NHS
Bexley
Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 26 May 2016

Title	**South East London Transforming Care Partnership High Level Plan**
This paper is for **Discussion**	
Recommended action for the Governing Body	That the Governing Body: **Note** the plan produced by the South East London Transforming Care Partnership (TCP) in relation to services for people with learning disabilities, autism and behaviour that challenges.
Potential areas for Conflicts of interest	None.
Executive summary	In 2012, following the scandal at Winterbourne View, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, a number of Royal Colleges and voluntary sector organisations signed the Winterbourne View Concordat[1] to "*commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them*". In 2014, the Government commissioned Sir Stephen Bubb to produce a report on how services for people with learning disability (LD) and/ or autism can be transformed. Following the above the national Transforming Care Programme was established by NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England. At a local level, the Transforming Care Programme requires clinical commissioning groups (CCGs) and councils and NHS England Specialised Commissioning to form 'Transforming Care Partnerships' (TCPs), to jointly deliver the three programme outcomes in their sub-regional areas:

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[1] *Department of Health Winterbourne View Review: Concordat: Programme of Action (2012)*

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		• reduced reliance on inpatient services (closing hospital services and strengthening support in the community)

• improved quality of life for people in inpatient and community settings

• improved quality of care for people in inpatient and community settings

The South East London Transforming Care Partnership covers the areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The programme runs until April 2019. The SEL Transforming Care High Level Plan was submitted to NHSE in April 2016 and feedback is expected in early May 2016 – including an announcement of the financial allocation which the SEL TCP will receive. The attached report summarises progress to date with the SEL programme and the SEL Plan is attached for information. |
How does this paper support the CCGs objectives?	**Patients:**	The Transforming Care Plan exists to improve the health and well-being of people with learning disability, autism and challenging behaviour by ensuring that their needs are met without the need for admission to hospital.
	People:	In being part of the TCP members of the Integrated Commissioning Unit are empowered to ensure we maximise the benefits of working across a wide geographical area to best meet the needs of the service users and their carers.
	Pounds:	As part of the TCP BCCG will receive an agreed share of any national enabling funding to support the implementation. The CCG will have to match fund this allocation.
	Process:	The process outlined in 'Building the Right Support' is that nationally the NHS needs to move people out of hospital who should not be there, have the right services available locally to support people where they live, prevent people from going into hospital unnecessarily and move the money spent on in-patient care for people with learning disabilities into community services.
What are the Organisational implications	Key risks	• There is a risk that the decommissioning of in-patient beds is insufficiently well co-ordinated so that decisions made in one area impact in another (for example providers are destabilised and have close causing wider risks)

• There is a risk that patients in beds commissioned by Specialised Commissioning need to be repatriated without adequate time to plan to meet |

		their needs locally and cost-effectively
		• There is a risk that it will be challenging to meet the needs of children and young people with increasingly complex needs that are coming through transition, in the context of the challenging financial environment in the health and social care economy. • There is a risk that people at risk of admission are not identified early enough resulting in an admission which could have been prevented
	Equality	The Transforming Care Programme is intended to improve the quality of life and outcomes for some of the most vulnerable people in society
	Financial	The South East London TCP has bid for £900,000 transformation funding from NHS England and £450,000 capital funding. The transformation funding will be match-funded by the six CCGs. The value of the match funding and contribution by each CCG has been agreed in principle and the number of inpatients per CCG has been agreed as the basis for calculating how much of the £900,000 match funding each CCG would have to contribute. The Bexley contribution would be £23,684 over the three years. For people who have been an inpatient for five years or more money will 'follow the individual' through dowries. This is not expected to be applicable to any Bexley patients – although absolute clarity on the Specialised Commissioning patients is still awaited.
	Data	The Transforming Care Plan includes data on need and current provision in the six SEL CCG areas.
	Legal issues	There are none anticipated at the present time.
	NHS constitution	The proposal is in line with the principles of the NHS Constitution in particular principle 5, by working across organisational boundaries.
Engagement		The ambition for the Transforming Care Programme is that it is co-produced with people who have LD or autism and their families, and people who have lived experience of services participated in the planning workshop. The programme will also work closely with current providers.
Audit trail		None
Comms plan		A communications and engagement plan has been produced as part of the Project Initiation Document.

Author: Alison Rogers AD of Integrated Commissioning	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Sarah Valentine Director of Commissioning
Date	5 May 2016	

South East London Transforming Care (Learning Disability/ Autism) Programme

Introduction

The following report sets out the background to and current position of the South East London (SEL) Transforming Care Plan.

About the Transforming Care (LD/ Autism) Programme

In 2012, following the scandal at Winterbourne View, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, a number of Royal Colleges and voluntary sector organisations signed the Winterbourne View Concordat[1] to "*commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them*".

In 2014, the Government commissioned Sir Stephen Bubb to produce a report on how services for people with learning disability (LD) and/ or autism can be transformed. Following Sir Stephen Bubb's report, and building on the Winterbourne View Concordat, the national Transforming Care Programme was established by NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England.

At a local level, the Transforming Care Programme requires clinical commissioning groups (CCGs) and councils and NHS England Specialised Commissioning to form 'Transforming Care Partnerships' (TCPs), to jointly deliver the three programme outcomes in their sub-regional areas:

- reduced reliance on inpatient services (closing hospital services and strengthening support in the community)

- improved quality of life for people in inpatient and community settings

- improved quality of care for people in inpatient and community settings.

In 2015 NHS England worked with six 'fast-track' areas, which received a total of £10M programme funding, to implement the changes required by the Transforming Care agenda. Lessons from these areas will be shared with the other 43 TCPs in England. The South East London Transforming Care Partnership covers the areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The programme runs until April 2019.

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[1] *Department of Health Winterbourne View Review: Concordat: Programme of Action (2012)*

What is Required of CCGs and Councils?

CCGs and councils in the Transforming Care Partnership must reduce the number of people with learning disabilities or autism in inpatient units and develop community-based support. NHS England has set planning assumptions for the number of inpatient units that each Transforming Care Partnership should work towards. In South East London, by April 2019, the number of inpatient beds should be no more than (these numbers have not yet been verified by NHS England):

- 22 commissioned by CCGs and
- 36 commissioned by NHS England Specialised Commissioning.

In South East London, our current estimate for the number of people in CCG-commissioned inpatient beds is 35, and NHS England specialised commissioning have said there are 42 people in inpatient beds that they have commissioned. These figures are as submitted in April 2016 and subject to change as individuals are discharged and NHS England Specialised Commissioning provide more robust data. The table below shows the number of inpatients in each area in South East London, as at 11 April 2916.

Figure 1

| Area | As at 31 March 2016 | | |
	Number of people in CCG-commissioned inpatient beds	No. people in NHSE commissioned inpatient beds	Total
Bexley	3	2	5
Bromley	5	5	10
Greenwich	6	12	18
Lambeth	10	12	22
Lewisham	4	4	8
Southwark	7	7	14
TOTAL	35	42	77

NHS England expect 35-50% of overall inpatient provision to close during the programme period.

In South East London, we will need to ensure that people who can be, are discharged into the community, with appropriate support. We must also develop community-based support to ensure that individuals with complex LD or autism are able to remain in the community, rather than be admitted to hospital. As the number of people with complex LD and autism is relatively small, it makes sense to commission and plan for this group across the TCP area, rather than within individual borough boundaries.

Programme of Work

The scope of the South East London Transforming Care programme is all adults and children with learning disability (LD) and/ or autism. Work under the Transforming Care agenda is already underway in local areas, and CCGs have been reporting regularly to NHS England on the number people in their area with LD and/ or autism in inpatient beds. Some work under the Transforming Care agenda will be directly delivered by the South East London TCP and other work, that already underway in local areas, will contribute to the programme but will continue to be delivered locally.

