Black Country Partnership NHS
NHS Foundation Trust

Board of Directors Public Meeting

TO BE HELD ON 27 JUNE 2018 at 2.00 pm to 4.00 pm
MEETING ROOM 7 - DELTA HOUSE

A G E N D A

No:	Item	Purpose	Lead	Enclosure /verbal
	6.2 Transforming Care Partnership update	To Receive	C Masikane	Enc. 6.2 3 - 14

DATE AND TIME OF NEXT MEETING:
The next meeting will be held on Wednesday, 25 July 2018 at 10.00 am in Meeting Room 7 - Delta House

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Meeting of: Board of Directors

Date: 27th June 2018

Subject: Learning Disabilities Transforming Care Development Plan

Presented by: Scott Humphries, Divisional Director

Author: Scott Humphries, Divisional Director

Purpose: To Receive

Relationship to strategic objectives:

Strategic objectives:	
We will nurture a culture which provides: **safe, effective, caring, responsive and well led services**.	**x**
We will **involve and listen** to patients, carers and family's **experience to continually improve services** we provide.	**x**
We will be a **leading provider** of specialist mental health, learning disability and children's services, proactively seeking opportunities to develop our services, **building partnerships** with others, to **strengthen and expand** the services we provide.	**x**
Attract and retain well-trained, diverse, flexible, **empowered and valued** workforce.	**x**
Resources will be used effectively, **innovatively** and in a **sustainable** manner.	**x**
None	

Relationship to High Level Risks:

Recommendation(s):

The board is asked to receive the update and note the agreement reached in relation to the TCP clinical model and financial agreement. The board is also recommended to note the progress and scale of the system wide change and timescale within the implementation plan.

Equality & Diversity implications:

Yes will be considered as part of work programmes.

Regulatory and Compliance matters:

	NHSI Finance :	
	Monitor:	x
	Care Quality Commission:	x
	Other:	
	None:	

Previous consideration

	Board			**Business & Performance**	
	Audit			**M H Legislation Scrutiny**	
	Quality & Safety			**Charitable Funds**	
	Finance & Investment			**Turnaround**	
	Other	x		**None**	

Executive Summary

This paper provides a high level report and a critical path, highlighting programmes of work and actions being taken

Final discussions are taking place with commissioners to complete the activity and outcome measures, with no additional risks reported that will impact on progress. Our provider plans are preceding, a contract variation is in draft. Further narrative to support activity mapping has been forwarded to TCP finance officers.

One important aspect to note is whilst work continues to progress the enhanced substantive community offer, Black Country commissioners have asked for interim solutions that will temporarily strengthen CLDT's ability to increase the current levels of intensive support (utilising non recurrent transition monies). A number of options have been considered and temporary staff are being sought. The intention is to release specific clinical staff to work more intensively with those who require it until the new teams are in place in September.

Governance assurance arrangements for the project have been updated this month to ensure BCPFT accountability and reporting is sufficiently robust to ensure all provider actions are delivered on time. The Clinical Implementation Steering Group will continue to oversee the development and delivery of the clinical plan, linking in alongside a range of subgroups including Estates, ICT, Training, FCT development & IST development. The Steering Group exception reports into a weekly Operational Governance Assurance group chaired by S Humphries.

The programme high level action plan and risk log are updated prior to each weekly governance meeting to ensure reporting is timely and accurate.

Most actions are on track with the exception of 4 actions 'at risk' and 4 actions 'off track'. These include Daisy Bank closure & increased discharges/referrals to CLDT's before new teams go live. There are currently 9 risks on the programme risk log predominantly aligned to the 'at risk' and 'off track' actions. All have been mitigated against and escalated as appropriate with several close to being resolved.

It should be noted that this is being overseen by the LD Divisional Management Board and has been discussed at Finance and Investment Committee and Quality and Safety Committee.

1. Introduction

This paper provides an update on the TCP (Transforming Care Programme) progress and position going into 2018/19.

2. Programme Governance

The TCP development is being governed through its established Divisional Management Board (DMB) and Quality and Safety Committee and TCP governance board.

