Joint transformation planning template

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 to[1]:

- 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.

[1]The 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

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)

Describe the health and care economy covered by the plan

The health and care economy of the TCP area (Kent and Medway) is described in the Executive Summary attached. Locally, 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.

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.

However, as reflected throughout this plan, KCC and the Kent CCGs will be working closely with colleagues in Medway Council and Medway CCG, 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 Partnership (TCP) Board which 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 between Kent, as a two tier local authority, and Medway as a Unitary Authority with separate health and social care service functions.

Kent is keen to work with Medway colleagues through the partnership to share learning about the integrated approach to learning disabilities commissioning and care co-ordination and to help 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

Kent County Council (KCC)
KCC commission and provide a range of social care and support to children and adults with learning disabilities (LD) and/or autistic spectrum conditions (ASC).

Since April 2015, KCC has also hosted learning disability commissioning on behalf of the Kent CCGs as an incremental step toward Integrated LD Commissioning of health and social care under a Section 75 Agreement from April 2016.

There are seven Clinical Commissioning Groups (CCGs) within the KCC area and collaborative commissioning arrangements are in place within the following three separate health economies:

- North Kent – comprised of Dartford, Gravesham and Swanley (DGS) CCG, Swale CCG (and Medway CCG which is aligned with Medway Council)
- West Kent - comprised of West Kent CCG
- East Kent – comprised of Thanet CCG, South Kent Coast CCG, Canterbury and Coastal CCG and Ashford CCG.

NHSE Specialised Commissioning commission secure learning disability and ASC in-patient services across the Southeast (Kent and Medway, Surrey and Sussex).

South East Commissioning Support Unit are commissioned by West Kent CCG and the East Kent CCGs to manage all placements including in-patient and NHS Continuing Care placements.

The North Kent Specialist Assessment and Placement Team (SAPT) lead on ensuring optimal patient placement management of Swale CCG and DGS CCG funded placements 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)

Kent County Council and the Kent CCGs work closely with Medway Council and neighbouring Medway CCG on both a countywide and north Kent footprint on a number of commissioned programmes where it is appropriate and expeditious to do so. Currently the commissioning landscape for mental health, LD and autism in Kent is substantially different to Medway, with the exception of a core KMPT service for the assessment and diagnosis of ASC (KMPT) and adult ASC and ADHD diagnosis and support services through South London and the Maudsley NHS Trust (SLAM).

PROVISION

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

Kent County Council
KCC Social Care Health and Wellbeing provide (in conjunction with partner agencies) a range of different services for children and adults with LD or ASC including

- The social care element of the Community Learning Disability Teams (CLDT's) which are integrated with health providers
- Statutory provision for disabled children
- Adult ASC Support Service
- Adult ASC Enablement Service
- In House services for children, young people and adults. This includes short breaks, day services, Shared Lives, Independent Living Scheme and Kent Pathways service
- The CLDT commission a range of private and voluntary sector services
- KCC provide a number of preventative services plus Advice Information and Guidance
- KCC Support and coordinate the Kent Learning Disability Board which is chaired by a KCC Member and a person with a LD

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 (MHLD) 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 also provide the Positive Behaviour Support Teams and are based in East and West Kent. PBST 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

Kent Community Health NHS Foundation Trust (KCHFT)
KCHFT provide the health element of the CLDTs within Kent including Community LD Nursing, Occupational Therapy, Speech and Language Therapy, Physiotherapy and Sensory Therapy. CLDTs 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 (SPT)
SPT provides CAMHS Services across Kent ad Medway.

Medway Foundation Trust (MFT) provides community services for children, young people and families (primarily 0-11) in North Kent including parts of Swale CCG.

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

- Low secure forensic services at the Tarentfort Centre in Dartford (20 beds) for patients who have been diverted from prison 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)

The Huntercombe Group is a private sector provider of:

- Low secure LD in-patient services at Cedar House in Canterbury (35 beds) for patients who have been diverted from prison who are at risk of coming into contact with the Criminal Justice System (CJS) as a result of their behaviour or who present with serious challenging behaviour that may place themselves or others at risk

- Locked rehab beds at Poplar Ward, Cedar House (5 beds)

Specialist challenging behaviour accommodation and support

- KCC and the Kent CCGs have commissioned specialist state of the art self-contained flats (Holly Lodge), each tailor made for the residents and all are fitted with assistive technology to ensure greater independence and safety.
- South Kent Coast and Canterbury and Coastal CCGs have commissioned 2 purpose built self contained units (Rohan) for males who present with severe challenging behaviour and require detention under the Mental Health Act. This service will be available to the other Kent CCGs when a vacancy arises.

Additional non contracted activity

Psicon are commissioned to provide adult ASC diagnostic assessments across North, East and West Kent to meet increased demand.

A number of people from Kent and Medway are placed in out of area specialist hospitals commissioned by CCGs or NHSE.

Section 1.2

Describe governance arrangements for this transformation programme

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

Kent and Medway have worked together to establish a strategic planning footprint that covers the two Council areas. Governance arrangements have been established. The SRO for the Kent and Medway Sustainability and Transformation Plan together with an Operational SRO for both Kent and Medway who will oversee local plans and governance arrangements.

KCC, Medway Council and the Kent and Medway CCGs are represented on the Kent and Medway Transforming Care Working Group and, at a strategic level, on the Kent and Medway Sustainability and Transformation Plan Steering Group which will ensure appropriate strategic oversight and input into jointly commissioned programmes and cross border issues. Kent's governance arrangements in respect of its local operational transformation and interface with Kent at a strategic level are described in **Appendix1**

In Kent we have been developing integrated commissioning arrangements for learning disability between the 7 Kent CCGs and Kent County Council. This has been set up under a Section 75 Agreement and includes new governance arrangements. All CCGs will be represented on the new S75 Integrated Commissioning Board. KCC will manage and lead the integrated commissioning team on behalf of the CCGs.

The Kent Transforming Care Working Group (TCWG) will sit under these new governance arrangements which formally came into place from 1st April 2016. The attached governance framework chart shows the relationship between the TCWG and the new Section 75 Integrated Commissioning Board. The Kent Operational Senior Responsible Officer, a KCC Director, will be the Board member with responsibility for Transforming Care in Kent.

The TCWG will also have a relationship with the Provider Alliance Group, which includes representatives of the key organisations providing community support for people with a learning disability, the Kent Operational SRO will chair the Provider Alliance Group thus providing that key connection.

The TCWG has links with the Autism Implementation Groups and the Kent Children and Young People, Emotional and Well-Being Procurement Board to ensure that TC Implementation Plan is considered in these forums.

See *Appendix 1* for an outline of Governance arrangements.

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.

People with learning disability and autism were very involved in the development of the National Service Model, which the Kent plan is based on, with over 200 responses to the consultation.

LEARNING DISABILITY

<u>In-patient engagement</u>
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?

The final report from this consultation can be found at *Appendix 2*

<u>Kent Learning Disability Partnership Board (LDPB)</u>
The Valuing People Cabinet is jointly chaired by the Senior Responsible Officer for the Kent Transforming Care Programme. The Valuing People Cabinet Reports directly to the LDPB which is jointly chaired by the KCC Member for Social Care. The Cabinet and the LDPB have been consulted about proposals for developments/improvements in LD services and have received regular updates on progress on Transforming Care.

Updates have also been provided to the Partnership Board Health Subgroup regularly by the Chair of the Transforming Care Working Group.

Both the Kent LD Partnership Board and its Good Health Group include people with a learning disability and family carers representatives. Through the Board there is access to a

network of District Partnership Groups across Kent which involve a wider group of people with learning disabilities in decision making.

The Joint Chair of the Kent Good Health Group is also a member of the National and Regional Learning Disability Forum and is involved with the Transforming Care Programme at a national level providing an important link with our work in Kent.

Provider and Practitioner Reference Groups

The new integrated adult LD care pathway that was commissioned in January 2015 was designed with the involvement of a range of health and social care professionals from both CLDT and MHLD localities teams across Kent during 2014. The practitioner reference group was then consulted on commissioning proposals.

A reference group of NHS, private and voluntary sector providers of in-patient services, residential and supported living services were also involved in the design of the integrated care pathway and consulted on the proposed care pathway.

The focus on discussion with both groups was

- Why are people with LD admitted to specialist in-patient services
- What improvements do we need to make to community services to reduce/prevent admissions to specialist in-patient services

Locality Collaborative Forums

Locality forums are the proposed means of facilitating the ongoing involvement of a range of stakeholders in the review and further development of services for people with LD. A forum will be piloted in the Canterbury/Swale locality during quarter 3 and quarter 4 of 2015/16 and a report will be presented to commissioners at the quarterly LD integrated performance meetings. Following a review of the pilot forum, it is expected that a forum will then be established across all other localities in Kent.

Terms of Reference for the Forum

- To establish and maintain a quarterly forum that brings together stakeholders involved in supporting people with learning disabilities.
- To identify a Chairperson and plan succession
- To contribute information that provides a 360° perspective on the care and support offered to people with learning disabilities within the locality
- To generate information about the effectiveness of the integrated LD care pathway in the locality to feed into the Quarterly LD Integrated Performance meetings.
- To provide a report to commissioners on a quarterly basis on the above.
- To identify solutions with people who require an improved lifestyle in the locality, particularly those who are currently experiencing restrictive lifestyles.
- To identify and address areas for improvement in the locality health and care system through targeted training and resource allocation.
- To identify and record good practice, lessons learned and share information/ tools Kent wide.
- To promote the development of partnership and collaboration between all agencies and stakeholders within the locality
- To promote local leadership of the forum from within the LD community *(NB – Natural leadership may emerge from any agency or individual over time to champion*

integration and collaboration)

- To provide feedback on the impact of national and local policy and commissioning practice on the locality.

Attendees (proposed)will include on a regular or ad hoc basis as appropriate:

- People with a learning disability or their views represented*
- Carers
- Social Care Providers*
- Mental Health of Learning Disability representative (KMPT)*
- Community LD Team representative (KCHFT)*
- Social Workers/Care Managers representative (KCC)*
- Transition care managers
- Education
- Locality Commissioning (KCC and CCG)
- Housing
- Local advocacy
- Police/Probation
- Safeguarding

* *Denotes attendance is required to achieve a Quorum*

Discussions with the Skillnet Group, a self-advocacy organisation for people with learning disabilities, have resulted in a plan to propose that separate forums for people with lived experience of in-patient services are established in each locality to run in parallel with forums for professionals. A proposal will be presented to the LD Integrated Commissioning Board for consideration

AUTISTIC SPECTRUM CONDITIONS

During the development of the Kent Autism Spectrum Conditions Team carers and parents of people with autism were consulted and there were people with autism on the interview panel when the team were recruited.

The organisations that facilitate the peer support groups that have been commissioned by KCC meet quarterly with the commissioners and the Kent Autism Spectrum Conditions Team. Feedback is given by users of these groups in written and video formats. They have been consulted on the annual autism self-assessment framework that KCC are required to complete by Public Health England.

The plan to achieve further engagement with people with autism and their carers is to set up some reference groups for both those with ASC and carers then possibly, in the future, have representatives from these groups sitting on the collaborative.