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The South East London TCP has three work-streams, each led by a member of the South East London TCP Board. The work-streams will deliver a number of projects and initiatives, some of which are planned now and some of which will arise during the course of the three-year programme. The work-streams and planned projects and initiatives are shown below:

South East London Transforming Care Programme - Work-streams

Co-production and stakeholder engagement	Pathway re-design & contracting (inc. personalisation)	Partnership Commissioning Framework
Projects & initiatives Set up & support SE London Forum Set up providers' reference group LD/ autism awareness raising **Ongoing work** •Identify resources •Mapping existing groups & existing engagement work underway •Undertake engagement on new pathways •Undertake engagement with families of people in inpatient units •Map existing provider engagement •Undertake additional provider engagement **Key deliverables** Comms & engagement plan	**Projects & initiatives** • TCP-wide re-settlement • New pathways • Intensive community based support • Mainstream health & care services • Accommodation feasibility study • TCP accommodation project • Criminal justice scoping • Personalisation • Improving LD/ inpatient inpatient services • Employment opportunities **Ongoing work** • Analyse CTRs – develop understanding of what needs to be commissioned • Determine what is commissioned locally & what across TCP **Key deliverables** •Pathways for key patient cohorts •Spec for intensive community support	**Projects & initiatives** •Set up programme infrastructure (inc PMO) •Rationalise Transforming Care monitoring •Commissioning for people with complex needs •Support local commissioning in each area **Ongoing work** •Finance & activity data collection & collation •Develop & monitor financial model (new model; transition) •Manage and monitor programme spend **Key deliverables** •TCP financial & activity model •Programme docs •Memorandum of Agreement
Lead: Kim Rhymer (Bromley) **Supporting: Heather Hughes (Lewisham)**	**Lead: Diane Jones (Greenwich) Victoria Man (NHS Specialised Commissioning)** **Supporting: Gordon Pownall (Bexley)**	**Lead: Laval Lebon (Lambeth)** **Supporting: Kate Moriarty-Baker (Southwark)**

Some of the projects and initiatives have commenced from April 2016, the core projects, and others are contingent on programme funding from NHS England. This is shown in the high level plan below:

South East London Transforming Care Programme – high level plan
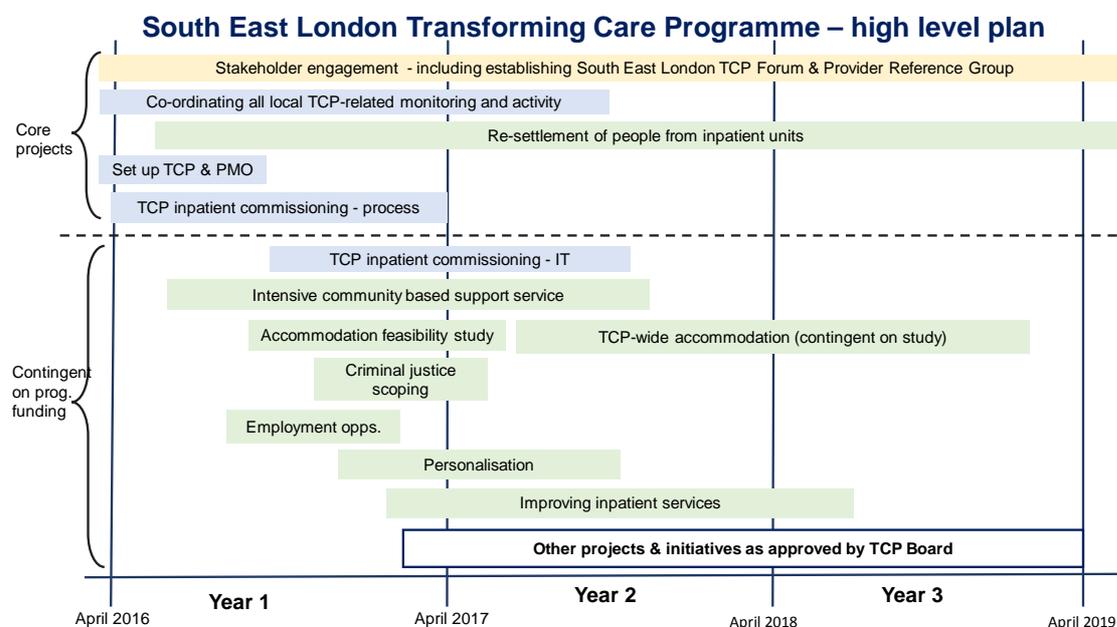
The South East London TCP has bid for £900k transformation funding from NHS England and £450k capital funding. The transformation funding will be match-funded by the six

CCGs. The value of the match funding and contribution by each CCG has been agreed in principle and will be used to fund the core projects listed above. The tables below show how the South East London TCP plans to use the total programme funding:

Figure 2

Transformation costs					Capital costs				
	£000					£000			
	Year 1	Year 2	Year 3	Total		Year 1	Year 2	Year 3	Total
MO	170	170	170	510	Feasibility study	150	0	0	150
omms & engagement	50	40	30	120	TCP IT solution	200	100	0	300
rojects					**TOTAL**	**350**	**100**	**0**	**450**
Re-settlement	90	80	40	210					
TCP commissioning	70	30	0	100					
Intensive community-based support	190	150	90	430					
Criminal justice scoping	30	0	0	30					
Employment opportunities	0	50	40	90					
Personalisation	0	70	50	120					
Improving quality of inpatient provision	40	40	30	110					
solution revenue costs	0	40	40	80					
TOTAL	**640**	**670**	**490**	**1800**					

Match Funding From CCGs

Half of the 'transformation' (revenue) funding costs will be from NHS England and half from CCGs. CCG Chief Officers agreed to use the number of inpatients as the basis for calculating how much of the £900k match funding each CCG would have to contribute. The table below shows the match funding requirement, per CCG, per year:
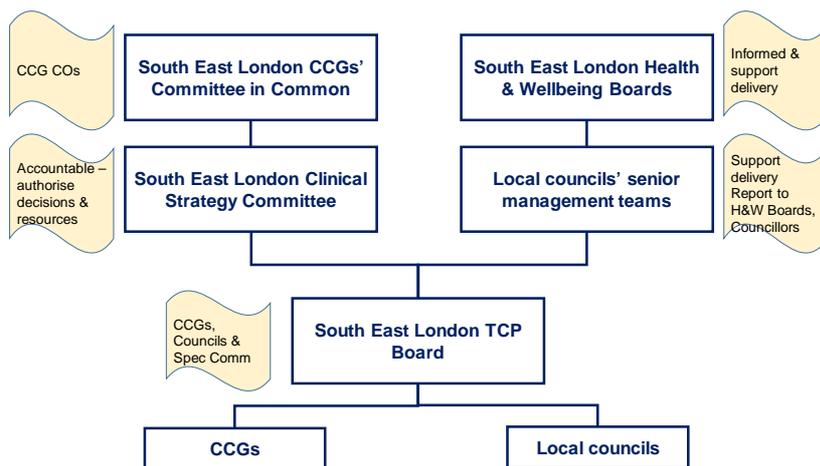
Figure 3

CCG	Year 1 - 2016/17	Year 2 - 2017/18	Year 3 - 2018/19	Total
Bexley	£8,553	£9,079	£6,053	£23,684
Bromley	£42,763	£45,395	£30,263	£118,421
Greenwich	£34,211	£36,316	£24,211	£94,737
Lambeth	£85,526	£90,789	£60,526	£236,842
Lewisham	£94,079	£99,868	£66,579	£260,526
Southwark	£59,868	£63,553	£42,368	£165,789
Total	£325,000	£345,000	£230,000	£900,000

Project Management Office (PMO)

As the work on the programme needs to commence now, CCG Chief Officers have agreed to fund a programme management office for six months, from April 2016.

