

Kent and Medway TCP Finance Plan - January 2017

Introduction

- 1.1 Following the publication of '*Building the Right Support*' and the national service model for Transforming Care (TC) in October 2015, 48 Transforming Care Partnerships (TCPs) were created to re-shape local services and implement the national service model by March 2019. TCPs are based on national criteria Units of Planning (UoP) with a minimum population threshold of approximately 1,000,000 people. Locally, Kent and Medway have been grouped together to form the Kent and Medway TCP, serving a population of just over 1.4 million.
- 1.2 Whilst the TCP represents a new partnership for Kent and Medway, both areas welcome the opportunity provided by Transforming Care of working together to improve community services for people with a learning disability and/or autism and behaviour that challenges or mental health conditions.
- 1.3 Kent County Council (KCC) and the 7 Kent CCGs have been developing integrated commissioning arrangements for learning disability for some time and services are working towards greater integration and partnership with an approach that aligns closely with the key principles of the national service model. Whilst Medway already has a strong integrated partnership commissioning team and Whilst Medway already has a strong integrated partnership commissioning team and is working to establish its own vision and priorities for the future of learning disability services and is exploring the Kent model and other examples of good practice nationally to develop its local strategy.
- 1.4 The health and care economy of the TCP area (Kent and Medway) is as follows:
- The health and care economy in Kent sits within the administrative boundary of Kent County Council (KCC), a two tiered local authority, which encompasses the seven Kent CCG areas of
- Dartford, Gravesham and Swanley (DGS) CCG
 - Swale CCG
 - West Kent CCG
 - Thanet CCG
 - South Kent Coast CCG
 - Canterbury and Coastal CCG
 - Ashford CCG
- 1.5 In Medway the health and care economy sits within the administrative boundary of Medway Council. Medway Council is a Unitary Authority and is coterminous with NHS Medway CCG.
- 1.6 In May 2016 the Kent and Medway TCP submitted its TC implementation plans, including a Finance and Activity Template that described current and projected inpatient bed usage, **see appendix 1**. The Implementation Plan acknowledged that the TCP was using a significantly higher number of specialist inpatient beds than the regional average. This issue was highlighted as a priority and will remain so over the three-year lifespan of *BRS*. The Implementation Plan and the Finance and Activity Template were refreshed in November 2016 to update new patient projections that described how the TCP will reduce its inpatient bed numbers to within the planning assumptions outlined in *BRS*. The updated projections are included in table 1 below on page 5.
- 1.7 The TCP area has been implementing TC principles in recent years, and significant

progress has already been made with the decommissioning of the local Assessment and Treatment Unit (10 beds) in September 2014 and the re-investment of the budget in enhanced community LD services. As part of this new LD care pathway the Complex Care Respons was developed which brings practitioners from 3 agencies together to respond urgently to concerns about persons living in the community. This work has been successful in preventing any new admissions to CCG commissioned ATU beds since January 2015.

- 1.8 Due to the higher number of beds being used by Kent and Medway, however, the TCP was nominated to pilot the new financial framework for TC described in the Finance FAQ published in June 2016. The TCP was also given 'Fast Track' status and additional support from the National Improvement Team offered to assist in the development and delivery of plans.
- 1.9 The TCP has recently worked collaboratively with Surrey TCP and Sussex TCP to form the South East TCP Hub. The Hub, in partnership with NHS England's Specialist Commissioning Team, has developed a regional Business Case in response to the new finance framework guidance.
- 1.10 The Business Case includes a summary of current and projected activity as a basis for future planning of inpatient provision across the South East. Along with this plan, the Business Case sets out how and when funding could flow through the system from Specialist Commissioning budgets to the TCPs in order to shift the focus of provision from inpatient beds to community-based settings, in accordance with *BRS* principles. The Business Case has not yet been approved for circulation but will be attached to this plan as an appendix in due course.
- 1.11 The Business Case, and this Finance Plan, along with the TCP's refreshed Implementation Plans submitted in November 2016, provide a detailed road map of how Kent and Medway will deliver its vision for Transforming Care by March 2019.
- 1.12 The additional milestones generated by the Finance Plan and the Business Case have been added to the Kent and Medway TCP Milestone Report. The Report is updated monthly and a copy is attached as **appendix 2**.

