

West Midlands ADASS Transforming Care Finance Workshop – 1st February 2018

Original principles, national picture, some tips, key issues so far raised, WMADASS Assurance survey.

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TCP FINANCIAL KLOEs/GUIDELINES

- Have the partners in the TCP clearly spelt out the mechanisms for how funding will be shifted from NHSE Specialised Commissioning to CCGs, using CCG allocation shifts, when Specialised Commissioning beds are closed?
- Does the TCP have a clear understanding/agreement in principle for the vehicles to be used to shift funding from each CCG to the relevant local authorities, including for dowries, S75, S256, Better Care Fund, etc.? (the plan must be specific about which mechanism the TCP intends to use and when it will be in place)
- Have the partners in the TCP articulated a clear set of shared principles governing how they will work together to ensure funding flows across the system to enable transformation?



National Resource Picture

- Unwritten assumption that BRS will at least break-even ultimately & key principle that money follows the patient
- But that is not at all clear – see ADASS Budget Survey 2017
- Length and cost of transition/dual running also unclear
- Care package, infrastructure and other cost pressures/shunting concerns, but anecdotal or not in a consistent format
- Trusting relationships and a lot of good work and locally but different approaches and interpretations particularly at NHSE regional levels



Costs & Funding Transfers – Good practice/tips

- Keep a full, up to date patient “tracker” and watch out for scope creep
- Jointly agreed start/end no.s and trajectory
- Preventing admissions equally important to discharges
- Its about LD and/or Autism, and all ages
- Make full use of FTA process and ensure applied in full
- Model risk share agreements available – CCGs and LAs
- Start simple/narrow with resource pooling; can extend later
- Ensure DoF/Senior Finance fully involved and signed up
- Keep to national protocols and guidance e.g. “Who Pays”, CHC, S117
- Understand how the NHS Unify system gets fed and is used to report.



Funding Transfer Agreements

- FTAs - the only way to move funds from NHSE Spec Com to CCGs
- National guidance issued July 2017
- Different approaches and interpretation by different Spec Com Teams and their DoFs

SOME CURRENT KEY CONCERNS

- No transfer of funds for patients moved in 2016/17
- FTA paperwork too complicated, and why does Spec Com need to know how transferred money is spent?
- E.g. examples where Spec Com refusing to fund social costs
- Amounts per citizen & when (i.e. not open-ended) money to be transferred uncertain/vague, at best
- Why do TCPs/CCGs have to wait for the SC view that a bed has “closed” e.g. some beds are in generic MH beds – will never close
- Only focussing on dowry patients? Should cover all inpatients “stepping-down”.
- Commitment to funding beyond March 2019 needed.



WMADASS/IEWM TCP ASSURANCE – WHY?

- 14 DASSs (7 TCP areas) concerned about this high-risk area
- A national must-do, but holds major strategic, financial and operational risks
- Commissioned a short piece of work to give them more assurance



WMADASS/IEWM TCP ASSURANCE – WHAT?

- Review Transforming Care trajectories for discharges
- Review financial plans
- Agree any wider issues with Lead DASS
- Produce a position statement/balanced scorecard for the region – objective assessment of overall risks to use at OSCs etc
- Identify good practice across the region and make connections/share
- Feedback to ADASS Branch to inform the SLI work programme for 2017/18 onwards
- Agreed best way to progress this was via detailed (32 questions) survey of 14 Lead Officers



WMADASS/IEWM TCP ASSURANCE SURVEY – MAIN MESSAGES

- DASSs all directly involved or well-briefed
- Governance structures and engagement sound/improving (proportionate)
- General satisfaction with programme management arrangements
- Extent LA views heard more of a concern in multi-LA/CCG TCPs
- Major, ongoing frustration with NHSE escalation and reporting regime, and widening of TCP cohort e.g. children
- Consistent concern that trajectories and targets bear little relationship to actual demand and risk
- Concerns especially about Children/CAMHS risks – future service models and funding
- Mixed picture on TCP housing plans and work – early days
- Workforce development, at best, early days
- Financial plans remain largely “unsigned” or are making unrealistic assumptions e.g. 100% Spec Com funding released day 1 of movement
- Financial risks & funding flows, particularly from Spec Com, a big challenge
- Variable early estimates of whether community care cost packages will increase or not
- Need to agree a simple, consistent approach to monitoring WMADASS TCP projected annual cost pressures at LA level



WMADASS/IEWM TCP ASSURANCE SURVEY – FOR TODAY

- **How to share best practice/connect amongst ourselves**
- **Agree the content and process for a WMADASS TCP balanced-scorecard to provide ongoing assurance**
- **To include some/all of the following?**
 1. Actual inpatient no.s between March 16 and 19, breaking down admissions, discharges, and comparing to BRS start/end assumptions
 2. A simple way to monitor TCP cohort ultimate annual cost pressures at LA level
 3. Monitoring of new community care package costs specifically
 4. Where we are all at with having risk share/funding flow arrangements in place
 5. Extent to which the TCP is addressing key children's as well as adults issues
 6. Progress of housing plans and work
 7. Ensuring FTA process is being followed in full locally and Spec Com is sharing all necessary data detail
 8. A practical and effective way to monitor citizen safety issues



WMADASS/IEWM TCP ASSURANCE SURVEY – TABLE-TOP DISCUSSION

Each table/group to take 50 mins to discuss and write down please any issues/concerns/questions they feel:-

- a) can be resolved locally within the TCP;
- b) should be escalated nationally for resolution.
- c) what they think would be practical and useful to include in a WMADASS TCP balanced-scorecard.
- d) how best to share best practice amongst ourselves

And be prepared to share at least one of each to the rest of the workshop, trying not to repeat other tables.

Thank you.