Programme Structure and Governance

The diagram below shows how the South East London Transforming Care Programme will fit within this existing governance structure and our six-area Sustainability and Transformation Plan:

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CCG COs

South East London CCGs' Committee in Common

South East London Health & Wellbeing Boards

Informed & support delivery

Accountable – authorise decisions & resources

South East London Clinical Strategy Committee

Local councils' senior management teams

Support delivery Report to H&W Boards, Councillors

CCGs, Councils & Spec Comm

South East London TCP Board

CCGs

Local councils

The TCP Board is accountable to the CCGs and the local councils in South East London. The TCP Board reports to the already established South East London Clinical Strategy Committee, which in turn reports to the Committee in Common of the six CCGs. The Committee in Common consists of the Chief Officers of all six CCGs and can take decisions on behalf of the CCGs. The TCP Board also reports to the local councils' senior management teams and they in turn are accountable to local Health and Wellbeing Boards.

Memorandum of Agreement

Chief Officers of the six CCGs have agreed in principle to officers from each CCG working on the programme and a letter requesting support has been sent to the Chief Executive Officers of each council.

In addition, a memorandum of agreement will be put in place for all 13 organisations.

Next Steps

• A final set of programme papers has been submitted to NHS England and we expect feedback on Monday 9 May (Appendix 1 shows the SEL London TCP High Level Plan)

• NHS England will determine programme funding in July 2016.

The Bexley Position

As will be noted from Figure 1, and as has been reported before in the context of Winterbourne View and Transforming Care, Bexley has low numbers of patients in in-patient settings. Of the three current patients, two are in mental health wards and have learning disability only as a secondary or tertiary diagnosis. Care and Treatment Reviews have been carried out for all three patients and one of them is due to be discharged once a bed becomes available at his choice of service. The other two patients are ready for discharge and we are working with the families to identify suitable placements. We have recently been informed that two Bexley residents are in beds commissioned by NSHE Specialist Commissioning. As yet we have no details about their needs. Therefore, compared to some of our neighbours, we do not face a significant challenge to repatriate people currently out-of-borough. However in order to maintain this relatively positive

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position we need to work with our TCP partners to ensure that the bed base in SEL is appropriate to the need in SEL so that we can continue to access local acute provision as and when required. We also recognise that some more specialist supported living or residential provision may be more cost effectively commissioned jointly.

Furthermore whilst the actual numbers of in-patients are low, we are also required to identify people at risk of admission, including children and young people. There is a correlation between this work and on-going work with London Borough of Bexley on earlier identification of young people with complex needs in order to plan more effectively for their needs in adult life to be met locally.

Recommendation
The BCCG Governing Body is asked to **note** the SEL TCP Plan, the arrangements for Bexley to contribute to its implementation and the current position in the local area.

Alison Rogers
Assistant Director for Integrated Commissioning
5 May 2016

South East London TCP High Level Plan

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

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)

The South East London Transforming Care Partnership covers the areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. There are twelve statutory sector organisations which commission health and care services: the six local authorities and coterminous clinical commissioning groups, working with NHS England specialised commissioners.

South East London is a diverse area, with six very different local boroughs. Bromley is the geographically the largest London borough and Lambeth, which has the largest population in South East London, one of the most densely populated, as shown in the table below:

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	TOTAL
GP registered population	233,808	344,373	278,727	375,051	310,561	315,321	1,857,840
Area (km$^{2)}$	61	152	47	27	35	29	351

The area covers a total population of around 1.9M people.

Commissioning

Across the South East London area, we have a joint health and care strategy, 'Our Healthier South East London' (OHSEL). The aims of this five-year strategy are to improve health, reduce health inequalities and ensure all health services in south east London meet safety and quality standards consistently and are sustainable in the longer term.

Whilst OHSEL sets the strategy and vision for health services across South East London, each of the six local areas implement this in a way that makes sense locally.

All six areas in South East London are setting up 'local care networks', of health and care providers, the voluntary sector and users and carers. The purpose of these networks is to enable the delivery of place-based care, to meet the needs of local populations.

There are also some joint commissioning arrangements within the South East London area, e.g. Lambeth, Southwark and Lewisham jointly commission a continuing healthcare assessment and case management service; Lambeth and Southwark have a strategic partnership to provide strategic oversight for projects that promote and enable the shared vision of integrated care for people of Southwark and Lambeth. Four South London areas jointly commission mental health services from the South London and Maudsley Trust. Lewisham has a Joint Commissioning Team led by the local authority as part of a S75 agreement. Bexley have an Integrated Commissioning Unit in place which commissions services for children and young people, adults with LD, MH and PD and services for older

people, and Southwark is setting up a similar joint commissioning unit.

Provision of inpatient services

On the whole, South East London is a net exporter of inpatients. However, whilst across the TCP we do not have excess inpatient capacity, we are not using existing inpatient capacity optimally.

Some of our providers of inpatient services which are based in our TCP area include:

- South London and Maudsley (SLaM) trust
- Oxleas NHS Trust
- The Priory, - Keston Unit - ASD National Autistic Unit,

We also purchase inpatient services from outside our TCP area but within London, including from:

- Huntercombe Hospital, Roehampton
- Thors Park (Danshell Group)
- St. Paul's Road, Sequence Care Group
- Jasmine Court, Sequence Care Group
- Olive Grove & Eden Court, Sequence Care

We also purchase inpatient services from outside London, when needed, include from:
- Dashell Group, Yew Trees (Essex)
- Danshell Group, Old Leigh House (Leigh on Sea)
- Milton Park Independent Hospital, Brookdale (Bedfordshire)
- Cambian Fairview (Essex).

In developing our TCP, we recognise the benefit of commissioning inpatient services for people with LD and/ or autism across a bigger footprint.

Community-based services

We also commission community-based services for people with LD and/ or autism. Whilst some of these services are jointly commissioned across health and social care, on the whole they are commissioned on a borough basis. We commission from a wide range of providers, some of which are listed below:

Lambeth:

- Without Walls - Lambeth council's Without Walls project which supports adults with learning difficulties in their own community, has won best Innovation in Social Care at the MJ awards. away from a person's home community and instead putting them in control.
- Camden Society – delivers a supported employment service for people with learning disabilities over a period of 12 months.
- Grace Eyre – manages a Shared Lives scheme that sees local people sharing their home with someone who needs care and support.
- The Rathbone Centre – provides an outreach service (personal care)
- Care Expertise – provides, individualised care and support for adults with learning disabilities, autism and other developmental disorders, mental health needs (including those who have been detained under the Mental Health Act) sensory and communication impairments and challenging behaviour. Supported Living and Residential Care services.

Lewisham:

- Kaleidoscope – a specialist diagnostic service for children with autism
- Burgess Autistic Trust - Specific contracted service to support people with autism who do not meet eligibility for funded support.
- Nexus - Supported Living (24 hour and packages of care) day services and employment support. Part of the Council's commissioned service Framework. Significant provider of local services. Good at supporting people with challenging behaviour.
- Shared Lives Scheme.
- Day services including day services for people whose behaviour challenges.
- 24 hour supported living services

Greenwich:
- Royal Greenwich Council – Greenwich Living Options
- mcch
- Essential Social Care
- The Avenues Trust
- Family Mosaic
- Choice Support
- Florida House.
- CMG
- Clearwater Care
- Spencer and Arlington

Southwark:
- Choice Support – Provide a range of Residential and Supported Living services.
- Brandon Trust - Provide a range of Residential and Supported Living services.
- Royal Mencap – 3rd sector organisation that provides community support services and employment support for LD/Autism.
- Lambeth Mencap – 3rd sector organisation that provide community support services for LD/Autism.
- GSTT (Guys and St Thomas)
- SLAM
- Camden Day Centre
- Bede Day Centre

- Royal Mencap – provider of the Southwark Works Employment service for people with Autism / Learning Disabilities.

More information about local provision of services for people with LD and/ or autism can be found in appendix E of our programme initiation document (PID).

Describe governance arrangements for this transformation programme

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

The South East London Transforming Care Partnership (TCP) covers the areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The Partnership includes the six CCGs and six councils of these areas and NHS England Specialised Commissioning. The South East London TCP has a Board, with representatives from all thirteen organisations and people with lived experience.