Advocacy for All are commissioned to facilitate Speaking Up Groups for people with ASC in Kent which are district based peer support groups and are now established across Kent.

Advocacy For All ran two engagement events to elicit people's views of the draft Kent Autism Strategy and their experiences. One event was held in the east (Canterbury) and one in the west (Maidstone) of the county. Both events were centrally located in each region for ease of travel. Members were able to bring their carers or parents if necessary. 45 people attended the consultation, 39 of which were members.

Further 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.

CHILDREN AND YOUNG PEOPLE

Children and young people and their families/carers were fully involved in the development of the Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults. Engagement (0-25 years). Engagement took place with the existing Youth Action Groups that were established as part of the KCC Head Start Programme which is an early help programme for children and young people and their families.

As part of this engagement, during 2014 children and young people with experience of using services

- presented at an kent wide event during the drafting of the strategy
- produced a DVD on what good services for children and young people look like.

CCGs in Kent are planning the roll out of the Expert Parent Programme to be funded by their respective transformation funding allocation. This will involve setting up parent groups in each CCG area to provide training to parents, peer support and to facilitate co-production of services and implementation of the local strategy.

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.

This Plan is based on information collated from a number of service improvement projects related to people with LD or ASC that have either been completed or are currently underway. Each of these projects, which have included reviews of current service provision, have involved 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, this plan has been informed through

- Person Centred Planning that was 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)
- Engagement with Youth Action Groups via the KCC Head Start Programme to inform the Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults

This Plan will be issued for consultation among all stakeholders when a final draft has been produced. Consultation will include

- Kent LD Partnership Board
- District Partnership Groups

- Good Health Sub-Group
- ASC Speaking Up Groups
- Expert Parent Groups

Ongoing plans for Co-production

Kent and Medway have recently been in contact with The Skillnet Group regarding the ongoing review and development of this Plan. The Skillnet Group are a self-advocacy organisation based in Kent and represent a group of individuals with lived experience of in-patient services for people with learning disability.

The Skillnet Group have received funding from NHSE and we have engaged them to explore how best to utilise their expertise in the development, review and implementation of this Plan and to develop sustainable arrangements for co-production as a legacy of Transforming Care.

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

See "**TC Activity and Finance Template"** that accompanies this plan for patient projections for

- West Kent CCG
- Ashford CCG
- Canterbury and Coastal CCG
- Thanet CCG
- South Kent Coast CCG
- Dartford Gravesham and Swanley CCG
- Swale CCG

As at 31/12/15, Kent and Medway had a total of **84 in-patients** in specialist LD or ASC inpatient services. This total is comprised of 60 patients in NHSE Specialised Commissioned beds and 24 patients in CCG commissioned beds.

Kent and Medway has a CCG registered population of 1.5 million people. Based on the National Service Model target of 10-15 CCG in-patients and 20-25 NHSE in-patients per I million population, Kent and Medway should have a **target maximum of 59 people** (17 CCG, 42 NHSE) with LD or ASC in specialist in-patient units at any point in time.

Due to a Serious Incident that was raised in relation to an offender with LD that was discharged under the Kent TC programme who is currently on remand in prison for an alleged offence, offenders with LD who are currently in hospital will not be considered for discharge in the projections below. Current legal frameworks are either not applicable or insufficiently robust to require patients' adherence to risk management plans or to protect members of the public and guidance is being sought from the Regional Transforming Care Leads on this issue.

Patient projections

Projections are based on the 84 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 the 3 year period from 2016-2019.

In addition, allowance was made for an average number of admissions to adult secure and

Tier 4 CAMHS beds during this period based on current activity.

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.

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

According to the Improving Health and Lives web site (IHAL) (http://www.improvinghealthandlives.org.uk) there are currently the following numbers of school age children with a diagnosis of learning disability or ASC who live in Kent

- Children with learning disabilities known to schools - 5396
- Children with ASC known to schools – 4157

1% of children and young people in Kent will experience episodes of being seriously mentally ill requiring intensive support from specialist services and potentially inpatient care (Kent CAMHS Strategy 2015)

9% of children and young people in Kent 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. (Kent CAMHS Strategy 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

Kent has a school population of 233,000, of whom around 2.8% (more than 6,500) are children and young people subject to a Statement of Special Educational Needs. Less than half (around 2,500) of Kent's children and young people with statements attend a mainstream school. This is less than the national average and we would expect more children to be in a local mainstream school.

In December 2014 there were 258 young people looked after by Kent County Council who had a disability. Of this number 55 had a diagnosis of ASC and a further 27 had behavioural difficulties including ADHD.

Currently 17 out of 34 young people who are Looked After Children and supported financially by CCGs and the local authority through jointly funded packages in 'out of county' residential placements have a diagnosis of ASC, exhibit challenging behaviour or behavioural emotional and social difficulties. (SECSU 2015)

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

A review of the all the referrals to the Kent autistic spectrum conditions team since its inception, conducted in April 2015, showed that over 10% (49 0f 450) of all people referred were involved with or 'were on the edges' of being involved the criminal justice as perpetrators. Just under half of these people had been charged with or convicted of a violent, sexual or drugs related offence. The rest of this group were alleged to have committed an offence but charges had not been pressed or there was not enough evidence. The range of offences alleged was wider and in addition to the offences above included driving offences and theft.

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.

Data on this specific group is not routinely collected.

With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability.
(*Taken from the Outline Business Case for the Kent All Age Neuro Developmental Care Pathway)*

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 in-patient for a minimum of 5 years on 1st 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.

Table 1 shows the number of people in specialist LD or ASC hospital placements as at 31 December 2015 and the total number of these who may be considered to be in hospital a very long time on 1st April. The totals include patients that were admitted up to this date during 2015/16 i.e. includes both recent admissions and long term admissions.

Table 1 – Kent and Medway Inpatients as at 31/12/15 and projected long term in-patients on 1/4/16.

CCG	Thanet	South Kent Coast	Canterbury and Coastal	Ashford	Swale	DGS	West Kent	Med	Totals
CCG Placement	6	6	5	2	1	3	2	2	27
NHSE Placement	5	0	9	0	8	9	14	15	58
Total	**11**	**6**	**14**	**2**	**9**	**12**	**16**	**17**	**85**

CCG Placements over 5 years on 1/4/16	**1**	**3**	**3**	**1**	**1**	**3**	**2**	**1**	**15**
NHSE Placements over 5 years on 1/4/16	**2**	**0**	**0**	**0**	**6**	**4**	**6**	6	**24**
Total	**3**	**3**	**3**	**1**	**7**	**7**	**8**	7	**39**

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

Table 2 below identifies the number of patients originating from each of the Kent CCGs on the Transforming Care Registers as at 01.04.13.

Kent has discharged a total of 40 patients from CCG and NHSE commissioned adult specialist LD or ASC in-patient services between April 2013 and January 2016. The comparison between Table 1 above and Table 2 indicates a net admission rate of 30 patients over the period. Ten Medway CCG commissioned patients have been discharged or transferred during the period April 2013 to January 2016.

Admission rates to Tier 4 CAMHS, to adult low secure and medium secure services via court diversion or prison transfer and to specialist ASC inpatient services contribute to a slower than expected decline in the total number of hospital placements. The lack of comprehensive community forensic or community ASC services in Kent and Medway is likely to be a contributory factor to the level of in-patient activity in secure and ASC in-patient services. Patient turnover in Tier 4 CAMHS services is high and work is currently underway with Specialised Commissioning Case Managers to quantify the average activity and reasons for admission. Establishing local CTR procedures for Tier 4 CAMHS will inform the steps needed to address in-patient activity.

Medway has a higher number of NHSE commissioned secure in-patient placements compared to other CCG areas within the Kent and Medway TCP.

As at 1/4/16 Kent and Medway had a total of twenty nine (29) adults placed in out of area hospitals (13 CCG placements and 16 NHSE placements)

Admission rates to CCG commissioned LD assessment and treatment services have dramatically reduced since January 2015 when the new integrated adult LD care pathway was commissioned.

Table 2 – Kent and Medway Transforming Care Registers as at 01.04.13

CCG	Thanet	South Kent Coast	Cant. &Coastal	Ashford	Swale	DGS	West Kent	Med	Totals
CCG Placement	2	4	3	1	3	3	10	**12**	**38**
NHSE Placement	7	3	6	1	10	7	11	**11**	**56**
Total	**9**	**7**	**9**	**2**	**13**	**10**	**21**	**23**	**94**

Learning Disability

Of the total of 38 people who were in CCG commissioned in-patient services on April 2013, outlined in Table 2, ten were 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 was ready for discharge. Anecdotal evidence and an apparent disparity in referral activity and bed usage between East, West and North Kent 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.

Both the Provider and Practitioner Reference Groups, described in Section 1 above, identified similar issues with the LD care pathway at that time (April 2013) that they felt resulted in people with LD being admitted to specialist LD 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 many 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
- Disparity of provision and resources across Kent

Autism

It is acknowledged that an adequate range of diagnostic and post diagnostic support for adults with ASC (in the absence of LD) is lacking in Kent. 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 22 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

- The vast majority of admissions to out of area hospitals would 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 taken to repatriate these patients to hospital services in or nearer to Kent and Medway and to develop appropriate accommodation and support services to allow their discharge to the community (as set out in Section 4.2 below).

Childrens' In-patients Placements

As at 1/4/16 Kent and Medway had a total of 13 children placed in Tier 4 CAMHS services and 11 of these are placed out of area. Five (5) have been discharged to date under the Transforming Care programme.

.

The Kent 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.

Joint funded packages

Data from the Kent Joint Resource Allocations Panel (JRAP)) show that an average of 10 children with learning disabilities and/or autism are moved to out of area placements each year (2013/14 – 9; 2014/15 – 11; 2015-16 April to July – 3). The JRAP does not currently incorporate the requirement for CTRs. JRAP placements are not included in Transforming Care Registers.

The JRAP process is currently undergoing a review and will incorporate the requirement for

CTRs when the review is complete. This will allow in depth analysis of demand and need for children's' placements that will inform the commissioning process and further refinement of this Plan.

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)

Children and Young People's Services

Current provision

Children and young people receive support from a range of services commissioned by KCC and the Kent CCGs including

- Statutory provision for disabled children provided by KCC
- KCC In House services for children and young people including short breaks, day services, Shared Lives, Independent Living Scheme and Kent Pathways service
- Kent wide CAMHS provided by Sussex Partnership Trust for 11-18 age group
- Community Paediatrics Services provided by East Kent Hospitals University Foundation Trust (EKHUFT) for 0-8 age group.
- Community Paediatrics Services in West Kent provided by KCHFT for the 0-8 age group
- Community Paediatrics in North Kent are provided by KCHFT in the DGS CCG area and by Medway Foundation Trust in the Swale CCG area

Current issues

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

- Gaps in provision between Community Paediatrics and CAMHS for the 8-11 age group
- 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

In Kent there are long established integrated Community Learning Disability Teams serving all localities. These are formed of KCC staff and KCHFT multidisciplinary staff. These have worked under Section 75 Arrangements for some years. These teams work closely with the mental health of learning disability teams (MHLD) provided by KMPT.