The 7 essential ingredients of the Kent and Medway Finance Plan:

1 Cross-system buy-in

KLOEs:

1. *Is the plan signed-up to by all the local authorities?*
2. *Is the plan signed-up to by specialised commissioning?*
3. *Are all the partners appropriately involved in the TCP governance and leadership?*
4. *Is the plan signed-up by all the CCGs?*

Key Points

- The Kent and Medway TCP comprises Kent County Council, Medway Council, and 8 CCGs (one CCG in Medway and seven Kent CCGs). The TCP is working with colleagues from Surrey and Sussex TCPs as well as Specialist Commissioning to develop the South East TCP Hub.

Key Issues

1. Engagement and buy-in

- 1.1 The Finance Plan has been developed by the Kent and Medway TC Leads, supported by KCC, Medway Council and the Kent and Medway CCGs.
- 1.2 In Kent, this Finance Plan has not yet been formally presented to the CCGs, KCC and Medway Council. The timeframe for submission of the plan has not allowed for the document to pass through established governance procedures. However, the key issues and workstreams that inform the plan have been regularly presented and discussed at the Kent S75 Board, the TCP Working Group, The Medway Integrated Commissioning Board for LD and finance and commissioning meetings in Kent and Medway..
- 1.3 The details of the Finance Plan include:
 - Local investment funded through a transfer of CCG inpatient costs
 - KCC and CCG finance leads are currently in discussion about a process and arrangements for the transfer of CCG hospital placement costs to the pooled budget to release the CCG dowries.
 - Transfer of the commissioning budget from Specialist Commissioning to the Kent S75 pool pooled budget once the mechanisms for this have been agreed between Specialist Commissioning, Kent and Medway CCGs, KCC and Medway Council.
 - TC leads for Kent and Medway have been in discussion with colleagues from Surrey and Sussex and are working with NHSE Improvement Team during January to develop a business case for agreement by Specialist Commissioning LAs and CCGs.
 - Transformation Fund bids for investment and capital grants
 - TC leads are working with CCG finance in East and West Kent to understand savings on current expenditure on specialist adult autism beds that can be achieved through discharges to arrive at a matched funded amount that can support an investment grant bid.
- 1.4 Commissioning partners in Kent are involved in TCP governance and leadership through senior representation at the Kent S75 Commissioning Board. At an operational level, provider partners are involved in the Kent and Medway Discharge Planning Group and the Kent and Medway Working Group. Commissioning partners in Medway are involved in the TCP governance and leadership through senior representation at the Medway Integrated Commissioning Board for Learning Disability. Engagement has seen significant improvement during quarter 3 of 2016/17 resulting in a more robust and

effective Board with a number of new Task and Finish groups being established in quarter 4 to report into the Board on key areas for development.

2. Governance

- 2.1 See **appendix 5** for details of the Kent and Medway TCP Governance Structure
- 2.2 The TCP Senior Responsible Officer (SRO) and Deputy SRO for Kent, working collaboratively with the SRO and Deputy SRO for Medway, will oversee delivery of this Plan, and will have overall responsibility and accountability for the local Transforming Care Programme on behalf of KCC, Medway Council and the 8 Kent and Medway CCGs.
- 2.3 The Kent SRO and deputy SRO are members of the KCC Section 75 Integrated Commissioning Board while the Medway SRO and Deputy SRO are members of the Medway Integrated Commissioning Board for Learning Disability.
- 2.4 A Finance Sub-Group, chaired by the lead CCG CFO, has now been established to provide robust oversight and governance of the development and delivery of the Business Case and this Finance Plan. The group includes Finance Director level representation from CCGs, LAs and Specialist Commissioning..
- 2.5 It is to be noted that the TCP governance structure is currently under review and discussions are taking place to develop the structure in order to provide greater integration of strategic governance across Kent and Medway.
- 2.6 The Kent and Medway Transforming Care programme will form part of the Kent and Medway Sustainability and Transformation Plan (STP).
- 2.7 The Kent and Medway Sustainability and Transformation Plan (STP) footprint is coterminous with the TCP and the STP Steering Group will provide overarching strategic governance to the TCP plans.
- 2.8 The Kent and Medway TCP SRO reports to a KCC STP Steering Group representative and provides linkage between the TCP and STP.
- 2.9 The STP Plan, *Transforming Health and Social Care in Kent and Medway* (October 2016) outlines how the Kent and Medway health and care system is seeking to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting. Core to the model is the philosophy of health and care services working together to promote and support independence, utilising statutory, voluntary and where appropriate the independent sector to deliver the right care, in the right place, at the right time.