In South East London, we already have an existing six area programme infrastructure,

through the *Our Healthier South East London Programme.* The diagram below shows how the South East London Transforming Care Programme will fit within this existing governance structure and our six area Sustainability and Transformation Plan:
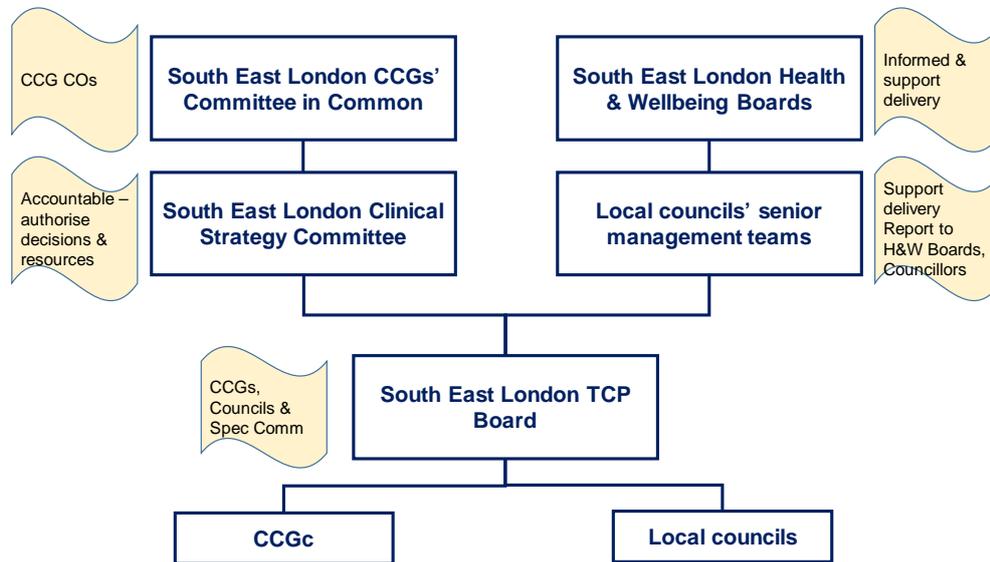
The Senior Responsible Officer for the programme, and chairperson of the South East London TCP Board is Annabel Burn, Chief Officer at NHS Greenwich CCG. The TCP Board is accountable to the CCGs and the local councils in South East London.

The South East London TCP Board reports to the already established South East London Clinical Strategy Committee, which in turn reports to the Committee in Common of the six CCGs. The Committee in Common consists of the Chief Officers of all six CCGs and can take decisions on behalf of the CCGs.

Please see appendix B for the terms of reference of the South East London TCP Board. Decisions about the work of the programme will be taken as close to services as possible and programme board approval will be sought where there is a change in scope or requirement for resources.

The South East London TCP Board also reports to the local councils' senior management teams and they in turn are accountable to local Health and Wellbeing Boards.

We are currently in the process of putting in place a memorandum of agreement, to include all 13 organisations, which will support the delivery of the work of the South East London Transforming Care Programme.

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 lived experience

Our ambition for the South East London Transforming Care Programme is that it is co-produced with people who have LD and/ or autism and their families. Individuals, from

across South East London, who have lived experience of services participated in our planning workshop. Their experiences, views and ideas have shaped this PID and we will review the final version with those individuals.

We will also set up the South East London Transforming Care Forum. This is a group of individuals with lived experience, some from user-led organisations and LD Partnership Boards in the six areas, who will shape the programme for its duration. The Forum will be kept informed about the programme and will provide advice and act as a 'critical friend'. The Forum will select two of its members to be full members of the South East London Transforming Care Partnership Board.

Working with providers

As part of our programme, we will also be engaging with providers. We will work closely with the two providers of inpatient beds in South East London – Oxleas and the South London and Maudsley Trust. We will also liaise with other providers via existing provider networks in local areas and set up a TCP-wide reference group for providers. Our SRO is currently meeting NHS providers individually.

In addition, we will use existing six-area working arrangements, set up through the Our Healthier South East London (OHSEL) Programme to support engagement. The OHSEL Programme has a Stakeholder Reference Group, which includes key health and care providers in South East London. We will liaise with this group as part of our engagement with providers, to raise awareness of the Transforming Care agenda and support providers to move to different ways of working.

More information about our approach to communications and engagement is provided in the South East London TCP Communications and Engagement plan.

More information about our communications and engagement approach can be found in the attached communications and engagement strategy.

Information about engagement and communications in local areas is in appendix A of the PID.

Our communications and engagement work-stream is being led by Kim Rhymer (Bexley) and Heather Hughes (Lewisham), who are both on the TCP Board. This work-stream will bring together all communications and engagement work under the Transforming Care Umbrella in South East London.

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.

Our whole day planning workshop on 4 March involved people with lived experience and these individuals, and others, will be invited to join our Transforming Care Forum.

We heard three individual stories from people with experience of services and learned what worked and what didn't. We are committed to following through on what we have learned and will be working with these individuals, and others, in developing and delivering the programme.

We have also reviewed feedback from local people and used that to inform our PID. This includes feedback from care and treatment reviews (appendix A) and also examples of local engagement work (e.g. feedback from the Greenwich People's Parliament – appendix Ai).

Our communications and engagement plan describes how we will continue to work with people with lived experience and we have already start work on this work-stream.

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
Any additional information

2.Understanding the status quo

Baseline assessment of needs and services

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.

The South East London area covers a population of approximately 1.9M people. The table below shows the number of adults and children with LD and/ or autism:

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	TOTAL
Total registered population	233,808	344,373	278,727	375,051	310,561	315,321	1,857,840
Total adult population	179,305	264,724	216,061	309,737	241,730	247,199	1,458,758
LD (adults - up to 64)	3,511	4,728	4,328	5,771	4,886	5,443	28,667
LD (adults - 65 and over)	828	1,180	584	495	571	495	4,153
LD adults	4,339	5,908	4,912	6,266	5,457	5,938	32,820
Adults with LD - challenging behaviour (18-64)	65	88	79	106	90	99	527
LD (children)	325	983	220	561	364	579	3,032
LD (total)							0
ASC (adult, 18 - 64)	1,404	1,895	1,775	2,364	1,971	2,216	11,625
ASC (adult, 65 and over)	359	514	257	216	253	216	1,815
ASC adults	1,763	2,409	2,032	2,580	2,224	2,432	13,440
ASC (children)	509		671	542	1,082	806	3,610

We are working with local public health teams to understand the local populations. Detailed information about local population of people with LD and/ or autism, is provided in appendix C.

We have identified and agreed a programme of work, with work-streams and a number of projects and initiatives, set out in section 7.6 of our PID. The table below shows the work-streams and projects identified to date will work for the five cohorts identified in *Building the Right Support*:

Children, young people or adults with a **learning disability and/or autism who have a mental health condition** such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges	- New pathways - Intensive community-based support - New pathways
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**, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges	- Intensive community-based support service - Mainstream health & care services - Personalisation
Children, young people or adults with a learning disability and/or autism **who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system** (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).	- Criminal justice scoping - Intensive community-based support service - Personalisation
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** (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.	- SEL TCP Forum - Mainstream health & care services - Employment opportunities
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,** having not been discharged when NHS campuses or long-stay hospitals were closed	- TCP-wide re-settlement project - Intensive community-based support

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)?

Across the South East London TCP area, some boroughs are net importers of inpatient beds whilst others are net exporters. Based on CCG-commissioned places, roughly half the people in inpatient units are within the TCP area, but the spread is very mixed.

Southwark, Lambeth and Lewisham currently purchase a specific placement monitoring and discharge support nurse from the South London and Maudsley Trust. Lewisham's residential respite service also offers short term interim placements for people in crisis and as an

alternative to or step down from unplanned hospital admissions.