In 2014/15 these teams were enhanced with additional investment from the monies released from the closure of the Assessment and Treatment inpatient unit (Birling Centre, provided by KMPT). Most of the investment went into the mental health of LD teams to enable them to provide a complex care response as described in Appendix 3. Evidence suggests this has been successful as there were no CCG funded admissions to specialist LD in-patient beds in 2015.

The current contracting arrangement for the teams is complex as money flows to KCHFT and KMPT from the CCGs in their block contracts – thus there are some 10 different contracts across Kent for these services. As part of the integrated commissioning arrangements which will be implemented from April 2016 it is planned to change the contracting arrangement with the aim of moving towards an alliance contract across the three providers (KCC, KCHFT and KMPT) with effect from April 2017.

Adult ASC

<u>Current provision</u>

- KCC Adult ASC Support Service
- KCC Adult ASC Enablement Service
- KMPT ASC Diagnostic Service

<u>Current Issues</u>

A review of the first year of the Adult ASC Diagnostic and Support Service 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 was designed to address the needs of people with Autism in Kent. CCGs are exploring different commissioning options for this care pathway and current thinking is that the children's and young people's element of the care pathway will be included in the re-procurement of the Kent CAMHS contract to commence in April 2017. As a result, plans for the development of comprehensive diagnostic and post diagnostic health support for adults with ASC are much less clear in comparison. A bid for "match funding" will be made against the £30m national development funds for ASC services.

Personal Budgets

KCC and CCG Commissioners are working to develop the offer of personal budgets, personal health budgets and integrated personal budgets to a wider range of people beyond rights guaranteed in law. Significant funds are currently 'locked' within block contracts. Commissioners also need to 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. KCC have a well-developed Direct Payments system and currently there are over 2,600 people with a learning disability in receipt of a direct payment.

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 England[2] or the Department of Health / Secretary of State for Health (DH/SoS).

The following excerpts are taken from the Kent Accommodation Strategy which can be accessed at:

[2] 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.

http://www.kent.gov.uk/__data/assets/pdf_file/0018/14634/Kent-Social-Care-Accommodation-Strategy.pdf

Kent's Children

KCC's Specialist Children's Services provide services for Children in Care (CIC), Children on the edge of Care, Care Leavers and Children with Disabilities.
This Accommodation Strategy has to recognise that there is a link between Children and Adult Services, and that it is important to ensure there is an appropriate transition of services and support to improve the outcomes of this client group when they become adults.

Since 2010 there has been a growth in the Kent's population of children and young people (0-19) from 350,500 in 2010 to 360,400 in 2012 and it is projected to grow to 366,300 by 2015. Ashford, Maidstone and Dartford are three districts in Kent with the highest forecast 0-19 population growth; this is coupled with a corresponding 4.5% growth in Kent's Children in Care population, meaning there will be an extra 82 CIC by 2015.

In accordance with national requirements, KCC have produced a Sufficiency Strategy (2013-15) with the aim to assess and address the placement needs of current and future CIC and care leavers, improve their outcomes due to having a better understanding of their needs and current provision.

The scope of the Sufficiency Strategy is not just about making good placements but also to co-ordinate a range of activity across Children's Services, including support families to stay together if it is safe to do so, minimising the need for children to come into care or to support their timely return to their families.

There are ten priorities for Kent's CIC and Care Leavers, priorities eight and nine are of particular reference to this Accommodation Strategy:

- *Supporting children and young people in care to make a successful transition into adulthood through the provision of good quality leaving care services which promote stability of relationships, education, training and employment, suitable accommodation and support.*
- *Work with Adult Services to ensure clear pathways are in place for young people requiring services as adults.*

There are children and young people (aged 16+) who are disabled, known to youth offending and unaccompanied Asylum Seekers who are currently receiving support from KCC or residing in specialised accommodation, both of which will continue to be requirements once they move from childhood into adulthood. Managing this transition to ensure that the outcomes for these children and young people is crucial and must be a consideration going forward.

The Children and Families Bill will see a transformation of the system for children and young people with special educational needs (SEN), including those who are disabled,

People with a Learning Disability

In 2001 the Government set out its vision and expectation for people with learning disabilities in the "Valuing People" strategy, the vision that 'people with learning disabilities are entitled to the same aspirations and life chances as other people'. In Kent, the vision for people with learning disabilities is for them to live independently in their own communities maximising their potential for independent living.

In Kent, 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 the localities in Kent 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.

Specialist challenging behaviour provision

Residential care is frequently considered the most appropriate solution for people with complex needs or challenging behaviour, however there are excellent examples in Kent whereby supported housing developments support people better to live more independently. For example, the charity MCCH have successfully developed five state of the art self-contained flats (Holly Lodge), 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 have been working 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. Kent will be actively seeking opportunities to replicate that type of provision to meet increased demand for this type of accommodation in the coming years.

Alternatives to admission/emergency respite

There is also need to test the need for access to suitable temporary accommodation for clients with learning disabilities who may find themselves at a point of crisis due to challenging behaviour or mental health issues with access to time limited intensive interventions and care support as required to prevent inappropriate hospital admissions which could be detrimental to a clients' wellbeing. KCC is currently in discussions with a provider about piloting the *Safe Accommodation* element of the LD care pathway. Options for resourcing this provision jointly with Medway Council on an as required basis will be explored to address the needs of Medway clients placed within Kent and because it's unlikely that this provision could be financially sustainable on a Medway only footprint.

Residential Care

It is accepted by KCC and other agencies that there will be continued need for some residential care provision for people with learning disabilities who have challenging behaviour or mental health 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.

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. KCC 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 will 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.

Key Findings from the evidence base for People with a Learning Disability

- Approximately 5,010 people receive a serviced funded by KCC
- 25% live in residential care and 19% in supported accommodation
- The highest proportions of people in residential care live in Canterbury, Dover, Shepway and Thanet. There are less people living in residential care in the West of Kent, and this directly relates to supply
- 38% of those with a learning disability who live in residential care are placed in the district in which they lived previously, 32% are placed in a neighbouring district and 30% in a non-neighbouring district. There is an assumption that placements are linked to supply as opposed to choice.
- During 2013 54 people with a learning disability entered a residential care setting
- There are 670 people with a learning disability across Kent who have registered a housing application

The following provides a breakdown of current estates provision and plans for increasing this provision in Kent:

Residential Care Homes

There are 265 residential care homes for people with learning disabilities in Kent. Many are long established, owned and run by private or voluntary sector providers In terms of total supply, there are 2038 beds available. KCC currently commission 1200 beds and the rest are purchased by external authorities.

Supported, Shared and Independent Living/Accommodation

There are currently 570 supported living or supported accommodation placements in and

280 shared and independent living packages in Kent. KCC is currently engaged with the market to increase the supply of supported living units through the Your Life, Your Home project. Kent aims to reduce reliance on residential care home placements and give people greater choice over where they live.

Children and Young people

At the start of April 2016, Kent had **28** children with disabilities placed in residential care and residential special schools.

- 7 LAC in 38 week residential special schools
- 10 LAC in 52 week residential special schools
- 8 LAC were in 52-week residential care.
- 1 in Therapeutic Hospital
- 2 temporarily in Overnight Short Break awaiting foster 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.

<u>NHS Specialist Challenging Behaviour Accommodation and Support (Adults)</u>
Rohan is a registered independent hospital with two self-contained single person flats for individuals who require long term intensive support and accommodation for severe challenging behaviour. The contract for this facility will be extended to allow the Kent and Medway CCGs to commission this service.

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.

The issues with current models of care for people with LD or ASC are set out in Section 2.3 above.

Kent has already made significant improvements in the care pathway for people with LD that has significantly reduced the use of assessment and treatment services and increased the focus on preventative interventions. Processes are being established to allow continuous review and adaptation of this care pathway to ensure it delivers improved outcomes including Integrated Commissioning and Locality Collaborative Forums.

The improvements required in the care pathway for people with ASC are outlined in the Neurodevelopmental Care Pathway (ASC/ADHD) at *Appendix 4*. The Kent CCGs are actively working to implement this care pathway through

- Re procurement of the Kent CAMHS Service which will address the gap in service provision for the 8-11 years age group among other things

- Exploring options for the commissioning of a comprehensive neurodevelopmental service for adults through match funding bids against the £30m national TC investment fund

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

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

- the social care Market as set out in the Kent Accommodation Strategy
- Workforce – both the professional/practitioner workforce and the social care support workforce

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:

- Local authority 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. From April 2016, the CCGs have had 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 and ASC

- 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.

- Kent and Medway Commissioners will pilot a new model of Safe Accommodation as an alternative to in-patient admission for adults with LD or ASC during 2016/17.

- Commissioners are working with colleagues in Specialised Commissioning to develop a Forensic Outreach Service to reduce admission rates and length of stay in secure inpatient services. Initially this will focus on a small number of current inpatients in secure LD services as a first step to a comprehensive service for the whole population of Kent forensic patients.

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.

Individual packages of Support

KCC and CCG Placements Teams are currently cross referencing several data bases to identify spend and activity on the following items by April 2016. KCC are also in the process of transition to a new database "LIBERI" whoich has delayed the collation of finance activity on children's placements.

- 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
- Local authority-funded packages of support in community settings for children and young people
- Joint NHS/local government 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 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

Spend on Services for children and Young People has not been provided as this is currently being disaggregated from block contracts in preparation for the re-procurement of CAMHS during 2016/17.

3.Develop your vision for the future

Section 3.1

Vision, strategy and outcomes

We acknowledge that there is a broad range of needs among children and adults with learning disability or autism in Kent 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:

- Kent Joint Health and Wellbeing Strategy

- Kent Strategy for Children and Young People with Special Educational Needs
- Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults
- Kent Social Care Accommodation 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.

Our Vision for Transforming Care

We the Kent CCGs and Kent County Council and our partners commit 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 commit 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.

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.

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 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 establish integrated commissioning arrangements for all adult learning disability services
- We will establish 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 promote 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

- <u>Improved community provision reducing reliance on In-patient services</u>

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 is 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 operationalise and continually review the Integrated Learning Disability Care Pathway and deliver services in accordance with a single integrated service specification.
- 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 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.
- We will implement the Care and Treatment Review Policy locally and use the information gathered to inform commissioning plans for improvements in community provision.
- We will implement an alliance contract between the three providers of community

learning disability services from April 2017 to encourage further innovative collaborative working.

- We will collaborate with NHSE Specialised Commissioning to develop a Forensic Outreach Service in order to reduce admissions and length of stay in secure in-patient services.

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 Framework*[3]
- *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*

What are our measurable 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 have begun 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.

In April 2013 there were 94 people in specialist learning disability or ASC in-patient services (including secure services). In December 2015 there were 85 people placed in these

[3] http://www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide1/

services despite the fact that 50 Kent and Medway patients have been discharged under the TC programme during this period

The National Service Model Assuming the need for secure services matches that of non-secure in-patient services and taking account of the need for specialist ASC beds Kent should have a target **maximum of 59 secure and non-secure in-patient placements** at any one time if there is an optimum range of high quality community services available,

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

Data from the Joint Resource Allocations Panel (JRAP)) show that an **average of 10** children with learning disabilities and/or autism are moved to out of area placements each year (2013/14 – 9; 2014/15 – 11; 2015-16 April to July – 3). Specialised Commissioning report significant demand on Tier 4 CAMHS in-patient services.