2.10 Transformation will be achieved by targeting interventions across the following four key areas which align with TCP priorities::

| STP Key Areas | Description | TCP aligned |
|---------------------|--|--|
| Care Transformation | Preventing ill health, intervening earlier and bringing excellent care closer to home | <ul style="list-style-type: none"> • Complex care response in Kent • Complex Case Coordinator • Discharge planning group • Adults ASC investment bids (See Section 5, 1.4 & 1.5 below) |
| Productivity | Maximising synergies and efficiencies in shared services, procurement and prescribing | <ul style="list-style-type: none"> • Kent and Medway TCP established • TCP-wide Transformation fund bids (see section 5, 1.4 & 1.5 below) • TCP Finance Sub-Group established • TCP-wide Discharge Planning Group established • SE TCP Hub Business Case developed • LD Alliance Agreement |
| Enablers | Investing in estates, digital infrastructure and the workforce needed to underpin a high-performing system | <ul style="list-style-type: none"> • TCP Capital grants received (see section 5, 1.4) |
| System Leadership | Developing the commissioner and provider structures which will unlock greater scale and impact | <ul style="list-style-type: none"> • Kent S75 and Alliance agreement established • Integrated Commissioning post for ASC established in Kent |

2.11 The STP is continuing to evolve and develop its plans and the October draft is very much a work in progress.

2.12 Transforming Care is included in the STP for Kent and Medway. This section will be developed in the light of the Business Case, Transformation Fund grants and the Finance Plan as the STP is regularly updated in Spring 2017.

2 Clear activity plan as basis

KLOEs:

1. **Is the finance plan clearly linked to inpatient capacity plans currently being drawn up? i.e.:**
 - a) **Does the TCP have a clear plan not just of how inpatient numbers will fall, but how bed capacity will be reduced and beds closed?**
 - b) **Does the TCP have a clear plan for where beds to be used will be located in future, and which beds will be closed/no longer used?**
2. **Does the TCP have a clear plan for new or enhanced community services catering to many people (e.g. community teams) which will need to be funded?**
3. **Does the TCP have a clear plan for how many new individual packages of care will need to be commissioned?**
4. **Does the TCP have a clear plan for how many new homes will be needed, particularly for the resettlement of long-stay patients?**

Key points

- The TCP has submitted revised inpatient number projections, included in the refreshed Finance and Activity Template submitted in November 2016, which outline how numbers will fall to within the planning assumptions outlined in *BRS* by March 2019:

Table 1: Kent and Medway patient projections to March 2019 (all ages)

| Year end figure | Year 0 (2015/16) | Year 1 (2016/17) | Year 2 (2017/18) | Year 3 (2018/19) |
|--|---------------------|---------------------|---------------------|---------------------|
| NHS England commissioned inpatients | 60 | 57 | 42 | 39 |
| CCG commissioned inpatients | 24 | 24 | 18 | 18 |
| Total No. of Inpatients with learning disabilities and/or autism | 84 | 81 | 60 | 57 |

Key Issues

1. Activity

- 1.1 The Finance Plan has been developed by the Kent and Medway TC Leads, supported by KCC, Medway Council, the Kent and Medway CCGs and NHSE Specialist Commissioning Team.
- 1.2 Current inpatient activity across the TCP is as follows:

Table 2: Current inpatient bed numbers 06/01/17

| | Thanet | SKC | Can'y and Coast | Ash'd | Swale | DGS | West Kent | Med |
|------------|-----------|----------|-----------------|----------|-----------|----------|-----------|-----------|
| CCG LD | 6 | 1 | 5 | 0 | - | 3 | - | 3 |
| CCG ASC | - | 3 | - | - | 2 | - | 3 | - |
| NHSE LD | 6 | 0 | 5 | - | 6 | 6 | 8 | 11 |
| NHSE ASC | - | - | 1 | - | 1 | - | 4 | - |
| Tier CAMHS | - | 0 | 1 | 1 | 2 | 0 | 3 | 2 |
| | 12 | 4 | 12 | 1 | 11 | 9 | 18 | 16 |

- Figures include :
 - 26 NHSE out of area (adults)
 - 11 CCG out of area (adults)
 - 21 eligible for dowry

