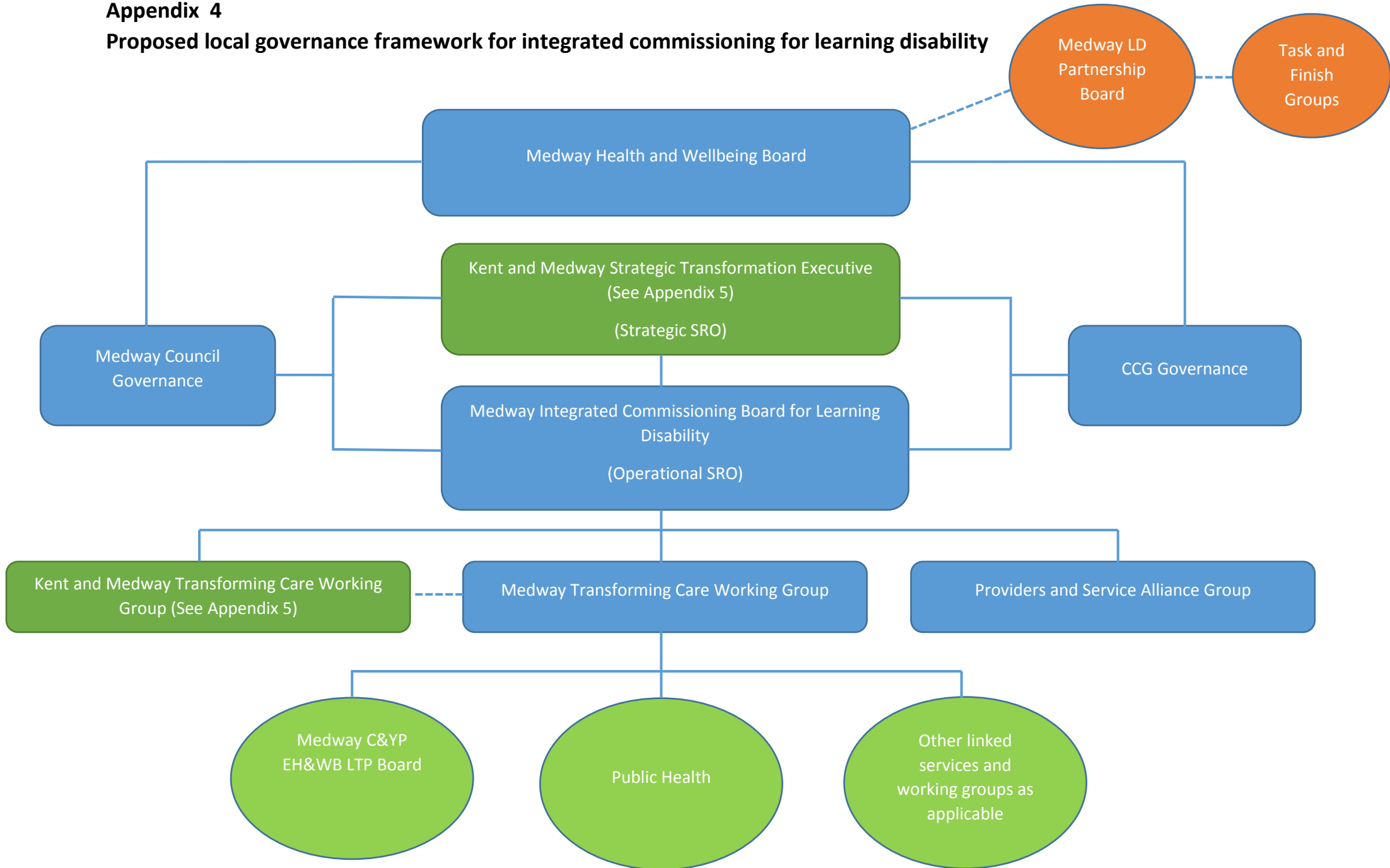


Appendix 3 – LD and Challenging Behaviour Complex Care Response