3. TCP background

The Black Country TCP received external national support from Niche consultancy to drive systemic change by October 2017. Alongside the operational/workforce challenges of capacity outweighing demand, we are seeing increasing pressure from NHS England to reduce the reliance on inpatient beds through the re-design of learning disability community services.

As a provider we have worked very closely with the TCP and NHS England to manage this transition to a community based service. Inpatient assessment and treatment service provision has been a keen area of debate. We have now agreed a block arrangement of 8.5 beds in 2018/19.

The TCP and NHS support to transform services are aligned fully with the LD 5 year business plan with the aim of delivering intensive community support and strengthening forensic community services alongside a small assessment and treatment provision. Service specifications for intensive support and forensic community services have been designed and agreed with stakeholders.

The TCP have now confirmed full agreement of the community model, requesting that we move at pace to meet the implementation guidelines. This will see the development of an intensive support team and further develop the community forensic team with money released from the inpatient beds. BCPFT have an implementation plan that will take 10-12 months to complete (appendix 1). The issue of public and staff consultation in relation to any bed closure remains a question being addressed and agreed between partners.

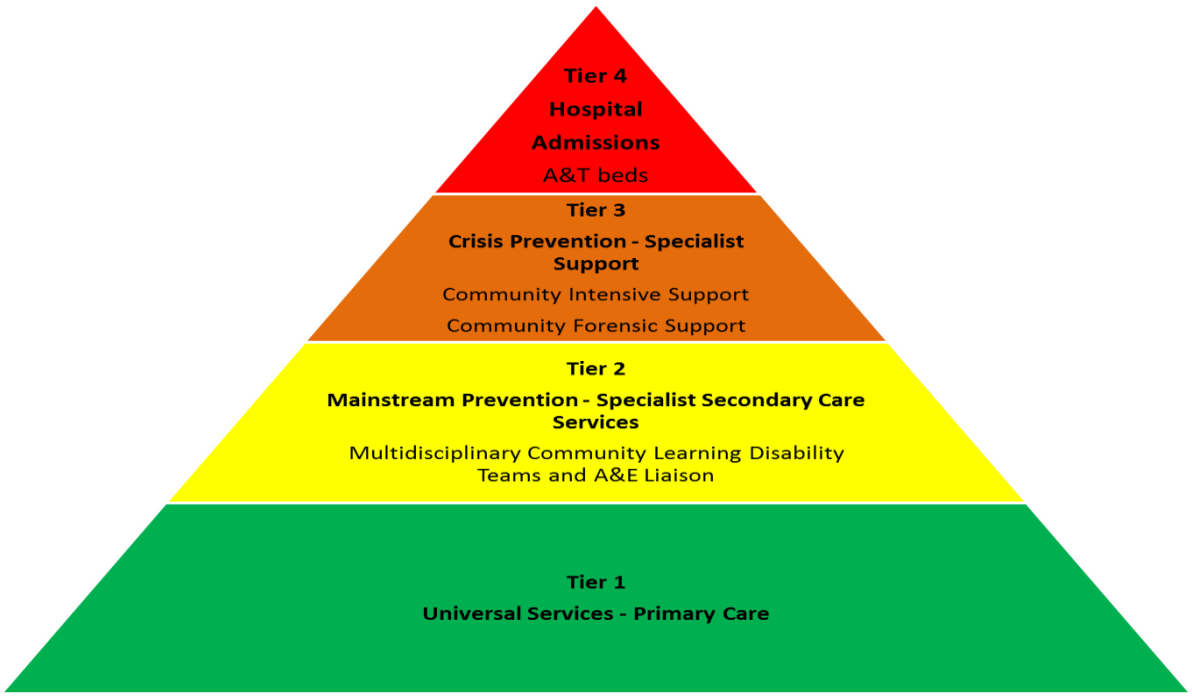
4. BCPFT service provision 2018/19

A&T Beds Clinical	BCPFT will provide a 10 bedded assessment and treatment (A&T) service from the Heath Lane site (Penrose House). TCP commissioners at the time of report will commission 8.5 beds providing a block arrangement of 8.5 beds for a 5 year period