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 JRAP and Toer 4 CAMHS decision making processes.

- 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 through the Integrated Adult Learning Disability Care Pathway through formal performance meetings during 2016/17 and onward. 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.

- To increase the range of accommodation options

In terms of supported housing, Kent will require estate for 952 placements by 2021, an **increase of 382** from the current number.

Capacity for 460 shared and Independent living placements is also required by 2021 to meet expected demand which is an **increase of 180** from current numbers.

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.

Kent has a long history of close collaboration between the NHS and KCC with regard to people with learning disabilities. We will extend these strong and long established relationships to encompass our new and increasing community based partners in the private and voluntary sectors in order to achieve our aspirations for the development and improvement of services for people with LD or ASC.

The guiding principles behind Kent'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?

It should be noted that much strategic planning, care pathway redesign and commissioning of service improvements in Kent predated the publication of the National Service Model in October 2015**.** The national service model does not include any services or components that have not been previously considered through the various work streams related to Transforming Care.

The new service model for people with LD or ASC in Kent will improve health and wellbeing outcomes, deliver better coordinated quality care, improve peoples' experience of integrated health and social care services and ensure that the individual is involved and at the heart of everything we do. This will involve a shift in power from commissioners and providers to individuals and their families/carers.

In the work that takes place between now and March 2019 all developments will be tested against three approaches as set out in the Health and Wellbeing Strategy, namely that we should ensure that services are Person Centred, that they are part of Integrated Provision and they are procured by integrated or collaborative commissioning.

Some hospital and care settings including for those in contact with the criminal justice system, may be (or have been) decommissioned, may become smaller or may be redesigned to provide care closer to home in new and innovative ways

Services closer to home will be provided by multidisciplinary teams that will have a primary focus on preventative interventions as well as responsive components to them. Integrated teams will provide active support in the community to enable patients to look after themselves and keep themselves safe and well. In local areas this will mean that integrated care is provided through community health, mental health, and social care teams working closely with primary care and acute care.

Where necessary, the services will be responsive and provide an integrated 24/7 service that has a full range of community based urgent health and social care services working in collaboration to support individuals in the community and avoid hospital admission.

To realise the full potential of these opportunities and to benefit the people with learning disabilities or autism it is paramount that all constituent agencies in the system work together deliver the vision set out above through complimentary strategies to address the many challenges. Collaborative work between agencies will allow the people to get a complete service and not just one individual service.

Through this plan, Kent County Council and the Kent CCGs are putting a stronger emphasis on prevention, early intervention and integrated service delivery and commissioning as a way to realise the vision of a sustainable model of integrated health and social care by 2019. This will improve outcomes for people with learning disabilities or autism across Kent by maximising people's independence and promoting personalisation. It will involve KCC and the CCGs working with partner organisations across public health, health, housing and social care.

Section 4.2

What new services will you commission?

Integrated LD Care Pathway - See Appendix 3

Neuro Developmental Care Pathway for Adults (ASC/ADHD) - See Appendix 4

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 3.1 above).

See "Transformation Funding" tab on the TCP Finance and Activity Template.
Kent will commit long term funding to a total of £998,345 of 2015/16 spend to bid for match funding from the Transforming Care Investment Fund to deliver the ASC element of the neurodevelopmental care pathway described at Appendix 4.

In addition , KCC are currently working with housing and support providers to develop an improved range of accommodation for people with ASC to allow repatriation/discharge of current in-patients including

- Specialist residential rehab for people with ASC and complex mental health or other conditions in west Kent
- Supported accommodated flats for people with ASC and complex mental heath or other conditions in east Kent

CAMHS - A comprehensive review of provision for children and young people is also underway in relation to service redesign and reprocurement of Kent'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.

The exact details of the changes to the care pathway for children and young people will be determined during 2016/17 but will include the childrens and young people's element of the neuro developmental care pathway (ASC/ADHD). The contract for this enhanced CAMH service will commence in April 2017.

Safe Accommodation – KCC have explored a number of options to procure accommodation that will provide an alternative to hospital admission. Commissioners are now in discussions with the Huntercombe Group on the provision of this new element of the Integrated LD Care Pathway.

Forensic Outreach – CCG and local authority commissioners have been collaborating with colleagues in Specialised Commissioning to develop proposals for a forensic outreach service. Initially, forensic outreach to support a group of 6 in-patients with high levels of risk in new community based placements will be commissioned during 2016/17 as a first step to a comprehensive Kent and Medway community forensic service. It is expected that this service will reduce the numbers of people currently placed in secure hospitals, reduce the number of admissions and/or length of stay.

Section 4.3

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

A key enabler for the development of community LD services was the cessation of service provision at the Kent inpatient learning disability assessment and treatment unit (the Birling Centre) from the 1st October 2014. The Kent and Medway CCGs historically commissioned

six beds at the Birling Centre at a cost of £413.70 per day (11/12 price).

This service was deemed not fit for purpose when set against the changes in community provision that were being planned by Commissioners.

In 2011/12 Kent & Medway CCGs disinvested from in-patient beds from the Birling Centre to allow investment in additional community 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

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

Section 4.4

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

Community Learning Disability Services – New integrated working practice is currently being embedded across LD services provided by KCC, KMPT and KCHFT underpinned by a single service specifications. The new practice includes the Complex Care Response element of the care pathway which seeks to prevent crises developing or to manage crises appropriately should they occur.

In-patient forensic services – We will work with commissioning partners and our providers to adapt the function of forensic in-patient services to include a forensic outreach component. This will enable the discharge of a small group of long term in-patients and is intended to be an incremental step to commissioning a comprehensive community forensic service for Kent and Medway.

ASC Diagnostic and Social Care Support Services – Subject to a successful bid for NHSE funding the Kent ASC support Service may be adapted to provide a more integrated health and social care pathway for adults with ASC.

Children and Adult Social Care - KCC are currently redesigning services to cover the Whole Lifespan which will include designing 0-25 years social care teams by April 2016. As part of this work, KCC will be establishing Transition Teams in 2016-17 who will work with disabled young people aged 16-25 to improve the experience of transition to adult life for them and their families, by removing the transfer at age 18, ensuring there is greater continuity of support and a longer lead time to plan.

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.

Local Delivery in Kent

The local delivery approach is based on collaboration with Kent County Council (KCC) 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. This builds on the work of the PHB pilot which established arrangements for health to utilise the KCC's direct payments service governed by a Section 75 agreement.

Since October 2014 PHB brokerage functions have been delivered as part of the integrated placements service within the CSU. 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.

As part of the design of the integrated placements service, PHB policy, governance and operational processes were reviewed and revised by all stakeholders including patient experts in order to develop a robust and sustainable delivery framework. This provides a platform for extension of the local PHB offer to wider patient cohorts in line with national planning guidance and policy direction.

Extending the Local Offer

The Kent and Medway CCGs are developing their own approaches to extending PHBs and are beginning to focus on LD and ASC as key areas for their expanded local offer. Examples include:

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 (ASC/ADHD) 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.

During 2016/17 Thanet CCG will start by extending the offer of a Personal Health Budget for some people in the following groups:

- Children with special education needs and disabilities
- Children and adults with learning disabilities

Thanet CCG has also been working with the public, patients and providers to identify which

other patient groups should be able to receive a Personal Health Budget next.
The area prioritised by these groups was:

- Adults with mental health

As the extension of Personal Health Budgets beyond NHS Continuing Healthcare is a new area, it will take some time for CCGS to understand how we can offer more people a budget. There is no additional money for CCGs to deliver personal health budgets, and so we will need to look at new ways we can use the resources we have to extend the offer to everyone who wishes to have a personal health budget.

South Kent Coast CCG has already piloted an extended PHB offer to the following additional groups;

- Chronic Pain
- COPD
- Vulnerably housed clients with mental and physical health needs
- People with multiple long term physical conditions and social care needs
- Mental Health clusters 2, 3, 4, 7, 8, 10, 11, 12

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.

Current PHB Take up across Kent & Medway

CCG	Adult CHC	Children's CC	Other	Total
Ashford	4	0		4
Canterbury	16	1		17
DGS	3	0		3
SKC	11		12	23
Swale	3	0		3
Thanet	8	3		11
West Kent	20	2		22
Total	**65**	**6**	**12**	**83**

Section 4.6

What will care pathways look like?

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

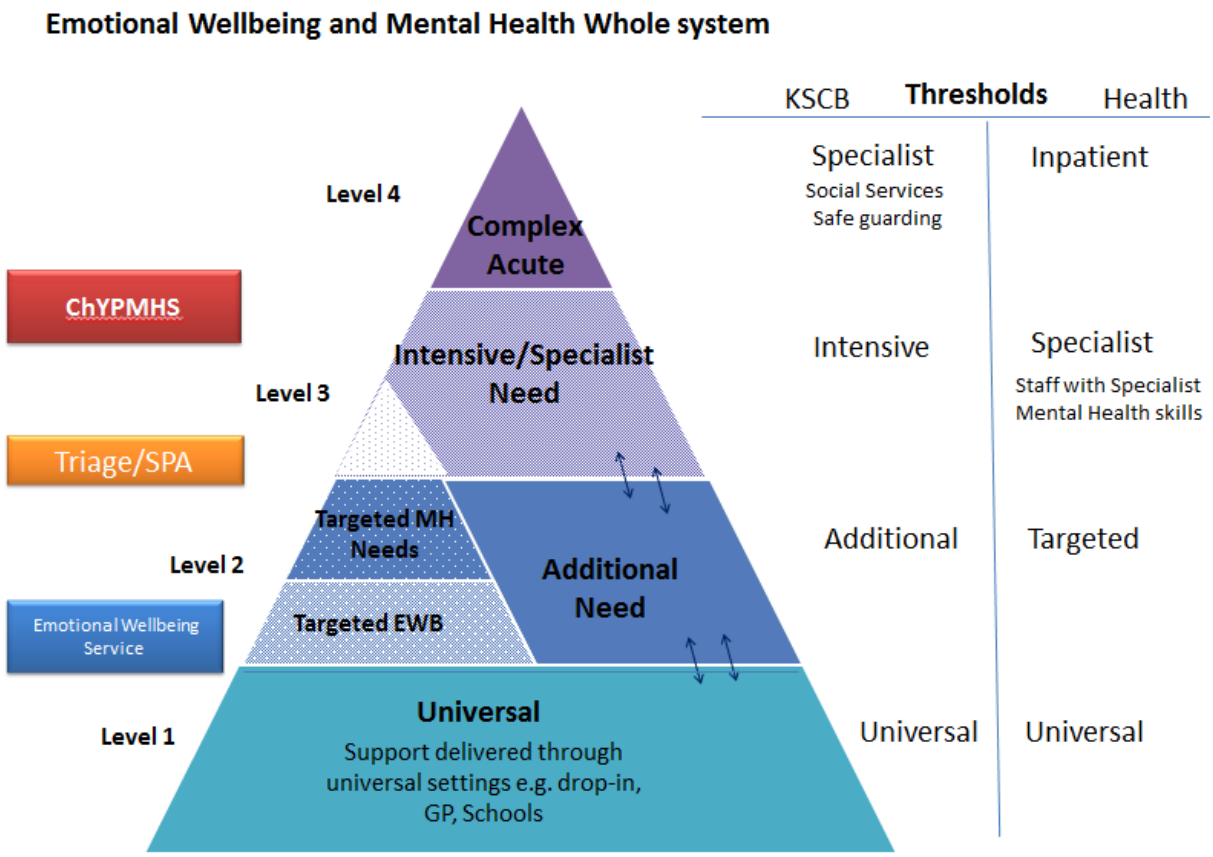
Learning Disability
See Appendix 3 for a description of the adult LD care pathway.

