

## HEALTH AND WELLBEING BOARD

3 NOVEMBER 2016

### TRANSFORMING CARE PLAN UPDATE

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#### Summary

This report provides an update to a report presented to the Health and Wellbeing Board on 28 April 2016 which set out the policy context and high level strategy for the Kent and Medway Transforming Care Partnership.

The report sets out:

- i. The background to Transforming Care and the Kent and Medway Transforming Care Plan.
- ii. The required focus on addressing inpatient trajectories, which currently fall outside of national planning assumptions.
- iii. Proposed arrangements for managing the flow of funds from NHS England to local health and social care economies to support individuals stepped down from inpatient settings to the community.
- iv. Short term investment through Transforming Care grant funding to support specific programmes of work in Medway and Kent to ready the system to support identified patients in the community.

#### 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 The Transforming Care Plan aligns with the Medway Council Plan 2015-16, as well as Medway Clinical Commissioning Group's (CCG) Operating Plan 2016/17.

## 2. Background

- 2.1 In October 2015, an alliance of national organisations produced *Building the Right Support*, a national plan outlining how local community services should be developed in line with a national service model 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).
- 2.2 In response, NHS England (NHSE) mandated 49 Transforming Care Partnerships (TCPs) across England based upon population Units of Planning of >1 million. Medway has been joined with Kent as part of the Kent and Medway TCP.
- 2.3 The Kent and Medway Transforming Care Plan (TCP) 2016-2019 was submitted to NHS England in May 2016. The overarching plan included separate Kent and Medway delivery plans (reflecting local variation in service delivery models) and a joint Executive Summary as well as a Risk Register and Finance and Activity Template. The TCP was accepted by NHSE but is currently rated 'amber'.
- 2.4 Kent and Medway are required to prioritise the reduction of inpatient numbers, due to current trajectories falling outside of the planning assumptions contained within the TC national plan. Kent and Medway have identified some of the key issues that are contributing to inpatient numbers and a series of meetings to discuss these issues with regional and national NHSE teams and local partners have commenced.
- 2.5 The Kent and Medway TCP plan acknowledges that, at present, service provision for this cohort of the population is delivered across a range of service providers in Medway and that pathways between services are sometimes unclear. There are opportunities to address this through the planned review and restructure of adult social care.
- 2.6 There are also some gaps in the system of support across the wider TCP area, including a lack of adequate post diagnostic support for people with autism, insufficient community support for complex cases and cases with a forensic history and insufficient alternatives to specialist hospital admission for young people. It is highly likely that these issues are contributing to inpatient bed numbers that are higher than the regional average.
- 2.7 Since the presentation of the previous report, a Medway Integrated Commissioning Board for Learning Disability has been established to provide local governance to the development and implementation of Transforming Care (TC) in Medway. A joint Kent and Medway Working Group has also been established to provide strategic and operational governance and oversight.
- 2.8 Transforming Care is also being reviewed at a strategic level through the emerging Sustainable Transformation Plan (STP) for Kent and Medway.

### 3. Advice and analysis

- 3.1 At the start of September 2016, The Kent and Medway TCP reported a figure of 86 inpatients, including eleven Medway patients, (including Tier 4 CAMHS) as described in Table 1 below.

**Table 1 – Kent and Medway TCP inpatient numbers (Sept 2016)**

CCG	Thanet	SKC	Can'y and Coast	Ash'd	Swale	DGS	West Kent	Med	Total
<b>CCG Placement</b>	6	5	4	1	1	4	2	1	<b>24</b>
<b>NHSE Placement</b>	7	0	8	0	8	6	13	9	<b>51</b>
<b>Tier 4 CAMHS</b>	1	0	2	0	2	2	3	1	<b>11</b>
<b>Total</b>	<b>14</b>	<b>5</b>	<b>14</b>	<b>1</b>	<b>11</b>	<b>12</b>	<b>18</b>	<b>11</b>	<b>86</b>
<b>CCG for discharge</b>	3	4	2	1	1	3	1	0	<b>15</b>
<b>NHSE for discharge</b>	1	0	0	0	0	2	2	1	<b>6</b>
<b>T4 CAMHS for discharge</b>	-	-	-	-	-	-	-	-	-
<b>Totals</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>21</b>