	AHP and Psychology posts have been embedded into the establishment to enhance continuity of care. We are currently in the process of seeking a clinical plan to stepdown Daisy Bank inpatient unit. One patient is currently starting transition, likely to last for 6 weeks and the other patient will be considered for transfer back to Penrose to facilitate closure The board is asked to note the STP bid running in parallel with the A&T service development
Forensic Community Team	Forensic team now works across Black Country. Team have appointed a clinical nurse specialist and we have through internal agreement got a full time psychiatrist to lead and develop the service. All other posts are out to advert
Intensive Support Team	All IST posts not affected by management of change are recruited permanently into.
CLDT (Community Learning Disability Team)	Although our 4 CLDT teams will not have additional investment we anticipate a major shift in clinical focus working towards the principles set out in Valuing People (2001), Valuing People Now (2009), Transforming Care programme, and other national documents. We expect this service to operate for the vast majority of people with a learning disability to reduce health inequality and improve health and wellbeing.

5 BCPFT 2018/19 service model

The Black Country Trust have developed the future model below that sets out what they would like to provide for people with a learning disability.



Theoretically patients can move up and down the levels according to need. Most often they move up and down through the levels of care and treatment as their independence changes. For example, somebody can be living in their own home with social care support and predominantly access tier 1 universal services. If they experience a physical illness, for example appendicitis or coronary heart disease, the expectation is that they would access tier 2 mainstream secondary care services via the local acute general hospital. Other patients with a learning disability may be in contact with tier 2 services through their community learning disability team (CLDT) and receive specialist learning disability support to enable them to stay at home. Other people with a learning disability may be in contact with tier 2 & 3 services through the community learning disability team and intensive support team to help support them to stay at home when they have challenging behaviour. Occasionally the challenging behaviour may escalate to the point that the patient needs inpatient admission, this would be for treatment of mental health psychosis for example or 24-hour monitoring and support to help stabilise behaviour before they return to their own home in the community.

Commissioners are expected to ensure that highly specialist services are available in the community, close to people's homes, which emphasise early detection of any escalation of need and preventing crises from occurring. They are also expected to monitor the well-being of people with LD in their area and maintain a register of people who are at risk of admission to specialist in-patient beds. When people are in crisis commissioners oversee the decision-making and care delivery to ensure that alternatives to admission are exhausted before someone is admitted. This is done through the process of 'care and treatment reviews' (CTRs). Once someone has been admitted to a specialist bed, commissioners are expected to oversee the

process to ensure that the person is discharged and returned to community life as soon as safely possible. The BCPFT service model is based on the national model contained within "Building the Right Support" (2009).

6 Service Specifications

All specifications have been signed off by the lead TCP commissioners and provider

7 Service Development

The Clinical Implementation Steering Group meet bi-weekly to focus building the operational policies and pathways.

A draft Standard Operating Procedure (SOP) for an enhanced on call and planned weekend working for IST has been submitted to Head of Nursing and LD Director for comment. Further work is required to complete – work is on track.

The Steering group also reviews and responds to any questions or feedback sent to the BCPFT dedicated TCP email address.

The BCPFT Communications Team have produced TCP materials in support of the recruitment campaign and familiarity with the Transforming Care agenda. The BCPFT intranet and internet pages are being reviewed also to include TCP documents and resources to inform staff and public of TCP activity.

Service managers and clinical leads continue to disseminate information to staff on ongoing basis as required with a specific launch event for CLDT's to be planned for end of summer to outline the new ways of working in more detail.

A meeting to review and refresh BCPFT approaches to change management in order to support staff through this next phase of team development is to be arranged. The meeting will focus on benefits of the NHS Change Management model and Leadership model.

8 Estates

The STP are planning a 2nd wave of capital funding bids that provides us with an opportunity to resubmit our bid. The original business case to rebuild Penrose has been refreshed ready for resubmission. Submissions will be required to be completed in July.

Setting Estates priorities for the existing Penrose building is being actioned.