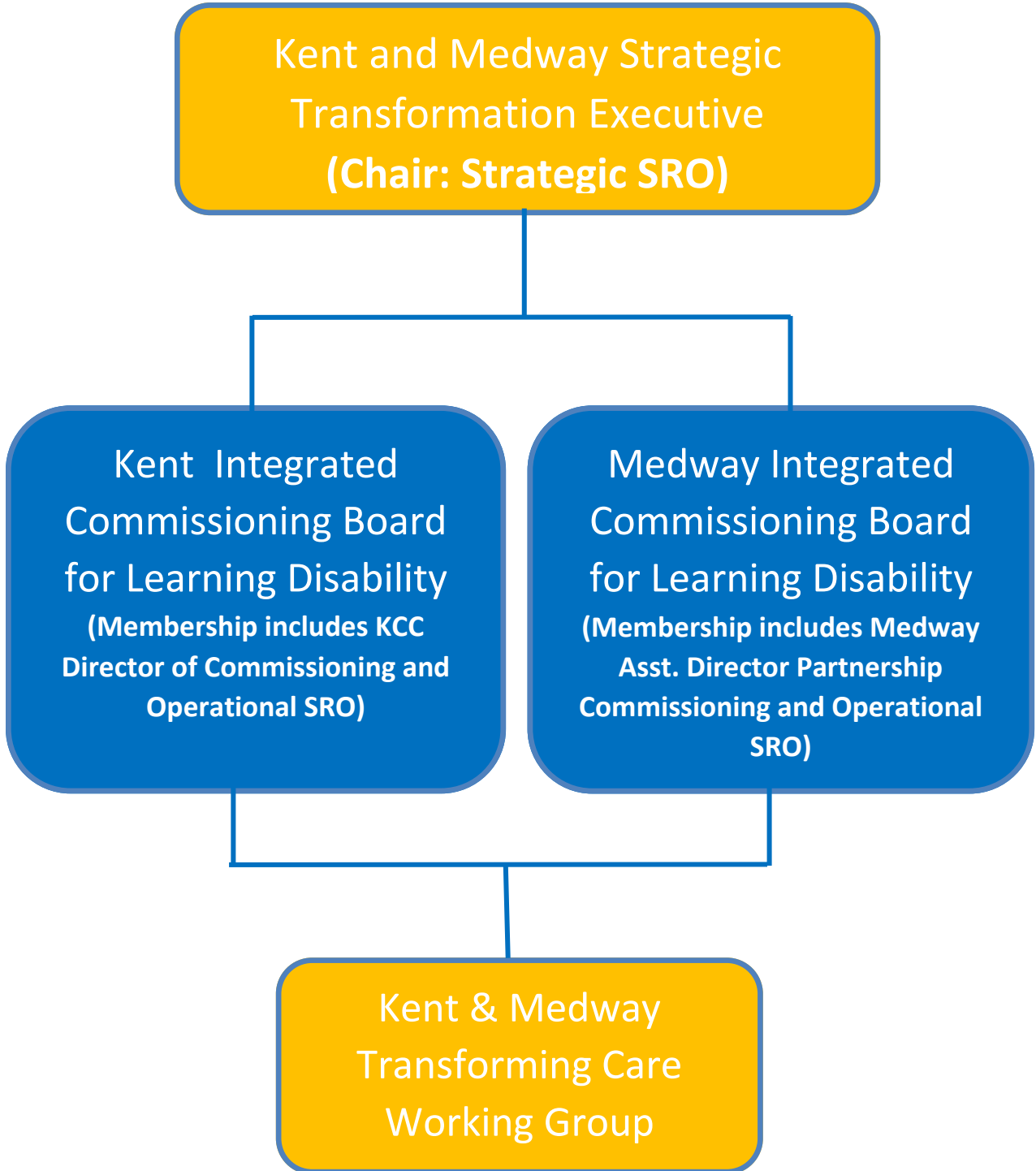
Appendix 4

Proposed local governance framework for integrated commissioning for learning disability