We are working with NHS England Specialised Commissioning to understand people in inpatient units by CCG of origin. The number of inpatients in each areas, as at 31 March, is shown in the table below:

Area	As at 31 March 2016		
	Number of people in CCG-commissioned inpatient beds	No. people in NHSE commissioned inpatient beds	Total
Bexley	3	2	5
Bromley	5	4	9
Greenwich	6	12	18
Lambeth	10	10	20
Lewisham	4	4	8
Southwark	7	4	11
TOTAL	35	36	71

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)?

There is considerable work already underway in each local area, to improve provision for people with learning disability (LD) and Autism Spectrum Condition (ASC). We are in the early stages, but there is already some success, e.g. the 'Without Walls' project in Lambeth, which supports adults with learning disabilities and challenging behaviour in their own community. This service has won best Innovation in Social Care at the MJ awards.

We will undertake further research and seek feedback from the South East London TCP Forum during the planning phase of our programme.

Across our TCP area, there is strong partnership working with NHS England Specialised Commissioning around Care and Treatment reviews (CTRs) and planning patient pathways for people to move back into community based placements. CTRs for adults in secure services are conducted by NHS England Specialised Commissioning with local commissioner/care coordinator involvement.

Although our partnerships with the voluntary sector are providing us with some data and is able to direct us in identifying risks, gaps and individual quality issues, we are still conscious that we have very little information about people with low level LD or ASC, those who do not meet the criteria of statutory services. As part of our planning phase we want to get a better understanding of the needs of this group and use this to inform how we commission and what we commission.

We recognise that the current system is fragmented, with structural and cultural barriers to

prevent truly integrated practice across the TCP area. One of our aims of the Transforming Care programme is to move towards more place-based services with better information flows.

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;

Our principal goal is for people to live in their own homes. As statutory services we provide a range of accommodation for when, at times, a small number of people need accommodation and related support.

We have started reviewing accommodation based services across the TCP and the South East London Transforming Care programme is an opportunity for us to build on existing provision and ensure that we have optimal level and appropriate types of accommodation based services across South East London.

Residential homes

There is a range of accommodation provision across our TCP area for people with LD and/ or autism, as shown in the table below. Moreover, all local areas are currently reviewing accommodation options for people with LD and/ or autism. The table shows a summary of existing provision and more information can be found in appendix E.

All areas use a number of different providers, mostly within the TCP area.

Whilst there is a desire to minimise use of residential facilities, we recognise that there is a need for some provision of residential care, for some individuals. As part of the South East London Transforming Care Programme, we will be reviewing use of residential facilities across the TCP area, with a view to optimising the residential care commissioned.

Supported living

All areas within our TCP are reviewing their local accommodation and some are developing new supported living schemes:

Bexley – have recently re-tendered their supported living provision

Greenwich – reviewing options for new supported living development

Lambeth – commissioning a new supported living scheme

Southwark – commissioning a new enhanced supported living scheme

As part of our Transforming Care Programme, we plan to commission a feasibility study of accommodation across the TCP area.

Shared Lives

Within our TCP we have a number of highly regarded Shared Lives schemes:

Bexley – adult fostering 'shared lives' arrangements are well established and recently nominated for an LCG award

Greenwich - subject to a review of its own provision, Greenwich Council will seek to increase the capacity of its own Shared Lives service.

Lambeth – a provider, Grace Eyre, manages a Shared Lives scheme that sees local people sharing their home with someone who needs care and support

Lewisham – undertaking a review to strengthen and develop Shared Lives services in the borough. Currently considering an option appraisal regarding whether to develop the service currently managed in house or to collaborate with Greenwich

As part of the South East London Transforming Care Programme, we will be sharing good practice around Shared Lives schemes across the TCP area.

Please see appendix E for more information about accommodation based services in South East London.

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

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 Winterbourne View crisis highlighted some very real and troubling issues about the quality of care in assessment and treatment units. Whilst these need to be addressed, our Transformation Programme is about more than improving quality – we recognise that what matters to people are homes, jobs, relationships, and our aim is to help people to live the lives they want.

At our planning workshop we also heard individual stories which also make a compelling case for change. The consistent messages from those stories was the need for early and accurate diagnosis, the need to involve families and to provide support that was personalised and flexible. Above all, health and care services are not ends in themselves and should fit arounds the needs and aspirations of individuals and families, rather than people and families having to fit their lives around services.

Therefore, the case for transformative change is that services for people with LD were set up to contain, to keep people safe and look after their health, but also to keep them in a hospital environment, away from wider society. What we know we need now is a system that, from the start, supports people with LD and ASC to live their lives as independently as possible.

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[1] 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.

People in inpatient settings

Across South East London we have been actively managing the number of people in inpatient settings and each area has been undertaking care and treatment reviews (CTRs) of those in inpatient beds or at risk of admission. This has helped reduce lengths of stay and also avoided admissions in some cases.

The number of people in CCG-commissioned and NHS England specialised-commissioned beds is changing, but as at March 2016, the numbers across South East London are:

Area	As at 31 March 2016		
	Number of people in CCG-commissioned inpatient beds	No. people in NHSE commissioned inpatient beds	Total
Bexley	3	2	5
Bromley	5	5	10
Greenwich	6	12	18
Lambeth	10	12	22
Lewisham	4	4	8
Southwark	7	7	14
TOTAL	35	42	77

The planning assumption number for inpatient beds for South East London, based on the guidance in Building the Right Support, are:

NHS England upper limits, by April 2016 (unverified):	
CCG-commissioned:	**22**
NHS England-commissioned:	**36**
TOTAL	**58**

As it stands, the number of individuals in inpatient beds is 19 more than the upper limit of our planning assumptions. Given the complexity of needs of these individuals, safely discharging people in the community and ensuring that there is suitable high quality community-based support available requires a concerted effort.

The numbers of people with complex LD and/ or autism, who may need to use inpatient services at certain times in their lives, is very small – we currently have 81 adults in inpatient beds out of an adult population of 1.8M (less than 0.005%). Whilst the number of individuals who are in or may need inpatient services is very small, these are people with enduring, complex needs and it is essential we have the right support available to enable them to live well.

Commissioning for this number of people is done better across the larger footprint of the TCP area, than within CCG boundaries, as we share knowledge, expertise and experience to address the wide range of needs more effectively. If we are to be in a position where we only need 58 commissioned inpatient beds in South East London, then we must work across the TCP area and with NHS England specialised commissioning to commission together for inpatient provision and work together to put in place high quality community services. The numbers alone make a compelling case for working beyond borough and organisational boundaries.

People at risk of admission

Winterbourne View, time for change highlights the fact that inpatient numbers since the Winterbourne View crisis have remained largely static not because people have not been discharged, they have, but because other individuals are admitted to inpatient beds. These are people with LD and/ or autism are not well supported in the community and also children and young people from mental health settings. Moreover, the needs of people with complex LD and/ or autism can fluctuate and can be unpredictable.

Therefore as a programme, in order to keep people out of hospitals, we need a range of support services which are based in the community. These services need to be appropriate for children and young people as well as adults.

CCGs and councils already have some community-based provision in place and are undertaking local Transforming Care initiatives, working with LD commissioners and providers as we all commissioners and providers for adult and child and adolescent mental health services (CAMHS).

The Transforming Care programme represents an opportunity for all six areas to work together to ensure community based provision is consistent, high quality and appropriate not just for one local area, but to support people living across the TCP to remain in the community and to support children and young people in CAMHS to live in the community and not move into adult inpatient settings where this is avoidable.

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

In our programme initiation document, we have proposed a number of projects and initiatives, including implementing an IT solution to support TCP-wide commissioning and reporting. We would welcome the opportunity to work with NHS England to develop a London-wide solution.

3.Develop your vision for the future

Vision, strategy and outcomes

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.