ASC
See Appendix 4 for the care pathway for people with ASC (Neuro developmental Care Pathway).

Children and Young People

A new whole system approach to supporting children and young people will be implemented from April 2017. The key elements of are

- The new service model and commissioning approach aim to redress the current situation with regard to the pathway that children, young people, young adults and their families tell us they experience when accessing mental health services in Kent.
- The Whole System Model illustrates how schools, local communities and specialist services will work in a more integrated way and how emotional wellbeing will be promoted and embedded in all aspects of the model which will include a multi-agency communications strategy.
- There will be a single point of access/triage across emotional wellbeing, early intervention and mental health services.
- Children and young people will receive timely access to support via the development of new 'drop-ins' and/or safe spaces in schools.
- There will be increased availability of consultation from trained mental health practitioners to schools universal settings and other partners.
- A 'whole family' protocol will be developed, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child's emotional wellbeing. The system will adopt a think family approach.
- Children will be kept safe via the effective implementation of multi-agency tools and protocols that identify children and young people who have been affected by Child Sexual Exploitation (CSE), and they will get rapid access to specialist post-abuse support.
- There is emphasis in the model for continued improvement of performance to agreed contract requirements across the system (good commissioning processes).
- There will be a clearly defined 'step down' pathway, with partnership agreement in place between services, to ensure that following an intervention, progress can continue to be sustained within early help or universal services, supported by specialist consultation where needed.
- There will be targeted outreach and assessment of mental health needs for the most vulnerable groups, including children in care and young offenders for whom the greater majority (60 – 70%) will have a diagnosable mental health disorder and/or Speech, Language and Communication Needs (which can present as behavioural difficulties and be misdiagnosed).
- There will be clear pathways for assessment and treatment of children and young people with neurodevelopmental difficulties (including Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder) to ensure that they (and their families) can access support within the community. This will include a strategic multi-agency approach to providing intensive support for those children being discharged from inpatient services or leaving residential schools to transition safely back to the community. This is known as the Winterbourne View Concordat.
- There will be an improvement in the provision of support for children and young people in a crisis by working across the system to prevent crisis happening where possible, meeting the needs of young people in urgent situations and supporting them to move towards recovery.
- The Provider(s) will hold significant responsibility for making the system work effectively and ensuring no children fall through the gap. This will be a key performance target.
- There will be an increase in provision in Early Help and Preventative Service for children who have complex needs but may as yet not have a diagnosis.
- There will be a clear strategy for improving the management of lower level demand through Universal settings including support and challenge surrounding "perceived" v's "actual" need.



Legend:

SPA – Single Point of Access

CHYPS MHS – Children, Young People Mental Health Service

EWB – Emotional Wellbeing

MH – Mental Health

KCSB – Kent Children's Safeguarding Board

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

KCC are currently redesigning services to cover the Whole Lifespan which will include designing 0-25 years social care teams by April 2016.
As part of this work, KCC will be establishing Transition Teams in 2016-17 who will work with disabled young people aged 16-25 to improve the experience of transition to adult life for them and their families, by removing the transfer at age 18, ensuring there is greater continuity of support and a longer lead time to plan. The transition teams will include young people with a Learning Disability and those with complex Physical disabilities. Health staff in

the integrated Adult LD teams will continue to offer support to young people with a learning disability from the age of 18 but in the longer term it is hoped that this offer will change to mirror the changes in KCC. This is currently a topic of discussion with the provider trusts and the CCGs.
The design phase of this work has been completed and KCC are in the process of consulting with staff on the proposed service changes.

With regard to commissioning, Dartford, Gravesend, Swanley and Swale CCG are jointly commissioning services for 0-25 with KCC, and the other CCGs in Kent have appointed specialist Children's Commissioning teams who are working closely with KCC on the same 0-25 agenda, although with no formal agreement at this point as there is with DGSS CCG.

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

In Kent, partners have developed integrated commissioning arrangements for learning disability between the 7 Kent CCGs and Kent County Council. Commissioning arrangements have been set up under a Section 75 Agreement and include new governance arrangements including a new Section 75 Integrated Commissioning Board for LD. 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 came into place on 1st April 2016. The Kent Operational SRO, a KCC Director, will be the Board member with responsibility for Transforming Care. 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. The new Strategic and Transformation planning footprint will seek to better align our current commissioning and governance processes where it is appropriate and expeditious to do so in rolling out the Local Transformation Programme.

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.

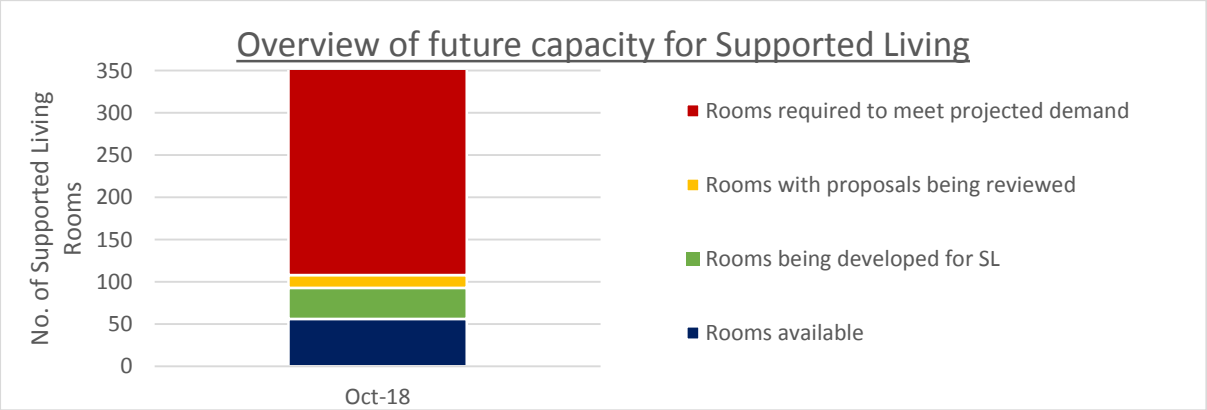
Looking ahead there are two big challenges KCC and stakeholders face. Firstly it is how to identify and manage the number of children with complex needs, who are now living longer and will become the responsibility of KCC Adult Social Care; ensuring that there is adequate provision to deal with an increase in demand for housing care and support.

Secondly, there are many middle aged people with learning disabilities in Kent 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.

The Your Life Your Home (YLYH) project is reviewing the opportunity for a number of people with a learning disability that currently live in residential care to live in alternative settings that will allow them to lead more independent lives if they choose to. Supported Living (SL) accommodation gives adults with LD the opportunity to choose how they want to live and enables them to live as independently as possible whilst ensuring they have the care and support services to do so. In addition to the improved outcomes outlined above, the project will bring the care delivered on behalf of KCC in line with government policy, detailed in Valuing People Now.

In the coming years we have projected moving approximately 350 Adults with LD currently living in residential care into SL, this is subject to change dependant on the peoples' changing needs. The graph below shows there is currently a large deficit of homes and, given the time frame for property investment, there is an immediate need to begin planning projects now to accommodate for this.



In terms of supported housing, Kent will require estate for 952 placements by 2021, an increase of 382 from the current number.

Capacity for 460 shared and Independent living placements is also required by 2021 to meet expected demand which is an increase of 180 from current numbers.

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 Transforming Care Programme and illustrates the close collaboration between

- KCC commissioning
- Kent and Medway CCGs
- NHSE Specialised Comissioning
- 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 neds who are not deemed ready for discharge.

Other long term patient's

For other patients who do not present the same level of risk to the public, Kent 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.

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 CCG and KCC 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.

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

Kent'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 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.

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 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)

See Section 4.5 above

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 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 – The Kent CCGs continue to be actively engaged with KCC in respect of the development of its Local Offer.

Joint Commissioning Arrangements – Currently under review. Detail will be provided by April 2016

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

5.Delivery

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.
Kent has engaged with Health Education England (HEE) to explore the workforce needs across the TCP. A workforce planning event/workshop has been arranged which will be co-produced with HEE and local providers.

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.

The kent and Medway TCP have engaged NHSE funded support from a local provider of housing and support to explore options for proactive development of the social care market.
This will include

- prospective assessment of need for specialist support and accommodation for children and young people approaching transition to allow for early procurement of placements
- opportunities for housing and support providers to work in partnership to meet assessed accommodation needs

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 once plans have been signed off. 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.

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

See also the governance arrangements at Appendix 1

The Operational Senior Responsible Officer (SRO) and Deputy SRO for Kent will oversee delivery of this Plan and will have overall responsibility and accountability for the local Transforming Care Programme on behalf of KCC and the Kent CCGs. The SRO and deputy SRO are members of the Section 75 Integrated Commissioning Board.
The Kent and Medway Transforming Care programme will form part of the Kent and Medway Sustainability and Transformation Plan.

The new integrated commissioning team includes a commissioning manager with responsibility for leading the Transforming Care programme who will report to the SRO and the Chair of the Section 75 Commissioning Board.

Reflecting the designated Transforming Care Partnership between Kent and Medway, the SROs and programme lead will liaise closely with Medway Council and Medway CCG to ensure cross border plans and development are compatible and complementary.

Transforming Care work-streams will be co-ordinated through the Kent and Medway Transforming Care Working Group.

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

To be further developed and agreed during 2016/17, in line with KCC and Kent CCG governance arrangements but will include

- Integrated LD Commissioning by April 2016
- Pooled budget arrangements for LD services during 2016/17
- Alliance Agreement for LD Provision by April 201
- CAMHS Procurement including neurodevelopmental conditions – contract commences in April 2017
- 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 (Medway only)
- 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 at Appendix 5** 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 Kent Integrated Commissioning Board for Learning Disability (as well as the Kent and Medway STP Steering Group) 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 lest 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.
- Current legal frameworks may not be sufficiently robust to ensure the compliance of high risk offenders with their community risk management and treatment plans. This may result in reputational risk to CCGs and local authorities due to failure to

discharge patients or reoffending of discharged patients.

- Workforce development plan not yet in place. If plan is not developed swiftly enough the workforce may not secure he skills and knowledge required to deliver the TCP plan successfully

Section 5.5

What risk mitigations do you have in place?

Please refer to the attached **Kent and Medway TC Risk Register at Appendix 5** for details of risk mitigations for the Kent and Medway Transforming Care Partnership and delivery of the TC plans.

Project risks related to this plan are routinely monitored through the KCC Programme Management Office and Kent CCG's governance system and reported monthly through established governance processes.