Appendix 5

Kent and Medway strategic footprint governance structure for Transforming Care



Instructions

1. Please complete this template in relation to people of all ages originating within the area of your Transforming Care Partnership, regardless of who commissions the service or where it is currently delivered.
2. Please complete the cells marked in yellow as a minimum. = Cells to be completed
3. Please ignore / do not complete cells marked in grey = Cells to be ignored
4. Sections marked in light green are optional. Please provide the breakdown of inpatients by bed type if available, or if this assists with demonstrating or modelling the overall costs. If supplying optional bed type data, please ensure the totals match the yellow mandatory cells.
5. Please complete any cell relating to costing in £, e.g. one thousand pounds as £1000 = Completion is optional

1. INPATIENT PROVISION & UTILISATION																				
Inpatients originating from TCP population	2015/16 (current state)								2016/17 (Year 1)				2017/18 (Year 2)				2018/19 (Year 3)			
	Latest position (as at 31/12/2015)	Forecast at year end 2015/16 (as at 31/03/2016)			Costs				Number of inpatients	Costs			Number of inpatients	Costs			Number of inpatients	Costs		
	Total number of inpatients: 31/12/2015	Projected total number of inpatients: 31/03/2016 (from LD Patient Projections tab)	Number inpatient for less than 5 years as at 01/04/16	Number inpatient for more than 5 years as at 01/04/16	Average cost per bed day (£)	Estimated bed days during 2015/16 (calculated from inpatient figures)	Bed days during 2015/16 - Prefilled with estimated bed-days, please overwrite with best estimate	Annual cost (£)		Average cost per bed day (£)	Estimated bed days during 2016/17 (calculated from inpatient figures)	Bed days during 2016/17 - Prefilled with estimated bed-days, please overwrite with best estimate		Annual cost (£)	Average cost per bed day (£)	Estimated bed days during 2017/18 (calculated from inpatient figures)		Bed days during 2017/18 - Prefilled with estimated bed-days, please overwrite with best estimate	Annual cost (£)	Average cost per bed day (£)
CCG commissioned patients	24	24	9	15	£430	8760	£760	£3,766,800	14	6935	£935	£0	18	5840	£5840	£0	18	6570	£6570	£0
CCG commissioned patients - total of bed types	0	0				0	0	£0	0	0	0	£0	0	0	0	£0	0	0	0	£0
Acute admission beds within specialised learning disability units						0	0	£0				£0				£0				£0
Acute admission beds within generic mental health settings						0	0	£0				£0				£0				£0
Forensic rehabilitation beds						0	0	£0				£0				£0				£0
Complex continuing care and rehabilitation beds						0	0	£0				£0				£0				£0
Other beds						0	0	£0				£0				£0				£0
NHS England Specialised Commissioned patients	51	51	27	24	£550	18615	£18615	£10,238,250	45	17520	£17520	£0	40	15513	£15513	£0	39	14418	£14418	£0
NHS England commissioned patients - total of bed types	0	0				0	0	£0	0	0	0	£0	0	0	0	£0	0	0	0	£0
High secure forensic beds						0	0	£0				£0				£0				£0
Medium secure forensic beds						0	0	£0				£0				£0				£0
Low secure forensic beds						0	0	£0				£0				£0				£0
CAMHS						0	0	£0				£0				£0				£0
Other NHS England commissioned beds						0	0	£0				£0				£0				£0
All inpatients originating from TCP population (CCG or NHS England commissioned)	75	75	36	39				£ 14,005,050	59			£ -	58			£ -	57			£ -