Our vision for the South East London Transforming Care Programme was developed with people with lived experience and commissioners from CCGs and councils. Our vision for

South East London is:

- To achieve equality of life chances and opportunities for people with learning disability and autism including those with a mental health problem.
- For people with LD and autism to grow up and live as independently as possible as adults, giving life-long support where this is needed.
- For mainstream services to enable people with LD and autism to access services to enable them to live healthy lives.

'I' statements for the South East London TCP

We believe that setting a clear vision from the start of the programme is essential and that vision needs to include what people with LD and/ or autism and their families experience. We reviewed the 'I' statements set out in *Building the Right Support* and have revised them with individuals and families in South East London and added an additional statement about work and activity:

- **I have a good and meaningful everyday life**
- My care and support is person-centred, planned, proactive and coordinated
- I am supported to have choice and control over how my health and care needs are met
- My family and paid support and care staff get the help they need to support me to live in the community
- I have a choice about where I live and who I live with
- I get good care and support from mainstream health services
- I can access specialist health and social care support in the community
- If I need it, I get support to stay out of trouble
- If I am admitted for assessment and treatment in a hospital setting, it is high-quality and I don't stay there longer than I need to
- I have the help I need to get work

The 'I' statements set out above will underpin all of the work of the South East London Transforming Care programme, for all client groups, adults and children and young people.

Link with the wider South East London strategy

Our vision for the South East London TCP will be line with the vision for the six area health and wellbeing strategy – Our Healthier South East London (OHSEL). Our Healthier South East London is a five-year strategy which aims to improve health and integrated care across south east London.

Six priorities for local healthcare have been identified for improvement:

- Community based care
- Maternity
- Children and young people
- Cancer
- Planned care
- Urgent and emergency care.

Each of these areas of work is being shaped by a Clinical Leadership Group, each of which includes clinicians, commissioners, social care leads and other experts, Healthwatch representatives and other patients and members of the public from across south east London. Through OHSEL, we will ensure that mainstream health services are working for

people with LD and/ or autism.

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[2]*
- *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*

As mentioned in above, the South East London has adapted and adopted the 'I' statements set out in the National Service Model. We want the South East London Transforming Care Programme to deliver a vision which makes these statements a reality for people with LD and/ or autism and their families.

We have therefore developed a monitoring framework across the South East London TCP that has these 'I' statements at its heart. The monitoring framework includes metrics suggested by NHSE England in its planning template, part of the delivery pack for the national Transforming Care Programme. Our monitoring framework will be regularly monitored by the programme team and includes the following metrics:

Metric	Related 'I' statement
Number of people in inpatient beds/ area	I have choice about where I live and who I live with
Number of people with personal budgets/ area	My care is person-centres, planned, proactive and coordinated
Number of people with personal health budgets/ area	My care is person-centred, planned, proactive and coordinated
Number of people in supported living or shared lives arrangements/ area/ area	I have choice about where I live and who I live with
Number of people in residential care homes/ area	I have choice about where I live and who I live with
Number of people referred for intensive community support/ area	I can access specialist health and social care support in the community

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

% of children and young people with LD and/ or autism who have transition plans/ area	My care is and support is person-centred, planned, proactive and coordinated
Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator/ area	My care is person-centred, planned, proactive and coordinated
Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital/ area	I can access specialist health and social care support in the community
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)/ area	I good care and support from mainstream health services
Waiting times for referral for assessment for people with a learning disability or autism/ area	I can access specialist health and social care support in the community
Waiting times from assessment to treatment for people with a learning disability or autism/ area.	I can access specialist health and social care support in the community
Quality of inpatient units (within TCP area).	If I am admitted for assessment and treatment in a hospital setting, it is high quality and I don't stay there longer than I need to.

We will be monitoring the programme throughout its duration and regularly report to the Programme Board on progress, against this monitoring framework. We will use comparative data, collected using the monitoring framework, to ensure high standards and consistency across all areas in our TCP.

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.

We agreed our programme scope, objectives and principles at a planning workshop with all 13 organisations and people with lived experience. Our programme objectives:

- Improve the way we identify and meet the needs of people with LD/ autism are supported in community settings with good quality, responsive services.

- Ensure consistent transition planning for all children from aged 14 upwards to plan how they will live as independent adults wherever possible

- Enhance crisis intervention for people with LD and/ or autism where people are at risk of being admitted to hospital to prevent admission

- Develop proactive support for people with LD and/ or autism so that people can live

independently in the community settings

- Improve hospital care and discharge planning for people with LD and/ or autism and discharge planning

In order to enable the South East London TCP to achieve these objectives consistently, we will, through the programme management office (PMO):

- Set up TCP-wide commissioning arrangements for people with complex LD and/ or autism and use the total budget to commission for this group

- Develop and agree a set of performance metrics (measures) to monitor, measure and report on performance against agreed programme targets and intended programme benefits.

The principles which will underpin all work carried out under the South East London Transforming Care programme:

- **Co-production**: that is co-design and co-delivery of services whenever possible, and acknowledging that people have resources which should be central to how they are supported.

- **Collaborative working**: to work across geographic boundaries, and offer support around the needs of the individual not just what is available locally.

- **Personalisation**: ensuring that, wherever possible, support fits around individuals and families, rather than individuals and families having to fit around services.

- **Integration**: to work across organisational and professional boundaries, where needed to provide support that is centred around individuals and families.

- **Efficiency and financial sustainability**: as far as possible all, the programme as a whole and individual initiatives will consider efficiency and financial sustainability.

- **High ambition**: deliver real change in the lifetime of the programme and not just comply with policy and guidance.

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

N.B. the average cost data in the South East London TCP acidity and finance template is the median cost across the six areas.

4.Implementation planning

Proposed service changes (incl. pathway redesign *and* resettlement plans for long stay patients)

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?

What new services will you commission?

Work is already underway locally, to commission more community based services, see appendix E.

We have also started developing a TCP-wide plan and identified a number of services we plan to commission across the TCP area. These individual projects will be carried out under three work-streams. More information about the work-streams is provided in section 7.6 of the PID.

Some of the services we plan to commission across the TCP include:

- Engagement with local people
- Support to re-settle individuals discharged from long term placements
- Intensive community-based support
- Setting up TCP-wide commissioning
- Support to help people embed personalisation and ensure people get personalised support
- Accommodation feasibility study.

A number of the projects and initiatives identified to date are contingent on funding from NHS England, including intensive community-based support. As our CCG Chief Officers have agreed initial funding for the programme, we have started work on a number of core projects, including engagement with local people, re-settlement of individuals and setting up TCP wide commissioning.

Plan for intensive community-based support

In South East London, we do not have sufficient provision of community-based early intervention/ intensive support across the TCP area. One of our early projects therefore is to ensure everyone living in the South East London TCP area has access to early intervention/ intensive support outside hospitals, when they need it. This is not to say there is no provision in the TCP area – there is and this project will build on what we already have in place in some local boroughs. The intensive support service(s) will need to be personalised and be able to meet individuals' and families' cultural needs as well as health and social care needs.