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.[4]

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)

Indicator No.	Indicator	Source	Measurement[5]
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12	Mental Health Services Data Set (MHSDS)	Average census calculation applied to: • Denominator: inpatient person-days for patients identified as having a learning disability or autism. • Numerator: person days in denominator where the following

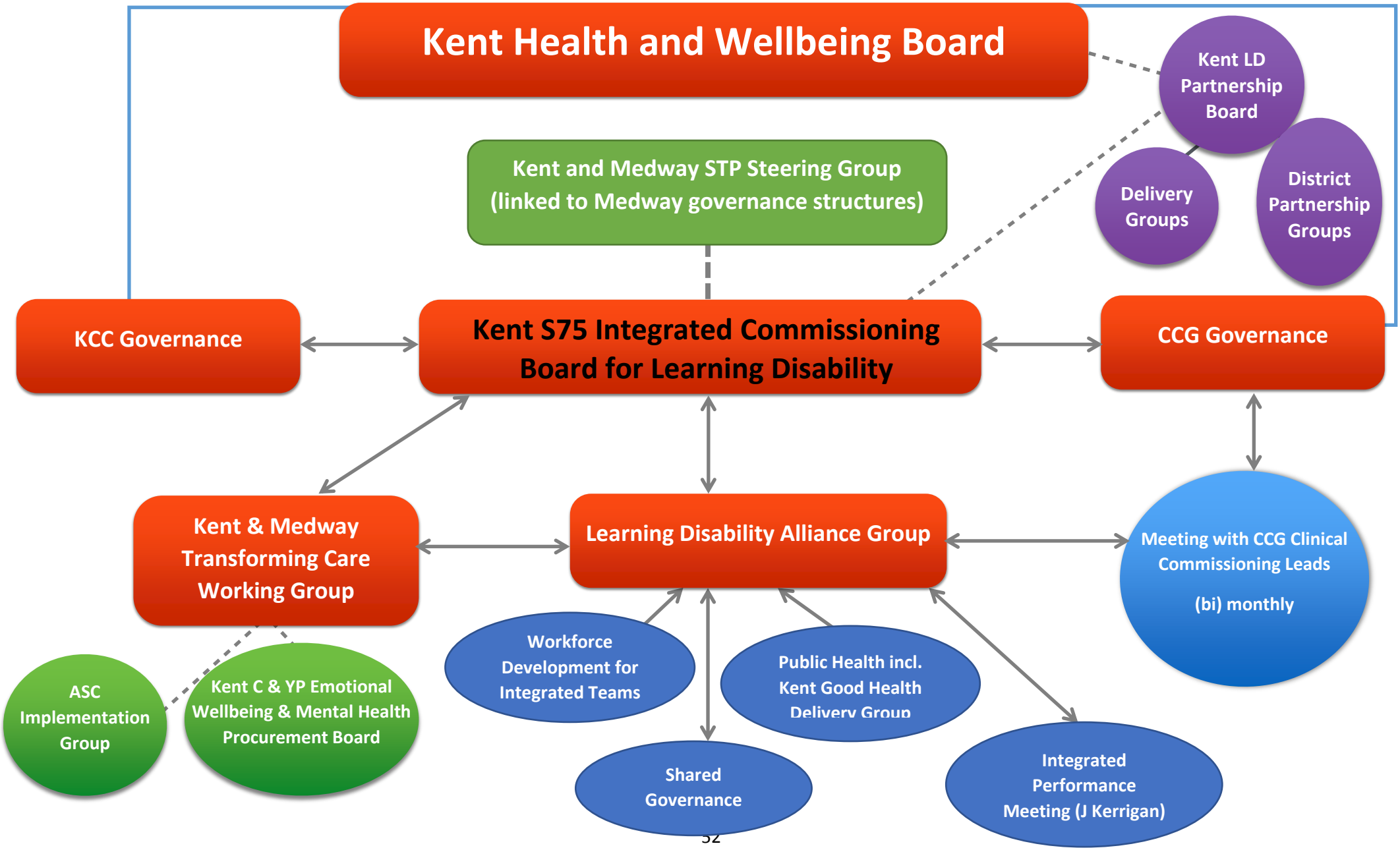
[4] Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

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

	months, and local care co-ordinator		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 - Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	HES is the longest established and most reliable indicator of the fact of admission and readmission. • 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 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. 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.

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.	Two figures should be presented here. • 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.	• 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. • 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

Appendix 1 - Governance framework for integrated commissioning for learning disability



Integrated Care Pathway for People with a learning disability

Advocacy for All

report about

Pathways Consultation

Contents

Advocacy for All

Advocacy is when one person helps another person talk about their needs and wishes

Advocacy for All helps people in **Kent** when they need an **advocate**

An **advocate** is someone who helps you **speak up** for yourself. They make sure other people **listen** to what you say and respect your **rights**

Kent Winterbourne Joint Improvement Programme – Engagement Strategy

A **plan** that will

- provide service to help people **stay out of hospita**l
- help people in hospital to **live in the community**

What happened in the consultation

the consultation

We met with **Simon Cook** and explained that we were asked people these **questions** about the proposed **new pathways.**

something

We were asked to find out what people that about **the plan**

They asked **Emma** and **John** from **Advocacy for All** to help

the 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?

Simon showed us around the hospital and introduced us to the staff on duty in the 3 wards

We offered **group sessions** It was agreed that **1:1 sessions** would be best for the patients

Some of the issues may be **quite sensitive** and that the patients may **not want** to discuss them openly in a **big forum.**

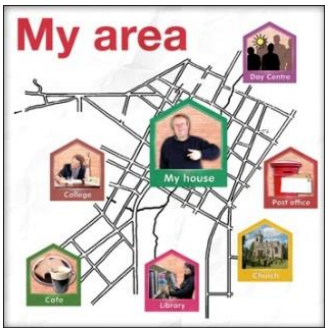
We sent **information** to tell people about our visits.

We went to **Tarentfort** on **3 days** in April and May

1:1 Sessions

we explained to the patient

- we are **independent**
- we **work** for Advocacy for All, **not** the NHS or Kent County Council.
- we had been asked to look at **planning future services** for people in the **community** that will help people stay out of hospital and to help people who live in hospital now to live in the community, when they were ready for discharge.



Most people had experience of Advocacy at differing levels and broadly understood our role, and were pleased that we were independent.

The 3 wards were **all male** wards

We can't say what **women would think** about the plan. Their views could be very different and their experiences **very different**.

1 person did not **speak English** and did not want to talk

29 **patients** in 3 wards

23 patients **wanted to speak to us** on their own

6 patients were **busy** or **didn't want to talk** to us

Question 1

what kind of support do you think you will need when you are living in the community?

- live with **other people** — **2** people
- live **at home** with support from family — **2** people
- a flat of **my own** — **7** people
- need **24 hour support** at first — **2** people
- probation **people to check** I am ok — 1 person
- **extra support** from family — **6** people
- support with **everything** — **2** people
- **medical** support — **2** people
- support with **money** – budgeting –bills — **5** people
- some **support hours** every day — **5** people
- support with **chores** — **3** people
- an **action pack** of group activities — **1** person
- going **back to prison** — **1** person
- support **to talk** to people — **1** person
- live with **my partner** — **1** person
- live with **mixed group** (not just men) — **2** people

- have **rules** and **guidelines** **1** person
- things to stay the same **1** person
- support to get to know the community **2** people
- more sessions in hospital when I get out **1** person

what people said

Don't think I need any support. Get support from my family. I would like to live in Dartford on my own.

Probation people to check I'm ok

Quite a bit of support staff looking after me, helping me. I would live with others near my wife, with other people. I would need help with lots of things

Really pleased that this is independent. I want a flat on my own with someone coming in to check on me.

Would like to live independently with 2 other "friends"

Wouldn't mind if I lived with others or was on my own. I might need help with some aspects of community living but not all. I would like to live in a mixed setting not just with men.

Question 2
if you were to get into trouble in the community, what support would help you to not to go back into hospital?

- **manager** and **staff** — **6** people
- going to **cinema and cafes** — **1** person
- mum and dad and **family** — **7** people
- **social worker** if I felt I was getting in trouble — **6** people

- **contact details** of staff — **1** person
- **no support** — **1** person
- **advocate** — **4** people

medical

- GP — **4** people
- psychiatrist — **2** people
- community nurse — **2** people
- OT/health assistant — **2** people

- **solicitor** — **1** person

- **not expect support** from family — **1** person
- **police** — **4** people
- **employer** — **1** person
- **girlfriend** — **1** person

- **not sure** – don't know — **3** people

what people said

If felt was getting into trouble would go to staff where living.

Once I leave here I'm not coming back, will need no support in the community, I'm ok

If I were doing that, if I did think I was getting into trouble-stand up for myself. If there was trouble I would talk to the police about it'

'I want to learn how to mix with people. I do not like people invading my personal space.

I would speak to my care manager/social worker or my advocate. Talk to professionals over staff. Would depend on the individual as to whether I would trust the staff.

If I thought I was getting into trouble I would talk to one of my brothers or the police, and they would help keep me out of trouble don't want to talk to anyone else. 'Work hard to keep out of trouble myself; I would call somebody to help me out

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

- back in **society** **1** person
- my **own key** **1** person
- I'll be **free** **6** people
- go into the **community** **2** people
- go to **church** **1** person
- get a **job** **5** people
- go to **college** **5** people
- with **friends**, old and new **3** people
- have **social worker** in place **1** person
- **sport/ leisure** **5** people
- get a **family** **1** person
- see **family** more **1** person
- around **other people** **1** person
- more **independence** **2** people
- it would be **different** **2** people
- still want **high level** of professional **support** **1** person
- **holiday** **1** person

- not sure — 2 people
- no staff — 1 person
- about **the same** as here — 1 person
- **voluntary** work — 1 person

What people said

I can do things when I want rather than being in here where it needs to be planned

I'll be back in society again, Have my own key, come and go as I like.

Would really depend on what my routine was. like'

I do worry about letting people down. The hospital staff said they will help me. I don't want to go back to prison again.

I would feel differently because people would leave me be to develop relationships.

Being in community would be different because I don't trust the staff in here.

I like and need a structure I get bored when I don't have anything to do then I could get into trouble again. I need a plan and a backup of things to do so I am busy active and occupied.

main points

Mostly in **2 groups**

- people who wanted **no support**
- people who wanted **high level of support**

Most people thought they would get support from their **families** in the **community**

Most people wanted to **live alone** or in a **small group**

People did not want to live in **large settings**

Most people were a bit **unsure** exactly what **support** they would need

People said they would **need support** of some kind

Most people said they would still want a lot of **professional support**

A lot of people said they would want support to stay **out of trouble**

People said they **trusted professionals** more than other support staff

family would be the **main support**

APPENDIX 3

Description of the Integrated Care Pathway for Adults with Learning Disability

Tier 1 – Primary Care / General Social Care – Universal

Communication and co-ordination of interventions at this level are carried out by the clients GP. Interventions primarily stem from the client's Annual Health Check.

LD services will provide support to primary care with regard to

- Annual Health Checks
- Reasonable Adjustments
- LD Awareness Training

Tier 2 – Integrated Community Learning Disability Services (Targeted)

This is the first point of contact for access to specialist LD health and social care support. Assessment planning and co-ordination of care is based on the Health Equalities Framework and a named practitioner in the team ensures communication and co-ordination across agencies/disciplines. Access to mainstream mental health services (Tier 2) is also facilitated at this level with support focussing on reasonable adjustments.