2. COMMUNITY PROVISION																					
Individual packages of support	2015/16 (current state)					2016/17 (Year 1)					2017/18 (Year 2)					2018/19 (Year 3)					
	Number of packages	Average annual cost per package to CCGs (£)	Average annual cost per package to local govt (£)	Total annual cost to CCGs (£)	Total annual cost to local govt (£)	Number of packages	Average annual cost per package to CCGs (£)	Average annual cost per package to local govt (£)	Total annual cost to CCGs (£)	Total annual cost to local govt (£)	Number of packages	Average annual cost per package to CCGs (£)	Average annual cost per package to local govt (£)	Total annual cost to CCGs (£)	Total annual cost to local govt (£)	Number of packages	Average annual cost per package to CCGs (£)	Average annual cost per package to local govt (£)	Total annual cost to CCGs (£)	Total annual cost to local govt (£)	
	Annual cost to CCG(s) in 15/16 (£)	Annual cost to NHS England spec com in 15/16 (£)	Annual cost to local govt in 15/16 (£)	Annual cost to CCG(s) in 16/17 (£)	Annual cost to NHS England spec com in 16/17 (£)	Annual cost to local govt in 16/17 (£)	Annual cost to CCG(s) in 17/18 (£)	Annual cost to NHS England spec com in 17/18 (£)	Annual cost to local govt in 17/18 (£)	Annual cost to CCG(s) in 18/19 (£)	Annual cost to NHS England spec com in 18/19 (£)	Annual cost to local govt in 18/19 (£)	Annual cost to CCG(s) in 15/16 (£)	Annual cost to NHS England spec com in 15/16 (£)	Annual cost to local govt in 15/16 (£)	Annual cost to CCG(s) in 16/17 (£)	Annual cost to NHS England spec com in 16/17 (£)	Annual cost to local govt in 16/17 (£)	Annual cost to CCG(s) in 17/18 (£)	Annual cost to NHS England spec com in 17/18 (£)	Annual cost to local govt in 17/18 (£)
NHS-funded packages of support (e.g. 5117/CHC) in community settings for former inpatients	9	£134,467.00		£1,210,203					£0												
Local authority-funded packages of support in community settings for former inpatients (Former inpatients on this template should include those discharged after 1st April 2009)	8		£71,446.00		£571,568				£0												
Joint NHS/local government funded packages of support in community settings for former inpatients	17	£134,467.00	£71,446.00	£2,285,939	£1,214,582				£0	£0									£0	£0	
NHS-funded packages of support in community settings for other people at risk of admission	0			£0					£0										£0		
Local authority-funded packages of support in community settings for other people at risk of admission	0				£0				£0										£0		
Joint NHS/local government funded packages of support in community settings for other people at risk of admission	0			£0	£0				£0	£0									£0	£0	
NHS-funded packages of support in community settings for children and young people	32	£36,439		£1,166,048					£0										£0		
Local authority-funded packages of support in community settings for children and young people	313		£19,235.00		£6,020,555				£0										£0		
Joint NHS/local government funded packages of support in community settings for children and young people	686	£1,166.00	£10,718.00	£799,876	£7,352,548				£0	£0								£0	£0		
Services catering to many individuals (e.g. Community Learning Disability Team, crisis support team)																					
Community Learning Disability Teams (Kent)		£5,598,124			£5,000,000																
Mental Health of Learning Disability Teams (Kent)		£3,007,561			£450,000																
ASC Support Service (Kent)																					
Adult ASC Diagnostic Service East Kent (Kent)		£55,456																			
Community LD Team, MCH (Medway)		£447,000																			
Learning Disabilities Mental Health Team, KMPT (Medway)		£0																			
Learning Disabilities Challenging Behaviour Service, KMPT (Medway)		£0																			
Disability Social Work Team, Medway Council (Medway)			£2,185,977																		
LD Nursing Service, Medway Foundation NHS Trust (Medway)		£248,754																			
ASC Assessment and Diagnostic Service, KMPT (Medway)		£10,000																			
Pooled Budget Speech and Language Therapy, School age children (Medway)		£328,000																			
MCH Childrens Therapy Services (Medway)		£2,465,000																			
ASD Assessment and Diagnostic Service - Pison (Medway)		£60,750																			
CAMHS (Kent and Medway)		£0																			
Service 15 (please describe in this cell)																					
If you have additional services, please use the additional information cell at the bottom of the form																					

3. TOTAL REVENUE COSTS																
Forecast annual cost of inpatient provision used by TCP population	2015/16 (current state)				2016/17 (Year 1)				2017/18 (Year 2)				2018/19 (Year 3)			
	Cost to CCGs (£)	Cost to NHS England (£)	Cost to local govt (£)	Total (£)	Cost to CCGs (£)	Cost to NHS England (£)	Cost to local govt (£)	Total (£)	Cost to CCGs (£)	Cost to NHS England (£)	Cost to local govt (£)	Total (£)	Cost to CCGs (£)	Cost to NHS England (£)	Cost to local govt (£)	Total (£)
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Forecast annual cost of inpatient provision used by TCP population	£3,766,800	£10,238,250		£14,005,050	£0	£0		£0	£0	£0		£0	£0	£0		£0
Forecast annual cost of individual community support packages for former inpatients/those at risk of admission	£5,462,066		£15,159,253	£20,621,319	£0		£0	£0	£0		£0	£0	£0	£0		£0
Forecast annual cost of community services	£12,220,645	£0	£7,635,977	£19,856,622	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Total	£21,449,511	£10,238,250	£22,795,230	£54,482,991	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