- 3.2 According to planning assumptions in BRS, the inpatient bed figure for the GP registered population of the Kent and Medway TCP area should be within the range of 45–59 at any one time. The TCP is therefore required to refresh its plans to outline how it will reduce the current figure to within the planning assumptions by April 2019.
- 3.3 TCPs are currently refreshing the original plans submitted in May to include recent activity and development work. The TCP Plan refresh commenced in October 2016 and will include details of the current and projected activity, based on the most up to date information from key partners (NHSE Specialised Commissioning, CCG Assessment and Placement Teams and local service providers). This data will inform the refreshed trajectory and the plans of how the TCP will achieve the required reductions. Reaching agreement on how money will move through the system from inpatient beds to fund community provision will be fundamental to ensuring that local services are robust enough to support individuals with complex needs in the community and, where possible, to prevent future admissions.

- 3.4 The TCP has also been allocated up to 60 days of support from the NHSE TC National Improvement Team to support the development and implementation of plans. Medway will be utilising this support to undertake a review of current service provision to identify gaps and blocks and where the Medway system requires development in order to deliver BRS locally.

#### **4. Consultation and Engagement**

- 4.1 Due to the short timescales for the initial submission of TCP plans in May, consultation was limited during the development of the local plan, but included some direct input from the Learning Disability Partnership Board, Young People's Disability Group and The Parent and Carer Forum.
- 4.2 Further consultation on learning disability and autism services in Medway is planned to commence in November 2016. The consultation will be led by the Partnership Commissioning Support and Consultation Manager and will include events for all stakeholders, including providers, service users and their families and carers, as well as a questionnaire to capture the views of as many people as possible. All feedback and comments will be recorded and considered. A report will be produced which will inform future planning and strategy.

#### **5. Risk Management**

- 5.1 The movement of funds from NHSE to the CCG and Local Authority to enable support for complex and potentially high risk individuals in the community (where clinically appropriate) is fundamental to Building the Right Support and the national Transforming Care programme. The cost of supporting these individuals in inpatient settings can be upwards of £180,000 per annum. Taking into account that there are 11 Medway patients on the Transforming Care register, the proposal to move this funding to the CCG and Local Authority represents a significant additional financial risk to the health and social care economy. It is therefore vital that such arrangements are robust and that the funding covers the full costs of the specialist support likely to be required.
- 5.2 A detailed risk register is included within the TCP Milestone Report (Appendix 1) and is regularly monitored through the Integrated Commissioning Board for Learning Disability and joint Kent and Medway Working Group.

#### **6. Financial implications**

- 6.1 A new national finance framework aims to ensure that funding of inpatient beds follows patients after discharge to community settings. NHS England are due to provide an indicative budget for current Kent and Medway specialist bed costs shortly. If patients are discharged from these beds and further admissions avoided, then this budget will be available to provide additional community based provision. A working group is currently being established for key partners to develop the mechanisms which will facilitate this shift in funding. In addition, patients who have been in hospital for more than five years at 1 April 2016 will be eligible for a 'dowry', whereby the cost of their inpatient bed will be released to the CCG and LA at the point of discharge in

order to fund their care packages and to support the development of community provision to reduce re-admissions. Patient dowries are viewed nationally as the key mechanism to facilitate the flow of funds from inpatient to community settings. Dowries will be available to fund:

- A contribution to community services for the wider population.
- The NHS contribution to Section 117 aftercare for the individual patient.
- The LA contribution to Section 117 aftercare for the individual patient.

6.2 Discussions between key partners as to how this will be managed locally are at an early stage. Proposals will be developed and put forward for agreement by NHSE Specialised Commissioning, Medway Council and the CCG.