- 1.3 Revised patient projections for the Kent and Medway TCP have been submitted to NHS England outlining the expected reduction in patients requiring access to inpatient facilities (see table 1, above).
- 1.4 Kent and Medway reduced local bed capacity in September 2014 through the closure of the local Learning Disability Assessment and Treatment Unit, resulting in the closure of ten beds.
- 1.5 Currently there are no medium secure LD beds in Kent, Surrey or Sussex. Kent has 55 low-secure LD beds, and 18 forensic step-down or locked rehabilitation beds. Surrey and Sussex both have 10 assessment and treatment facility beds,, as described in the Business Case (**appendix 2**).
- 1.6 The TCP is currently working with colleagues in Specialist Commissioning and commissioners across Surrey and Sussex to understand the optimum bed capacity for Kent & Medway, Surrey and Sussex. This work is ongoing and the TCPs are not yet in a position to set out their bed capacity needs in detail. The aim is for Kent & Medway, Surrey and Sussex to have sufficient capacity at different levels for the SE Hub area to share in order to reduce the need for beds outside of the Hub area. See **appendix 3** for details of the milestones related to this Plan which outline how it will be developed with additional data to improve understanding and inform planning.
- 1.7 The Discharge Planning Group, which will begin meeting regularly in February, will establish the specific needs for new or enhanced community services that will be required across the Kent and Medway – see **appendix 4** for the Discharge Planning Group ToR. These plans, therefore, are not fully detailed at present but will be developed during quarter 4. It is clear that investment in Forensic Outreach will be required to address admission rates to secure care. Existing community LD services will need to be enhanced, particularly psychology and nursing. Additionally, more detailed knowledge is required about people living in the community who have complex needs and who may be at risk of admission if they experience a period of crisis. Precise numbers of new packages of care for this group is not yet known but will become clearer following discussions at the Discharge Planning Group.
- 1.8 In Kent (not in Medway at present) the Complex Care Response is now in place and has resulted in ten admissions being avoided so far in 2016/17. However, details of packages that this new initiative is resulting in have not yet been captured and evaluated. Recording of this information will be developed in 2017/18.
- 1.9 There is no dynamic risk register in place yet in Kent and Medway and our knowledge of new individual packages of care that will need to be commissioned is not as detailed as our understanding of requirements following patient discharges from inpatient settings, which is being informed by the revised patient trajectories at the Discharge Planning Group. .
- 1.10 In Kent and Medway, the Discharge Planning Group will highlight the housing needs for individual patients, and when they will be required. This group will start regular meetings in February and housing needs over the next two years will become clearer then and needs will be addressed on an individual basis. We do know, however, the needs of the 6 individuals that are being discharged as part of the Delayed Discharge project.

3 Clarity on cost pressures/savings

KLOEs:

1. *Has the TCP understood, or at least made sensible assumptions about, what funds it will release from reduced use of inpatient care?*
2. *Has the TCP understood, or at least made sensible assumptions about, what additional costs will accrue from enhancing/setting up new community services catering to many people (such as community teams)?*
3. *Has the TCP understood, or at least made sensible assumptions about, what additional costs will accrue from additional individual packages of care in the community?*
4. *Has the TCP understood, or at least made sensible assumptions about, what the costs of new housing will be?*
5. *Has the TCP identified which commissioning organisations partners will achieve what savings from reduced inpatient usage, and which will accrue what new costs (prior to any shifting any funding across the system)?*

Key points

- £4m savings from reduction in NHSE bed activity. We are unsure of CCG and LA savings at present as a number of these patients will be stepping down into CCG commissioned beds.
- £1.1m in capital bids in 2016/17 to adapt housing for children with challenging behaviour and adults with autism.
- £TBC additional investment in community Learning Disability services.
- £TBC community LD forensic services
- £TBC community autism services

Key issues

1. Activity

- 1.1 Based on bed capacity modelling that was undertaken during the development of the SE Hub Business Case, an indicative current spend and potential savings/budget transfer have been calculated based on national average costs for NHSE secure and CCG commissioned beds. The potential budget transfer that has been calculated for the Kent and Medway TCP has been estimated at £4,015,000.
- 1.2 Further work is required between CCG and LA children's' commissioners and NHS England's Specialist Commissioning team which will be taken forward by the Finance Sub-Group in February.
- 1.3 KCC figures report approximately 200 individuals living in the community who have complex needs and are currently at risk of admission, with current social care only packages in excess of £100,000 p.a. each.
- 1.4 In addition, for Kent and Medway, approximately 60 patients who have been discharged in the last three years with aftercare packages costing on average £74,000 p.a. to the L.A., and £31,573 to the CCGs.
- 1.5 CCGs, KCC and Medway Council have not yet modelled additional costs for commissioning enhancing/setting up new community services for community teams (see **appendix 4**, ToR for Discharge Planning Group). Plans are in place to capture the information required to inform plans in quarter 4 at the Discharge Planning group.