4. CAPITAL INVESTMENT/RECEIPTS																
Forecast capital investment required to support discharges to year end (£)	2015/16 (current state)				2016/17 (Year 1)				2017/18 (Year 2)				2018/19 (Year 3)			
	2015/16	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2019/20	2016/17	2017/18	2018/19	2019/20	2016/17	2017/18	2018/19	2019/20
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Forecast capital investment required to support discharges to year end (£)	£530,000															
Forecast capital receipts from any estate sales (under legal charge) to year end (£)																

Additional information

Individual packages of support: Line 1 - All people discharged from hospital come under Section 117 aftercare joint funding arrangements due to being detained under relevant Sections of the MHA. The figures presented are combined KM average health contribution to these aftercare packages for former TC patients. Line 2 - The figures presented are combined KM average LA contributions to these aftercare packages for former TC patients. Line 3 - The figures presented are combined health and LA average contributions to the aftercare for former TC patients. Line 4, 5 and 6 - A register of people at risk of admission is not yet established in Kent and Medway, therefore accurate figures for these lines are not yet available. Line 7 - Combined KM average costs of CYP NHS CC packages of support (16 x Medway @ £50,228; 16x Kent @ £22,591). Line 8 - Combined KM LA packages of support for CYP. Figure is made up of 49 Medway residential care packages @ £92,081 average and 264 Kent Day Care packages @ £5715 average. Line 9 - Combined KM joint funded packages of support for CYP. Health figure is made up of 9x Medway Health Resi contributions at £18,00, 40 x Kent Health Resi @ £15247 average, 637 Direct Payment health contributions @ 272.74 each. LA figure is made up of 9x Medway Council Resi contributions at £64,271 each, 40 x KCC Resi Contributions @ £105,209 each, 637 KCC Direct Payment contributions @ £4027.52 average.

Describe estimated requirement for Transformation Funding

Please describe and prioritise transformation funding requirements. Please provide as much detail as possible, explaining your requirements in the text of your plan.

Item	Costing assumptions	Item Cost (£)
North Kent ACC Service	Cost of providing the Adult ASC element of the adult element Kent Neurodevelopmental Care Pathway on a match funding basis.	£177,949
West Kent ASC Service	Cost of providing the Adult ASC element of the adult element Kent Neurodevelopmental Care Pathway on a match funding basis.	£307,991
East Kent ASC Service	Cost of providing the Adult ASC element of the adult element Kent Neurodevelopmental Care Pathway on a match funding basis.	£380,932
KCC Adult Social Care ASC Service	Kent Adult ASC Enablement Service (Occupational Therapy based assessment and skills training) and Case Management Service	£285,000
Medway ASD Adult pre and post diagnostic enablement	1.5 FTE @ mid point SW2 (£41,344) plus 0.5 FTE admin. @ mid point Range 2 (£20,289)	£72,161
Medway Community based OT support for LD (those with LD)	1.0 FTE @ mid point SW2 (£41,344)	£41,344
Medway OT input for sensory integration therapy	Included within the above	£0
Medway Supported employment coordinator	0.8 FTE @ midpoint 6 (£48,490)	£38,472
Medway Complex Case Coordinator	1.0 FTE @ midpoint SW2 (41,344)	£41,344
Medway LD Advocacy Service	0.5 FTE @ midpoint (£41,344)	£20,672
Cost item 11 (please describe in this cell)		
Cost item 12 (please describe in this cell)		
Cost item 13 (please describe in this cell)		
Cost item 14 (please describe in this cell)		
Cost item 15 (please describe in this cell)		
Cost item 16 (please describe in this cell)		
Cost item 17 (please describe in this cell)		
Cost item 18 (please describe in this cell)		
Cost item 19 (please describe in this cell)		
Cost item 20 (please describe in this cell)		
Total		£1,365,865