6.3 The Kent and Medway TCP submitted in May also included bids for Transformation Fund grants to address some of the service gaps outlined above. Grants are for one year and there will be additional opportunities to bid for grants for 2017/18 and 2018/19. Grants awarded to the Kent and Medway TCP for 2016/17 are as follows:

**Table 2 – 2016/17 Grant Awards to the Kent and Medway TCP**

<b>Project</b>	<b>Kent, Medway or TCP</b>	<b>Grant</b>
Complex Case Coordinator	Medway	£85,000
Adult ASC Support	Medway	£29,000
Adult ASC Support	Kent	£93,000
Adult ASC (capital grant)	TCP	£450,000
Forensic Outreach	TCP	£71,000

6.4 The Complex Case Co-ordinator function has already been progressed by way of a secondment from the Disability Social Work team and the available funding will support both the post and potentially allow for some of the specialist assessment and support required to support step-down to the community.

6.5 Options to improve post diagnostic support for adults with ASD are being explored jointly with Kent County Council and Kent CCGs.

## **7. Legal implications**

7.1 When designing local services, Medway CCG and Council are required to take into account their legal duties under the Equality Act 2010 and with regard to reducing health inequalities, their duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

## **8. Recommendations**

### **8.1 Health and Wellbeing Board is asked to:**

- (i) Note the report and ongoing progress to ensure that the principles of the national Transforming Care programme and Building the Right Support are realised locally.
- (ii) To agree a quarterly reporting cycle for updates on Transforming Care, a further report to be considered in March 2017, which will set out in more detail the financial plans and proposals outlined in this report.

### **Lead officer contact**

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### **Appendices**

Appendix 1 - Kent and Medway TCP Risk Register, September 2016

### **Background papers**

1. *Building the Right Support*, LGA, ADASS & NHSE, October 2015
2. *Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service Model for Commissioners of health and social care services*, LGA, ADASS & NHSE, October 2015

Kent and Medway TCP Risk Register, September 2016

APPENDIX 1

Date Added	Risk Management Level	Risk Title	Cause & Impact	Raw score			Current Risk Score (after review)			Mitigating Actions	Action Owner	Review Date for Actions	Anticipated Risk Score Following Mitigation		
				Likelihood	Impact	RAG Status	Likelihood	Impact	RAG Status				Likelihood	Impact	RAG Status
	<i>Domain</i>	<i>A statement describing risk event</i>	<i>A statement describing the cause and Impact</i>							<i>Systems and processes that are in place and operating that mitigate this risk, including assurances</i>	<i>Job title / person assigned to carry out mitigating actions</i>	<i>For each mitigating action a review date must be provided</i>			
23/05/2016	Developing a new service model	There is a risk that the two distinct areas making up the Kent and Medway TCP do not work closely enough to successfully implement the TCP plan	Partnership working arrangement across the TCP area is not fully established and may impact on delivery across Kent and Medway	1	2	G				Project management now shared across TCP. Review project management funding at year end.	Phil Cooper, Jimmy Kerrigan, Helen Jones, Penny Southern	31/03/2017			
23/05/2016	Developing a new service model	There is a risk that providers do not actively engage in process.	Lead TC agencies in Kent and Medway do not sufficiently promote the agenda and facilitate participation. Providers do not sufficiently prioritise engagement.	1	2	G				Regular joint meetings between commissioners and providers taking place.	Phil Cooper, Jimmy Kerrigan, Troy Jones, Providers	31/03/2017			
23/05/2016	Developing a new service model	There is a risk that project management support is insufficient to deliver the programme.	Insufficient recurrent funding for project management support from 2017/18 onwards to implement TCP plans which will significantly impact on the planning and delivery of the local programme.	3	3	Y				Additional project management resources are in place until March 2017. Regional TC Team notified of risk and requirement for additional project management support funding from April 2017.	Phil Cooper, Jimmy Kerrigan,	31/03/2016			
23/05/2016	Finance	There is a risk that specific elements of the TCP plans are not realised.	Commissioning plans at a CCG level do not provide economies of scale, such as for the ND pathway for adults (ASC/ADHD). Budgets are insufficient to allow procurement of a comprehensive community service for this population. Requirement to meet statutory duties/financial balance in conflict with financial risk of TC discharges and lack of clarity on process and timeframe of transfer of NHSE dowries.	3	3	Y				Proposals for Integrated commissioning for adult ASC across Kent and Medway to achieve a consistent approach and economies of scale across the TCP.	Phil Cooper, Jimmy Kerrigan, Rachael Horner, LA and CCG Leads	30/11/2016			
23/05/2016	Developing a new service model	There is a risk that Personal Health Budgets (PHBs) are not comprehensively expanded to people with a learning disability as set out in the TCP plans	Development work to expand PHBs to people with a learning disability still in very early stages across the TCP. Lack of prioritisation and engagement from all relevant agencies may impact on speed and success of implementation.	3	3	Y				Following Fast Track status, the National improvement Team has been approached for guidance and support as part of Fast Track support package.	Phil Cooper, Jimmy Kerrigan,	31/01/2017			