Following several months of exploring options, 'The Cabin' at Heath Lane has now been confirmed as the temporary location for the new IST/FCT teams. In order to oversee the plan and support joined up discussions around Penrose and the community teams, an estates sub group will now meet to continue progress and feedback via the Steering Group. Estates have completed a joint review of the Cabin

and indicated respective works should be completed by the end of July at the latest, but will be aiming to complete earlier.

9 Workforce

A very comprehensive training needs analysis (TNA) is underway to identify required training and priorities to support the LD Development Plan, service redesign and transformation programme.

The analysis includes the requirements of new teams, new roles, staff redeployment from inpatient to community settings, new and existing teams engaging in new ways of working and Organisational Development (OD) considerations.

Key national documents that underpin this work have been referred to. They include:

- Health Education England with Skills for Health
  - Competency Framework for LD workforce
  - Draft Workforce Competency Framework for Community Forensic Services for ID and/or Autistic Spectrum Conditions
  - Role templates
- National Quality Board – Safe, Sustainable & Productive Staffing improvement resource
- NHS England – Transforming Care – Model service specifications & case studies

Feedback and learning from last year's Ridge Hill inpatient redeployment training programme has been considered.

Professional Leads, existing community forensic staff, LD Clinical Training Manager, Trust L&D and OD Leads have all contributed to the exercise. We have identified the need to ensure new knowledge and skills are embedded into practice and quality improvements sustained. To this end the TNA has been broadened to consider aspects such as organisational development, professional leadership, team building and culture, change management with regard to new ways of working, conference attendance, clinical supervision and action learning set style groups.

Links have been made to relevant Trust wide work streams such as:

- Career Pathway Development Group regarding competencies, training for new roles, Apprenticeships Levy funding opportunities.
- Through OD Leads links have been made to the learning from the NHS England School for Change Agents Change Champions programme.

Training will be prioritised and delivered in part as cost neutral by internal staff. Other aspects will be funded by non-recurrent TCP Transitional funding and potentially apprenticeship levy.

At this stage we are not anticipating any redundancy costs. This is due to new posts, existing vacancies, and the ability to absorb some pay costs within the projected bank and agency spend, thus improving quality. However the division has protected

its financial position by making a £569k provision in the non recurring bid for worst case scenario redundancy.

To assist with workforce development BCPFT have agreed to host a TCP workforce lead post to assist with the challenges of creating a flexible, sustainable and competent workforce equipped to adapt to the new challenges this programme and its models of care necessitates.

10 Contract monitoring

A joint workshop was held with provider and commissioners to discuss the use of outcomes, information requirements, qualitative narrative as well as measuring activity. We have agreed that both commissioners and provider will use 2018/19 to learn about how the new teams will perform. A proposal for a set of Information requirements and a Bi-annual qualitative report has been provided to commissioners for consideration. 2019/20 monitoring arrangements will take account of learning gained from this year's information.

11 TCP Engagement

Overview and Scrutiny groups in each of the 4 Black Country areas will be addressed through a joint TCP and provider presentation. One paper will go to all 4 committee's led by the TCP commissioners. BCPFT have agreed to attend to present the clinical model and reflect the local impact on the health and social care system.

12 2018/19 Financial Position

The total funding envelope from the 4 Black Country commissioners for the provision of A&T and community services is £13,881,000. The costs associated with the TCP model, incorporating the new forensic and intensive support teams and reconfigured A&T and community services, are summarised in the below table along with the planned 2018/19 CIP achievement

Service Line	Funding £000	Direct Costs £000	Indirect Costs £000	Over-heads £000	Other Operating Costs £000	Total Cost £000	Saving £000	Saving %
A&T Inpatients	2,489	1,779	297	314	99	2,489	0	0%
Community Services	7,971	5,950	357	1,366		7,673	298	4%
Forensic Service	1,034	772	45	178		995	39	4%
Intensive Support	1,158	868	64	186		1,118	40	3%
Management & Admin	1,229	1,170	0	0		1,170	59	5%
Total	**13,881**	**10,538**	**763**	**2,045**	**99**	**13,445**	**435**	**3%**

The indicative 2018/19 CIP target currently set at 4.1% (although is subject to change) is £642k. Within the TCP re-modelling £435k of recurrent savings has been identified.