Please describe match funding here. Please provide as much detail as possible, breaking down contributions by source and financial year (2016/17, 2017/18 or 2018/19)

The Match funding bids set out above are the amounts of non recurrent spend on adult ASC services that Kent and Medway will make a long term commitment against to secure national funding to assist with the Kent Implementation Plan. Currently, there are long waiting times for adult and children ASC assessments in Kent coupled with the absence of community services and lack of expertise to support those children, young people and adults who have more complex problems, or go on to develop complex problems without the benefit of earlier intervention, has led to five of them having to be admitted to hospital and/or residential care. This is often outside of Kent and Medway in high cost placements/inpatient units for long periods of time, incurring considerable costs to CCGs and the local authority and poor outcomes for the individual.

Match funding will make a significant contribution to addressing the following issues that have been identified in both Kent and Medway:

- Fragmented provision and the absence of a clear pathway for ASC for children and young people between several providers.
- A lack of consistent early intervention support particularly for children and young people exhibiting difficult to manage and 'risky' behaviour, resulting in inappropriate referrals to specialist health provision.
- Inadequate diagnostic provision for adults with ASC.
- Long waiting times for both children and adults requiring an assessment.
- An absence of post-diagnostic support.
- Inconsistent integrated care arrangements
- Increased risk of family breakdown with young people becoming Looked After by the local authority.
- Increased risk of school placement breakdown resulting in the need for residential education that is often out of county and expensive.
- Separate pathways for people with a dual diagnosis.
- Young people and adults particularly with ASC exhibiting challenging behaviour due to a lack of community support, requiring hospitalisation and/or residential provision often at high cost over long periods.

Due to these concerns Kent CCGs have reviewed and re-designed the current pathway for children, young people and adults and consider models of best practice for improved access, early intervention and care closer to home.

The steering group has agreed a re-designed pathway that focuses on the following key areas:

- School/education and post education support including transition arrangements.
- Early Help services including evidence based parenting programmes.
- An all-age specialist team for diagnosis, post-diagnosis and some intensive support.
- Integrated care arrangements

- An evidence based approach to the use of anti-psychotic medication .
- Consultation, advice, support and training from the specialist team to the wider service system to make reasonable adjustments to provide access to their services.

The early intervention part of the pathway is largely provided and/or commissioned by schools and the Local Authority (LA). The importance of schools and the local authority to the pathway generally and to the work of the specialist team in particular is not be under-estimated and in order for both to work effectively there will need to be an integrated approach between the CCGs, schools and KCC, especially in terms of education support, Early Help provision and the social care element of the specialist team.

The specialist service that is recommended to improve waiting times , a person centered approach and improved outcomes requires twice the funding currently available to meet the needs of 1736 children and young people in Kent and Medway and 182 adults aged 18-65.

In Medway additional resources to improve pre and post diagnosis support and enablement for adults in relation to ASD and ADHD have been identified as a priority. A new specialist LD advocacy post will be included in the reconfigured advocacy service in Medway , to commence late summer 2016.

Hence, an Increase in baseline budget for adult ASD assessment from £10,000 pa to £57,000 pa. 16/17 £47,000, 17/18 £47,000 and 18/19 £47,000.

Additional psychology resource through KMPT LDMH team to support Challenging Behaviour and individual's at risk of breakdown and admission. 16/17 £52,006, 17/18 £52,006 and 18/19 £52,006.