Referrals are received from Tier 1 and clients are discharged back to Tier 1 (GP) when required interventions have been completed. The named practitioner at Tier 2 remains involved if the client is referred for support at Tier 3 or 4 (exceptions may apply).

Interventions include:

- Integrated planning and monitoring using the Health Equalities Framework
- Co-ordination of health interventions including data recording (e.g. QOF)
- Statutory reports (MHRT facilities (care management) reports)
- Health facilitation (support to primary care, acute care and mental health)
- Health Action Planning
- Common mental illness assessment and monitoring (PAS-ADD)
- Behavioural interventions, monitoring and management.
- Dynamic risk assessment
- Offender maintenance (groups) and monitoring of individuals
- Sensory integration assessment
- Communication passport
- Social Story
- SaLT and OT and Care Management support to Complex Care Response at Tier 3

Tier 3 - Mental Health of Learning Disability (Specialist)

Interventions at Tier 3 focus on practical support, liaison and consultation with colleagues in Tier 2 learning disability and mainstream community mental health and acute mental health and/or the direct management and co-ordination of specialist interventions for people with complex mental health and/or behavioural problems. Support to learning disability colleagues and mainstream mental health services in the event of a crisis through the

Complex Care Response and in-reach to acute mental health to support reasonable adjustments.

Interventions include:

- Mainstream MH facilitation and support (inc. reasonable adjustments)
- Functional assessment
- Adapted MH assessment and interventions
- CPA Care Co-ordination inc statutory reports.
- Interventions and monitoring at Tier 4
- In-reach support to mainstream acute mental health
- Offender maintenance (groups) monitoring and management
- HCR 20
- Tier 2 support and advice
- Complex Care (Crisis) Response

Tier 3 – Complex Care Response

1. Purpose

The LD Complex Care Response can be initiated by any member of the CLDT or MHLD in order to:

- Prevent a breakdown in an individual's community support arrangements where a breakdown is likely to happen without intensive support
- manage a breakdown / crisis in the community in order to prevent placement breakdown or admission to hospital
- provide in-reach to acute in-patient services to support reasonable adjustments and expedite the patient's discharge (including patients not previously known to LD services)

2. Process

The appropriate disciplines will contribute to the Complex Care Response as required:

MHLD

Care Management

Occupational Therapy

Speech and Language Therapy

Other members of CTLD as appropriate (Nursing, Physiotherapy, Sensory etc)

i. The Complex Care Response may be initiated during office hours. If out-of-hours and Crisis Response Home Treatment Team (KMPT) have been contacted – then Complex Care Response can be initiated the next working day.
ii. The person initiating the Complex Care Response is responsible for coordinating the initial contacts to relevant professionals.
iii. There will be a same day response.

iv. A 72 hour crisis/contingency plan will be agreed and shared across all agencies *(which may include additional 1:1 support, daily monitoring by MHLD, urgent medical investigations, medication and/or behaviour management strategies – not exhaustive).* This plan must be entered on Rio (and the other IT systems eg SWIFT)

v. If admission to local acute mental health is required due to a relapse of a mental illness, MHLD will provide in-reach to support the assessment and treatment process (reasonable adjustments) with a view to discharging the patient as soon as the client's mental state has stabilised.

vi. If admission for a mental health problem has taken place outside normal working hours by the CRHT, MHLD will provide in-reach at the earliest opportunity during the next working day and as required thereafter.

vii. Complex Care Response Proforma completed.

viii. For non-KCC clients, local Health should respond as above and every effort made to engage with out-of-area Care Manager as soon as possible.

Partner agencies responses:

KMPT

- Same day response from Nursing, Psychiatry and Psychology as required.

KCC

- Same day response from care management

KCHFT

- Initial OT assessment within 2 weeks of referral
- Initial SLT assessment within 2 weeks of referral

Safe accommodation

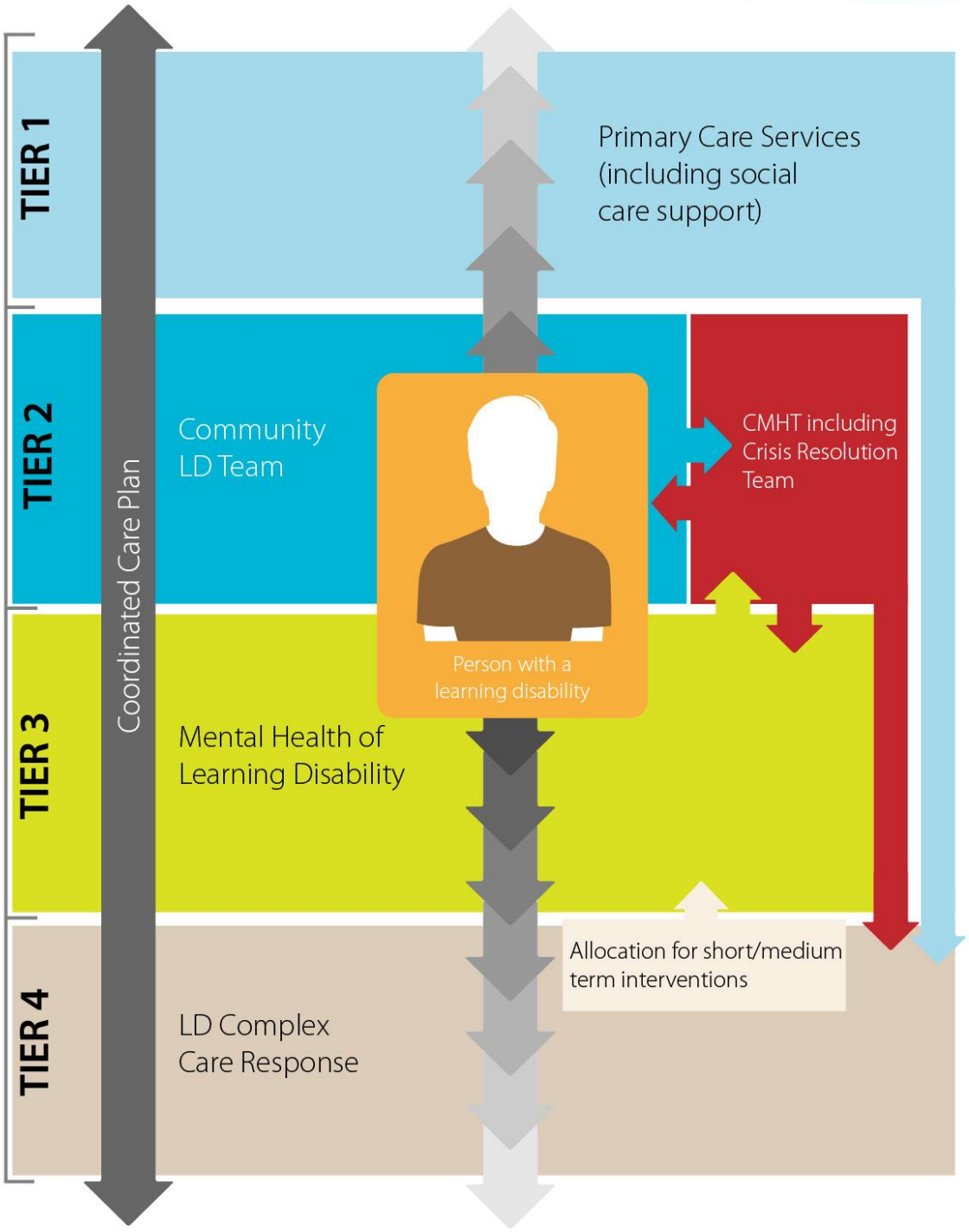
This is a new service response that Kent Challenging Behaviour Network (KCBN) providers are developing with Commissioners in order to provide an alternative to hospital admission when appropriate through maintaining spare capacity of accommodation and staff in the social care market. It is also intended to provide interim social care support and accommodation for patients who are ready for discharge from hospital but do not have a placement identified.

Tier 4 – In-patient (Highly Specialist)

This level of support involves admission to specialist learning disability in-patent services due to the combined level of risk and complexity that means mainstream acute services on their own are unsuitable. Options for inpatient admissions will be based on assessed need of the individual and may include

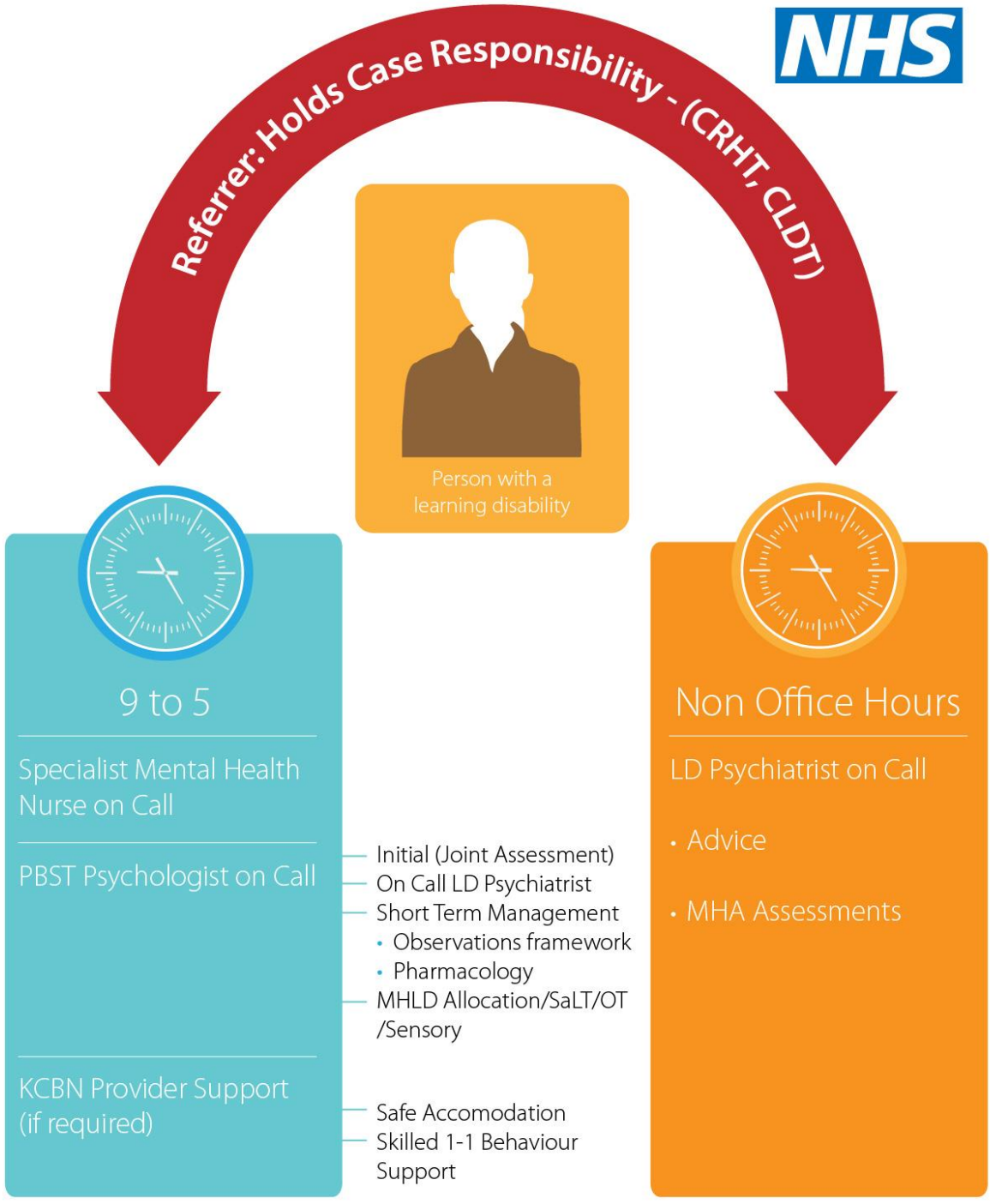
- Mainstream mental health acute admission with in-reach from MHLD clinicians (Tier 3) the wider multi-disciplinary team including social care management.
- Specialist LD in-patient services (NHS or private sector) via a preferred provider arrangement with clear KPIs on person centred planning, length of stay, liaison with local services etc. The proposed additional community resources will allow for frequent close monitoring of the in-patient treatment by specialist nurses from community MHLD.