The plan below is an initial project plan for this work which will be further developed in the coming weeks:

Task Name	Duration	Start	Finish	Predecessors	Resource Name	31/07 07/08 14/08 21/08 28/08 04/09 11/09 18/09 25/09 02/
⊿ Intensive community support project	147 days	Mon 01/08/16	Tue 21/02/17			
Initiate intensive community support work	0 days	Mon 01/08/16	Mon 01/08/16			◆ 01/08
Map existing provision	10 days	Mon 01/08/16	Fri 12/08/16	38		
Collect feedabck from existing users and TCP Forum	10 days	Mon 15/08/16	Fri 26/08/16	39		
Identify TCP requirements	15 days	Mon 29/08/16	Fri 16/09/16	40		
Identify resource requirements	5 days	Mon 19/09/16	Fri 23/09/16	41		
Produce business case	20 days	Mon 26/09/16	Fri 21/10/16	42		
Business case approved	0 days	Fri 21/10/16	Fri 21/10/16	43		
⊿ Procure TCP-wide service/ framework	80 days	Mon 24/10/16	Fri 10/02/17			
Undertake market testing	10 days	Mon 24/10/16	Fri 04/11/16	44		
Produce spec	30 days	Mon 07/11/16	Fri 16/12/16	46		
Spec issued	0 days	Fri 16/12/16	Fri 16/12/16	47		
Review bids	15 days	Mon 16/01/17	Fri 03/02/17	48FS+20 days		
Suppplier(s) approved	0 days	Fri 10/02/17	Fri 10/02/17	49FS+5 days		
Contract agreed	0 days	Fri 10/02/17	Fri 10/02/17	50		
⊿ Rollout service	7 days	Mon 13/02/17	Tue 21/02/17			
Produce information for staff & families	5 days	Mon 13/02/17	Fri 17/02/17	51		
Hold event with families, staff & provider(s)	2 days	Mon 20/02/17	Tue 21/02/17	53		
Service launched	0 days	Tue 21/02/17	Tue 21/02/17	54		◆ 21/02

During the course of the three-year programme we will identify new projects and services we will commission.

We also plan to set up TCP-wide commissioning arrangements, as set out in section 7.6 of our PID.

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

Work under the Transforming Care agenda is already underway in the six local areas and there is a clear view that across the TCP area, we want fewer inpatient beds. We are clear that we only want inpatient facilities for the few people who cannot be treated in the community, even with intensive support, and only to be utilised for as long as they are making a difference.

NHS Greenwich CCG is currently decommissioning 4 beds from its commissioned NHS provider and NHS Bexley is also reducing its commissioned beds, though ensuring there is sufficient capacity for the local population.

We have identified two work-streams which will shape future commissioning and provision across South East London: Partnership Commissioning Framework and Pathway Re-design and Contracting.

Partnership Commissioning Framework

At the moment, we have started setting up TCP-wide commissioning arrangements. In carrying out this work, we will create a TCP-wide financial and activity model to identify the optimal inpatient requirement for the TCP area as a whole and help us to identify where else we have excess capacity.

Once the six area commission work is more developed, we will have a better idea of services we want to commission less of. One area where we feel we may commission less is residential care.

Pathway Re-design and Contracting

Within this work-stream we have identified a number of projects which will lead to commissioning new services across South East London. These include:

- Intensive community-based support
- Personalisation – to support the uptake of personal budgets and personal health budgets
- Accommodation feasibility study
- Support to re-settle individuals discharged from long term placements.

TCP-wide re-settlement of people in the community

The number of people from South East London CCGs currently in inpatient beds is higher than the upper limit of the planning assumptions. We therefore need a South East London TCP-wide initiative to safely discharge people from these beds and support them in the community.

This work is already underway in each local area and all six areas are carrying out care and treatment reviews (CTRs), however there is an urgent need for a TCP project to accelerate inpatient discharges.

The draft project plan, a section of the overall progamme plan for South East London Transforming Care, below shows the work required:

Task Name	Duration	Start	Finish	2nd Quarter
Collate data on patients across TCP-area	10 days	Mon 18/04/16	Fri 29/04/16	
Identify key stakeholders	3 days	Mon 18/04/16	Wed 20/04/16	
Identify and understand needs of patients & families	15 days	Thu 21/04/16	Wed 11/05/16	
Set up TCP-wide monitoring of inpatients	10 days	Thu 12/05/16	Wed 25/05/16	
Collect & review info from CTRs	10 days	Thu 26/05/16	Wed 08/06/16	
Collect & review good practice on CTR process	5 days	Thu 09/06/16	Wed 15/06/16	
Produce CTR good practice & share across TCP	3 days	Thu 16/06/16	Mon 20/06/16	
Identify barriers to discharge	5 days	Tue 21/06/16	Mon 27/06/16	
Conduct peer review of local CTR process (cross-CTP)	10 days	Tue 28/06/16	Mon 11/07/16	
Ongoing discharge and re-settlement	100 days	Mon 18/04/16	Fri 02/09/16	

We know that providing suitable accommodation and appropriate and flexible support in the community is key to helping people come out of hospital and stay out of hospital. The population of South East London is ethnically diverse and our local councils will ensure that community based support is able to meet the needs of this diverse population.

The plan for this project, along with others in the Transforming Care programme, will be further developed with local commissioners and people with lived experience and reviewed periodically.

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

As mentioned above, we have identified and agreed three work-streams, which will carry out work across the TCP area. Within these work-streams we have identified a number of projects which will change services. These include:
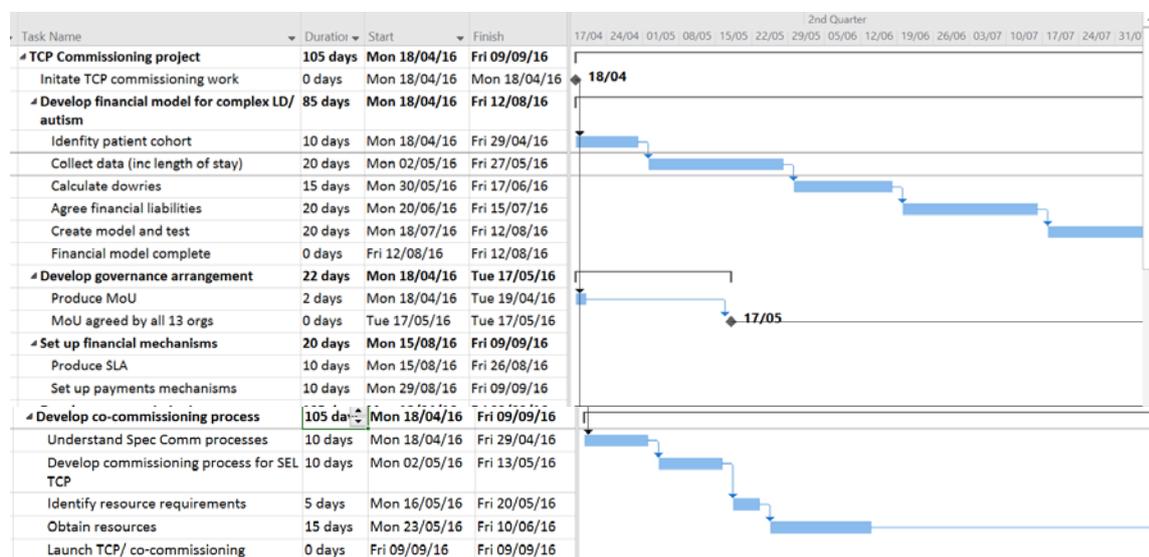
- Setting up the programme management office and TCP-wide monitoring

- TCP-wide re-settlement of people into the community

- Establish TCP commissioning arrangements

- Expand provision of intensive support in the community

- Capital projects - undertake a feasibility study into increasing accommodation that can be used by anyone in the TCP area; IT solution to support TCP-wide commissioning

- Scoping the work required in the criminal justice system

- Improving existing inpatient provision

- Sharing good practice across the TCP area.

Plan for setting up TCP-wide commissioning

In year 1, we will set up co-commissioning arrangements with NHS England Specialised Commissioning and then move towards place-based commissioning, with the South East London TCP managing the whole budget for people in South East London with complex LD and/ or autism.