Complex cases over the last 12 months have highlighted the need for a dedicated resource to coordinate the various aspects of care requirements and more complex pathways for these patients.Hence, a complex case coordinator will provide support: £

Total for each of the 3 years = £99,006

**Kent and Medway Transforming Care Partnership
Kent and Medway Strategic Transformation Executive
Transforming Care Risk Register - V2, 08/04/16**

<u>No</u>	<u>Risk (Source)</u>	<u>Description</u>	<u>Kent/Medway/TCP-wide</u>	<u>Actions to be taken</u>	<u>Action Plan owner</u>	<u>Action date</u>	<u>Progress</u>	<u>RAG</u>
<u>1</u>	Transforming Care Partnership	Stable and sustainable partnership working between agencies in Kent and Medway are not yet established resulting in different approaches, priorities and visions for system transformation.	TCP wide	Establish kent and Medway Strategic Transformation Executive (STE) to facilitate closer partnership working and oversee service developments	Strategic SRO	April 2016 - March 2019	NHSE notified of the STE and feedback awaited	
<u>2</u>	System Transformation	Pathways through treatment and support for children and adults with a learning disability and/or autism, behaviour that challenges and mental health (as well as for the professionals involved) are unclear and may be confusing; communication between providers is good in places but has been effected by reconfiguration of social care teams, some joint working protocols may not yet be in place, no regular forum for providers to meet each other and commissioners. Vision for the development of adult services going forward not established.	Medway	1) Establishment of Provider Network Forum 2) Establishment of Medway Integrated Commissioning Board for LD to oversee planning and change 3) Sustained additional commissioning capacity to lead work 4) Service review to establish current picture and service activity	Phil Cooper, Graham Tanner, Helen Jones	By June 2016	1,2) PC meeting providers and stakeholders during March and April to build relationships and buy-in and to identify membership. PC to draft ToR, first meetings to be held by end of June 2016. 3) Additional Commissioning Officer (fixed term) currently being recruited. Interim Senior Commissioning Officer in post since February 2016.	Amber
<u>3</u>	TC implementation	Providers do not proactively engage in process	Medway	Provider and stakeholder engagement exercise to be undertaken during March, April and May. If engagement is not satisfactory, to be taken to contract monitoring meetings Additional clause to be inserted into 2016/17 provider contracts to stipulate proactive engagement in TC processes	Phil Cooper	Ongoing activity and monitoring	Meetings with providers and stakeholders commenced in March 2016.	Amber
<u>3</u>	Commissioning	Insufficient resources available at Local Authority and CCG to drive change. Current TC lead Commissioning Officer is a temporary post	Medway	Additional commissioning capacity already in place since February 2016, further commissioning resources currently in recruitment process. Medway Integrated Commissioning Board being established during March and April 2016 with AD level chair.	Phil Cooper, Helen Jones, Ian Sutherland	Ongoing activity and monitoring	Meetings with LA and CCG senior management taking place during March and April 2016	Amber

4	Finance	Current budget for the ND Care Pathway adults (ASC/ADHD) is currently insufficient to allow procurement of a comprehensive community service for this population	TCP wide	Match funding bids Included in TC Plan submission. Liaise with NHSE regarding bidding process.	Phil Cooper, Helen Jones, Troy Jones, James Kerrigan			
5	NHSE, Bidding Process	Failiure to secure bids from NHSE match funding budget undermines ability to deliver plan and local agencies may fail to deliver statutory services'	TCP wide	Review non-recurrent expenditure on Adult ASC with a view to investing in local services on a recurrent basis.	Phil Cooper, Helen Jones, Troy Jones, James Kerrigan	Timeline of bidding process not yet known	Details of bids included in first draft of Medway PC Plan	Amber
6	Accommodation	Current market does not have capacity to respond to variations in demand for people with challenging behaviour or mental health needs. No current plans in place with provider market to commision capacity on a proactive basis in anticipation of demand	TCP wide	1) Liaise with NHSE allocated TC support to develop long term accommodation options 2) Procure Safe Accommodation for Kent and Medway	Phil Cooper, Helen Jones, Troy Jones, James Kerrigan	By April 2017	Issues acknowledged in Medway TC Plan first draft Meetings with KCC regarding Safe Accommodation taking place	Amber
7	Co-production	Currently arrangements for meaningful co-production of plans are not in place. Relevance of pland diminished and TCP risk reputational damaged	TCP wide	1) Liaise with NHSE allocated TC support to develop options for coproduction of TC plans 2) Assess plans using Co-production assessment tools	Phil Cooper, Helen Jones, Troy Jones, James Kerrigan	Plan produced by June 2016	Internal meetings and some external meetings with providers have taken place during February and March 2016	Amber