Date Added	Risk Management Level	Risk Title	Cause & Impact	Raw score			Current Risk Score (after review)			Mitigating Actions	Action Owner	Review Date for Actions	Anticipated Risk Score Following Mitigation		
				Likelihood	Impact	RAG Status	Likelihood	Impact	RAG Status				Likelihood	Impact	RAG Status
	Domain	A statement describing risk event	A statement describing the cause and Impact							Systems and processes that are in place and operating that mitigate this risk, including assurances	Job title / person assigned to carry out mitigating actions	For each mitigating action a review date must be provided			
23/05/2016	Developing a new service model	There is a risk that insufficient availability of appropriate accommodation and support impacts on successful return to community settings for some people	At present the market lacks sufficient capacity to respond to variations in demand for people with a learning disability and complex needs. A social care provider is unable to generate support/capital to procure property for development for an identified group of 6 patients due to quality issues in existing services.	3	3	Y				Plans to procure Safe Accommodation initiative for Kent and Medway have commenced. Introduce KCC housing provider framework to enable swift procurement of accommodation. Retender Supporting Independence Services (SIS) provider framework to include specific requirements for PBS to enable swift procurement of support for people with complex needs. Alternative provider engaged to develop support and accommodation for 6 identified patients.	Paula Watson, Troy jones	30/11/2016 SIS by 01/09/17			
23/05/2016	Co-production	There is a risk that plans are not sufficiently co-produced and therefore lack relevance and credibility with service users and their families.	Co-production is currently not well advanced in the TCP area. Greater knowledge and expertise in current co-production methods and assessment tools are required.	3	3					Proposal for co-production pilot has been submitted to LA for grant funding decision	Phil Cooper, Jimmy Kerrigan,	30/11/2016			
23/05/2016	Developing a new service model	There is a risk that gaps in community services and existing legislation prevent the TCP from sustaining a reduction in inpatient numbers.	Current legal framework may be not sufficiently robust to ensure the compliance of high risk offenders with their community risk management and treatment plans, resulting in re-admission.	3	3					A multi-agency approach is being developed in the planning of all discharges with this cohort to ensure that a balanced judgement is made and risk management, crisis and contingency plans are clear.	Phil Cooper, Jimmy Kerrigan	31/03/2017			
23/05/2016	Developing a new service model	There is a risk that the workforce may not have the required skills going forward to deliver all details of the TCP plans.	The Kent and Medway workforce development plan is not yet fully developed.	3	3					Kent and Medway have engaged with HEE, Skills for Care, Avenues Group and local voluntary sector organisations to develop the TCP Workforce Development Plan	Phil Cooper, Jimmy Kerrigan, Helen Jones, Penny Southern, Troy Jones	31/01/2017			
23/05/2016	Finance	There is a risk that successful implementation of Plans is impacted by CCG statutory duty to achieve financial balance.	CCG statutory duty to achieve financial balance impacts on ability to meet costs of BRS. Lack of clarity on process and timeframe for dowries to facilitate patient discharge and community service improvement.	4	4	R				Notify Regional and National TC Teams of risk.	Phil Cooper, Jimmy Kerrigan				