13 Progress against Main Milestones

1.	Community Forensic Team	G		G
2.	Intensive Support Team	G		G
3.	Assessment & Treatment	G		G
4.	Communications	G		G

Key Achievements this month	Key Achievements planned
Transforming Care project plan • Community base confirmed • Additional information completed for the service specifications. • Continuation of recruitment timeline. • Staff 1:1 consultation period commenced. • Internal programme assurance processes refreshed. • TNA into 1 document. • Completion of Job description job matching where necessary for identified priority roles. • Reviewed alignment to IT RiO programme • Attendance at TCP Ops Group and TCP Communications Group. • Reviewed NHS Change model and TCP plan. • Clinical implementation plans kept updated. • Operational policies for new teams and on call SOP drafted. • Subgroup work plans drafted.	**Transforming Care project plan** ▪ Confirm Penrose estates priorities. ▪ SH sign off action plans for sub groups and inclusion into TCP plan where relevant. ▪ Confirm final service specifications with TCP. ▪ Confirm contract variation. ▪ Change Management process – continuation of support and next stage initiated. ▪ Confirm wider CLDT/Inpatient training priorities. ▪ Confirm any administration training elements. ▪ Stakeholder engagement plan to be reviewed. ▪ Communications plan updated – including TCP brief produced (links to above). Intranet/Internet page to be reviewed. ▪ Confirm information reporting requirements and service outcomes with TCP. ▪ Implement interim support solutions (for CLDT).

14 TCP Risks and group assurance

The current clinical, financial and ongoing risks related to the TCP transformation, and their mitigations are reviewed regularly in LD Divisional meetings and through the gateway process. A risk log is maintained within the division to track emerging issues. A staff side paper outlining the change management processes has been presented and agreed in March 2018.

15 Recommendations

- Trust board notes the progress against high level implementation plan
- Trust board is sighted on the scale of the system change and workforce implications within inpatient and community services.

Black Country Partnership NHS Foundation Trust

Appendix 1 Implementation plan

Learning Disabilities - TCP Timeline

Last Updated	19/02/2018

TCP Vision: Developing a new clinical model for Learning Disabilities across the Black Country

Key

0	Complete	0	At Risk
0	Off Track	0	On Track
0	Not Started		

Reporting Period

Quarter	2017	2018	2018	2018	
Period	Report 7, Report 8, Report 9	Report 10, Report 11, Report 12	Report 1, Report 2, Report 3	Report 4, Report 5, Report 6	Report 7, Report 8, Report 9
Month	October, November, December	January, February, March	April, May, June	July, August, September	October, November, December
Week	26 27 28 29 30 31 32 33 34 35 36 37 38 39	40 41 42 43 44 45 46 47 48 49 50 51 52	1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 17 18 19 20 21 22 23 24 25	26 27 28 29 30 31 32 33 34 35 36 37 38 39

Programme Management & Wider Process Steps

Status	Milestone
0	Commissioning intentions & Financial envelope confirmed by TCP (CCGs)
0	18/19 service outcomes position confirmed
0	Final service specifications received from TCP
0	Contract negotiations completed
0	TCP Communication plan confirmed
0	Job Descriptions collated
0	IST training programme drafted
0	Forensic training programme drafted

Forensic

Status	Milestone
0	Forensic leadership confirmed
0	Forensic TNA complete
0	Recruitment initiated (Forensic)
0	Forensic operational model development initiated (via Clinical implementation group)
0	Recruitment complete
0	Enhanced Service Operational

Intensive Support Team

Status	Milestone
0	I.S.T TNA Completed
0	IST operational model development initiated (via Clinical implementation group)
0	IST leadership confirmed
0	IST Recruitment initiated
0	Recruitment completed
0	Service launched

Daisy Bank

Status	Milestone
0	New admissions to unit cease
0	Patient discharge plans confirmed
0	Last patient discharged (TBC)
0	Change Management paper completed & signed off (GMB)
0	Staff support programme confirmed
0	Staffside presentation
0	Staff consultation period commences
0	Confirm individual changes to staff into new roles following completion of 4 week trial periods
0	Unit closure (TBC)