Integrated Learning Disability Care Pathway



PJ/5/6/14

Learning Disabilities Complex Care Response - Challenging Behaviour



PJ/5/6/14

Learning Disabilities Complex Care Response - Mental Health

9 to 5

Specialist Mental Health Nurse on Call

- Joint Assessment
- On Call PBST Psychologist
- Short Term Management Plan
  - Additional 1-1Support
  - Pharmacology

LD Psychiatrist on Call

- Safe Accomodation
- Administration (Gate keeping)
- MHLD Allocation/SaLT/OT /Sensory
- LD Forensic Opinion

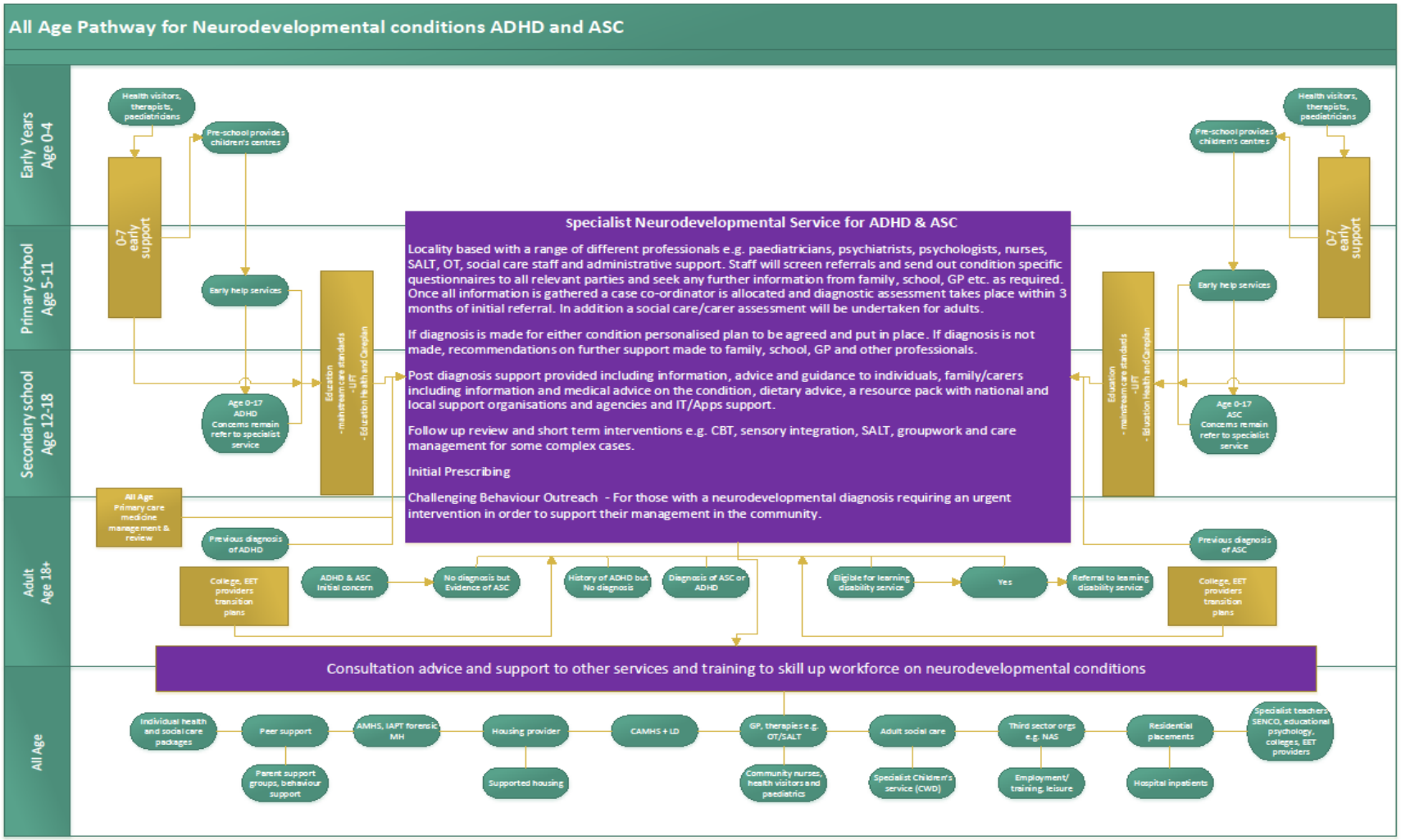
Non Office Hours

LD Psychiatrist on Call

- Advice
- MHA Assessments

PJ/5/6/14

Appendix 4


All Age Pathway for Neurodevelopmental conditions ADHD and ASC
Early Years Age 0-4
Primary school Age 5-11
Secondary school Age 12-18
Adult Age 18+
All Age
Health visitors, therapists, paediatricians
Pre-school provides children's centres
0-7 early support
Early help services
Education - mainstream care standards - LIFT - Education Health and Care plan
Age 0-17 ADHD Concerns remain refer to specialist service
All Age Primary care medicine management & review
Previous diagnosis of ADHD
College, EET providers transition plans
Specialist Neurodevelopmental Service for ADHD & ASC
Locality based with a range of different professionals e.g. paediatricians, psychiatrists, psychologists, nurses, SALT, OT, social care staff and administrative support. Staff will screen referrals and send out condition specific questionnaires to all relevant parties and seek any further information from family, school, GP etc. as required. Once all information is gathered a case co-ordinator is allocated and diagnostic assessment takes place within 3 months of initial referral. In addition a social care/carer assessment will be undertaken for adults.
If diagnosis is made for either condition personalised plan to be agreed and put in place. If diagnosis is not made, recommendations on further support made to family, school, GP and other professionals.
Post diagnosis support provided including information, advice and guidance to individuals, family/carers including information and medical advice on the condition, dietary advice, a resource pack with national and local support organisations and agencies and IT/Apps support.
Follow up review and short term interventions e.g. CBT, sensory integration, SALT, groupwork and care management for some complex cases.
Initial Prescribing
Challenging Behaviour Outreach - For those with a neurodevelopmental diagnosis requiring an urgent intervention in order to support their management in the community.
ADHD & ASC Initial concern
No diagnosis but Evidence of ASC
History of ADHD but No diagnosis
Diagnosis of ASC or ADHD
Eligible for learning disability service
Yes
Referral to learning disability service
Previous diagnosis of ASC
Age 0-17 ASC Concerns remain refer to specialist service
Consultation advice and support to other services and training to skill up workforce on neurodevelopmental conditions
Individual health and social care packages
Peer support
Parent support groups, behaviour support
AMHS, IAPT forensic MH
Housing provider
Supported housing
CAMHS + LD
GP, therapies e.g. OT/SALT
Community nurses, health visitors and paediatrics
Adult social care
Specialist Children's service (CWD)
Third sector orgs e.g. NAS
Employment/ training, leisure
Residential placements
Hospital inpatients
Specialist teachers/ SENCO, educational psychology, colleges, EET providers

Appendix 5

Kent and Medway Transforming Care Partnership
Kent and Medway Strategic Transformation Executive
Transforming Care Risk Register - V2, 04/05/16

No	Risk (Source)	Description	Kent/Medway/TCP-wide	Actions to be taken	Action Plan owner	Action date
1	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 within the TCP	Strategic Transformation Plan SRO	April 2016 - March 2019

2	System Transformation	Service system for children and adults with a learning disability and/or autism, behaviour that challenges and mental health lacks some cohesion and requires review as current structure and pathways may not be sufficiently robust to sustain transformation as detailed in the plan.	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**

3	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**

3	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**

4	Finance	Current budget for the ND Care Pathway for Adults (ASC/ADHD) is currently insufficient to allow procurement of a comprehensive community service for this population. Lack of clarity on dowries for in-patients (i.e. Process for money following patient back to local health and care economy) may delay/prevent development of community provision and discharges from secure and specialist ASC services.	TCP wide	Match funding bids Included in TC Plan submission. Liaise with NHSE regarding bidding and dowry process.	Phil Cooper, Helen Jones, Troy Jones, James Kerrigan	
5	NHSE, Bidding Process	Failure 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**

6	Personal Health Budgets (PHBs)	CCG extended offers for PHBs insufficiently developed to enable PHBs to be allocated to TC patients resulting in reputational damage to the TCP / individual CCGs adopting different approaches and timeframes for expansion of PHBs.	TCP wide	Continue to liaise with CCGs re development of PHB offer for the TC cohort.	Troy jones, James Kerrigan, Phil Cooper	**Review April 2017**
7	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 commission 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**

8	Co-production	Currently arrangements for meaningful co-production of plans are not in place. Relevance of Plan diminished and TCP risk reputational damage.	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. 3) Liaise with local charity sector (Skillnet Group, CBF) to develop plans for co-production	Phil Cooper, Helen Jones, Troy Jones, James Kerrigan	**Plan produced by June 2016**
9	Legal Frameworks	Current legal frameworks may not be sufficiently robust to ensure the compliance of high risk offenders with their community risk management and treatment plans. This may result in reputational risk to CCGs and local authorities due to failure to discharge patients or reoffending of discharged patients.	TCP Wide	1) A multi-agency approach will be taken in the planning of all discharges in this cohort to ensure that a balanced judgement is made and risk management, crisis and contingency plans are clear.	James Kerrigan, Phil Cooper, Troy Jones, Penny Southern, Helen Jones	**Decision on discharge of identified group by June 2016**

10	Workforce	Workforce development plan not yet in place. If plan is not developed and implemented swiftly enough, the workforce may not secure skills and knowledge required to deliver details of the TCP plans successfully.	TCP Wide	Kent and Medway have engaged HEE and Skills for Care to consider the implications of TC on the public sector and wider private and voluntary sector workforce. Progress will be monitored through the Kent and Medway TC Working Group	James Kerrigan, Phil Cooper, Troy Jones, Penny Southern, Helen Jones	**by April 2017**