- 1.6 Finance planning indicates an average cost of £110,000 p.a. for a community package of care. These costs are being tracked by the KCC.
- 1.7 At present housing costs have not been established but the housing needs of each individual will be considered and planned for accordingly in advance at the Discharge Planning Group.
- 1.8 For costs of new housing, see Appendix 1. Gaps in provision will be monitored and address through the Discharge Planning Group.
- 1.9 KCC, Medway Council and Kent and Medway CCGs do not anticipate any savings initially, due to the need to commission rehab hospital placements as part of individuals' care pathway from secure services to the community.
- 1.10 KCC, Medway Council and Kent and Medway CCGs will face cost pressures for any patients discharged that are not eligible for an NHSE dowry.

4 Principles/vehicles agreed for moving funds across system

KLOEs:

1. ***Does the TCP have a clear understanding/agreement in principle for the vehicle to be used to shift funding from NHSE spec com to CCGs?***
2. ***Does the TCP have a clear understanding/agreement in principle for the vehicle to be used to shift funding from CCGs to local authorities?***
3. ***Have the partners in the TCP articulated a clear set of shared principles governing how they will work together to ensure funding flows across the system to enable transformation?***
4. ***(Linked to ingredient 7) where this requires further work, such as establishing a pooled budget, is this clearly set out in a milestone plan?***

Key points

- S75 Pooled budget in Kent to facilitate commissioning budget from Specialist Commissioning
- Draft set of principles set out in draft by Specialised Commissioning to guide the development of the business case for approval by TCP partners
- Specialist Commissioning are collaborating with Kent, Surrey and Sussex TC leads to develop the SE Hub business case.

Key issues

1 Activity

- 1.1 Although 7 Kent CCGs and Kent County Council have an agreed and established Section 75 pooled budget for learning disability. It is anticipated that as NHSE transfer funding to CCGs through CCG allocation shifts upon the closure of NHSE funded beds, that CCGs will make an equivalent transfer to the Kent S75 pooled budget. The Kent integrated commissioning team for learning disability will then be able to access the resources to deploy against agreed Kent commissioning priorities in the Kent and Medway Transforming Care plan.
- As Medway is not party to the Kent S75 Agreement, it is anticipated that following the shift of allocation to Medway CCG that this will be ring-fenced for application to the Medway commissioning priorities in the Kent and Medway Transforming Care Plan.

- 1.2 Engagement of senior finance representatives from KCC, Medway Council and Kent and Medway CCGs and Specialist Commissioning is essential to the successful development and delivery of the new financial arrangements. The detail required to enable senior level finance leads to properly consider the proposals for a new financial framework is currently being developed across the SE Hub. This will inform discussions at senior level and the development of a clear set of principles that will govern how key partners work together. The new Finance Sub Group, led by the CFO for the lead CCG and with finance director level representation from CCGs, LAs and NHSE Specialised Commissioning will oversee the development and delivery of the Finance Plan and Business Case.

5 Transition costs quantified/met

KLOEs:

1. ***Has the TCP clearly identified transitional cost pressures – i.e. costs that will accrue during the period of transformation while inpatient services and community alternatives ‘double-run’, but later reduce as funds from inpatient services are released?***
2. ***Have these transitional costs been profiled over time?***
3. ***Is the TCP asking for transformation funding to help cover these transitional costs (as opposed to longer-lasting costs which it would not be sustainable to fund from a temporary national fund)?***

Key points

- The TCP has commenced modelling the costs for the TCP and cost pressures of this programme.
- A Finance Sub-Group (see Section 4 above) has been established to oversee modelling the development and delivery of financial planning

Key issues

1. Budget and Policy Framework

- 1,1 Commissioners across Kent, Surrey and Sussex are collaborating on their discharge projections and future bed capacity to inform the transfer of commissioning budget from Specialist Commissioning.
- 1.2 Work has commenced by finance colleagues in the TCP on modelling the transition costs of this programme to March 2019. The modelling will inform bids for investment grants for investment in community services. Further detail regarding transitional costs, such as ‘double running’ will be gathered during February and March, and will be added to future drafts of the Finance Plan as they are obtained.
- 1.3 It is clear that a transfer of the Specialist Commissioning budget is crucial to the delivery of the finance plan as the majority of total inpatients are in NHSE secure placements. An investment grant has been obtained for forensic outreach which will begin the process of releasing savings from out of area beds. The Finance Sub-Group will commence profiling of transitional costs over time and develop and more detailed and accurate modelling once these costs have been more accurately identified.

- 1.4 Transformation bids are being submitted to address the key priorities highlighted in TCP plans. In 2016/17 the TCP were successful in bids for the following initiatives:

| Project – Investment grants | Kent, Medway or TCP | Grant |
|--------------------------------------|----------------------------|--------------|
| 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 |
| Project – Capital grants | | |
| Children’s Safe Accommodation Scheme | TCP | £607,000 |

- 1.5 Transformation bids are being submitted for 2017/18 that address the key remaining priority of adult ASC provision in Kent and Medway.

| Project – Capital grants | Kent, Medway or TCP | Grant |
|---------------------------------|----------------------------|--------------|
| Enhanced Adult ASC Service | East Kent CCGs | £100,000 |
| Enhanced Adult ASC Service | West Kent CCGs | £80,000 |
| Enhanced Adult ASC Service | Medway CCG | £80,000 |

6 Capital costs met

KLOEs:

1. **Are capital costs based on a robust housing strategy, covering:**
2. **Vision**
3. **Demand**
4. **Supply**
5. **Future provision – the shortfall between demand and supply**
6. **An action plan, including where capital is to be sourced from?**

Key points

- Bids for two capital grants have been submitted in 2016/17 and a decision is currently pending
- KCC has an accommodation strategy which includes learning disability and autism
- Medway Council has a Market Position Statement which includes learning disability

Key issues

1. Housing needs and capacity

- 1.1 We anticipate that the 2016/17 capital bid for a Children’s Safe Accommodation Scheme will have delivery a reduction in tier 4 CAMHS activity and overall TCP inpatient bed numbers.
- 1.2 Housing partners will be included in the Discharge Planning Group (see **appendix 4** for ToR) to provide direct input into detailed planning for each individual in advance of discharge from an inpatient bed

7 Governance/ implementation

KLOEs:

1. ***Is there a milestone plan setting out how the rest of the plan will be implemented? For instance, if the rest of the plan talks about setting up a pooled budget, is this clearly set out in the milestone plan?***
2. ***Is the milestone plan specific about the actions to be taken?***
3. ***Does the milestone plan have clear action owners?***
4. ***Are there clear governance structures in place enabling all the partners in the TCP to make key decisions on finance?***

Key points

- The Kent and Medway TCP Milestone Report continues to be updated and a summary submitted to NHSE Assurance regularly. The plan includes clear milestones, timescales and action owners. The Milestone Report has been updated to include milestones associated with this finance plan (see **appendix 3**).
- See Section 1 above, and **appendix 5** for details of the TCP's governance structure.

Key issues

1. Milestones

- 1.1 The Kent and Medway TCP Milestone Report is based on the areas for development highlighted in the TCP's TC Implementation Plans. The report is specific about the tasks required, structured under the four headings of Coproduction, Bed Closure, Finance, and Developing a New Service.
- 1.2 Delivery against the Milestone Report is coordinated by the two Kent and Medway TC leads, with additional support required detailed against each milestone, including SROs, Specialist Commissioning and Finance.
- 1.3 Strategic governance is provided by the Kent S75 Board and the Medway Integrated Commissioning Board for Learning Disability. Operational governance is provided by the Kent and Medway Transforming Care Working Group.
- 1.4 The Kent and Medway TCP Milestone Report is based on the areas for development highlighted in the TCP's TC Implementation Plans. The report is specific about the tasks required, structured under the four headings of Coproduction, Bed Closure, Finance, and Developing a New Service.
- 1.5 Thus far, engagement from finance has been at a middle management level and a recommendation has been made that a CFO should oversee development and delivery of the TCPs Finance Plan to provide appropriate level governance of finance decisions.