An initial plan for this project within our programme is shown below:

Task Name	Duration	Start	Finish
▲ TCP Commissioning project	105 days	Mon 18/04/16	Fri 09/09/16
Initate TCP commissioning work	0 days	Mon 18/04/16	Mon 18/04/16
▲ Develop financial model for complex LD/ autism	85 days	Mon 18/04/16	Fri 12/08/16
Idenfify patient cohort	10 days	Mon 18/04/16	Fri 29/04/16
Collect data (inc length of stay)	20 days	Mon 02/05/16	Fri 27/05/16
Calculate dowries	15 days	Mon 30/05/16	Fri 17/06/16
Agree financial liabilities	20 days	Mon 20/06/16	Fri 15/07/16
Create model and test	20 days	Mon 18/07/16	Fri 12/08/16
Financial model complete	0 days	Fri 12/08/16	Fri 12/08/16
▲ Develop governance arrangement	22 days	Mon 18/04/16	Tue 17/05/16
Produce MoU	2 days	Mon 18/04/16	Tue 19/04/16
MoU agreed by all 13 orgs	0 days	Tue 17/05/16	Tue 17/05/16
▲ Set up financial mechanisms	20 days	Mon 15/08/16	Fri 09/09/16
Produce SLA	10 days	Mon 15/08/16	Fri 26/08/16
Set up payments mechanisms	10 days	Mon 29/08/16	Fri 09/09/16
▲ Develop co-commissioning process	105 days	Mon 18/04/16	Fri 09/09/16
Understand Spec Comm processes	10 days	Mon 18/04/16	Fri 29/04/16
Develop commissioning process for SEL TCP	10 days	Mon 02/05/16	Fri 13/05/16
Identify resource requirements	5 days	Mon 16/05/16	Fri 20/05/16
Obtain resources	15 days	Mon 23/05/16	Fri 10/06/16
Launch TCP/ co-commissioning	0 days	Fri 09/09/16	Fri 09/09/16

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.

All six areas within our Transforming Care Partnership offer personal health budgets to adults and children eligible for continuing care, and are offering direct payments. Personal budgets are also offered to children and young people through SEND and to adults eligible for adult social care.

In addition, some areas offer integrated budgets, e.g. for the last two years Southwark has a programme to support people in long term mental health placements to move into the community, with support and integrated health and care budgets.

Four areas within our TCP, Greenwich, Lambeth, Lewisham and Southwark, were early implementers of personal health budgets, introducing them for people eligible for NHS Continuing Healthcare as part of the national Personal Health Budgets pilot programme. As

well as offering personal health budgets to people eligible for NHS Continuing Healthcare, as mentioned above, Southwark has a large programme to support people to move out of long term mental health placements, supported with community support including integrated health and care budgets. Some boroughs in South East London have also started to develop their plans to expand the offer of personal health budgets.

We are cognisant of the requirement in the NHS Mandate to expand the offer of personal health budgets and the Transforming Care Programme the personalisation agenda added impetus. We will be publishing our plans for expanding personal health budgets across the TCP area in our joint sustainability and transformation plan.

Our vision includes increased provision in the community, this will include personal budgets and personal health budgets and we have set out in section 3 above some of the ways in which this will be achieved.
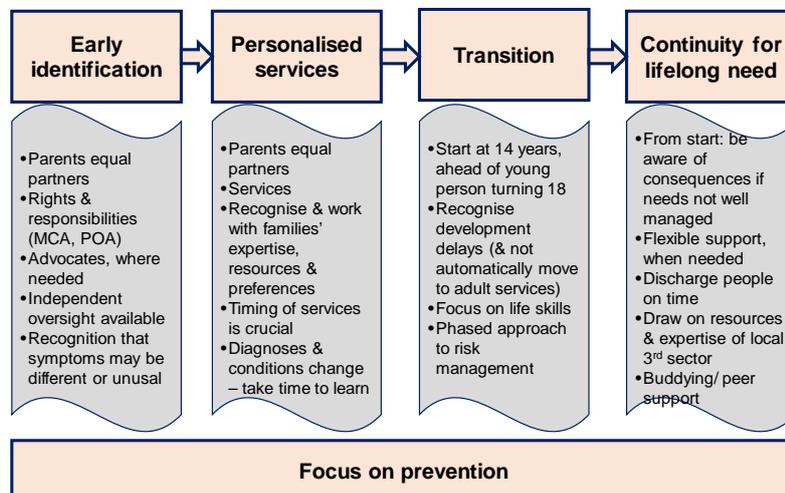
The South East London Transforming Care Partnership is an opportunity for the organisations in the partnership to work together on expanding personal health budgets, using resources from NHS England to support this work. We will be developing a joint approach to personalisation as part of our six area Sustainability and Transformation Plan.

What will care pathways look like?

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

Pathway – overall

The vision set out above was further developed into a pathway for anyone with LD and/ or autism within the South East London TCP area:

Early identification	Personalised services	Transition	Continuity for lifelong need
• Parents equal partners • Rights & responsibilities (MCA, POA) • Advocates, where needed • Independent oversight available • Recognition that symptoms may be different or unusal	• Parents equal partners • Services • Recognise & work with families' expertise, resources & preferences • Timing of services is crucial • Diagnoses & conditions change – take time to learn	• Start at 14 years, ahead of young person turning 18 • Recognise development delays (& not automatically move to adult services) • Focus on life skills • Phased approach to risk management	• From start: be aware of consequences if needs not well managed • Flexible support, when needed • Discharge people on time • Draw on resources & expertise of local 3rd sector • Buddying/ peer support

Focus on prevention

Pathway for people in inpatient settings

Too often, people spend longer than is needed in hospitals and end up staying in assessment and treatment units beyond the completion of any treatment. Moreover, when people are discharged, they may then be moved to residential care homes away from their local areas.

Our vision is for people to not in stay in hospitals any longer than needed. We want earlier, better, discharge planning and a model of gradually declining support. On discharge, most people will need intense support but, wherever possible, this should be reduced to a maintenance level.

Personalised support planning needs to be done and housing needs assessments, which should be updated regularly, at least every six months.

Ideally, wherever possible, people should move from inpatient settings to supported living and eventually to living in the community. This needs to be done in a way that meets the needs of individuals and at a pace that works for them.

Pathway for people with complex LD and/ or autism (at risk of admission)

We are already working towards identifying those at risk of admission and want consistent, high quality early intervention/ intensive support in the community to support individuals and families when there are crises. The early intervention/ intensive support service should help avoid admission for some individuals. For others, referral to a step-down unit may be more appropriate.

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.

As shown above, effective transition planning and sensitively managed transitions was a key theme from families at our planning event. There is considerable work underway to support young people with LD and/ or autism through transition.

Lambeth has developed a multi-agency protocol for transitions that applies to all organisations involved in working with young people with LD and/ or autism.

Greenwich is currently undertaking a piece of work to look at/clarify and improve pathways for young people moving into Adults' Services. The project is looking at:
- Employment, education & training
- Health,
- Housing and
- Friends & Relationships

Lewisham is developing a transition team and have currently funded a project manager to map and improve the transition pathway and processes.

The South East London Transforming Care programme is an opportunity for all areas in South East London to improve transition support and this work will be undertaken under the 'Pathway Re-design and Contracting' work stream. (More information about each of our work streams in provided in section 7.6 of our PID).
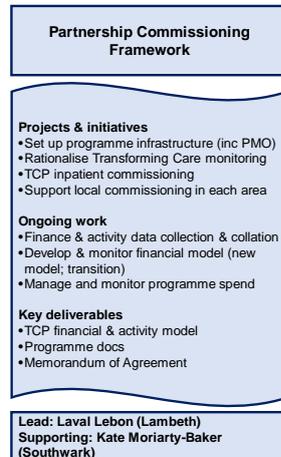

How will you commission services differently?

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

We already have a joint strategy, Our Healthier South East London, which covers all six areas. In addition, there are strategic alliances in place (e.g. Lambeth and Southwark Strategic Partnership) and joint commissioning arrangements underway.

The work of the South East London TCP around commissioning will be undertaken by the

Partnership Commissioning Framework work-stream. Information about this work=stream is shown below:

Partnership Commissioning Framework

Projects & initiatives
• Set up programme infrastructure (inc PMO)
• Rationalise Transforming Care monitoring
• TCP inpatient commissioning
• Support local commissioning in each area

Ongoing work
• Finance & activity data collection & collation
• Develop & monitor financial model (new model; transition)
• Manage and monitor programme spend

Key deliverables
• TCP financial & activity model
• Programme docs
• Memorandum of Agreement

Lead: Laval Lebon (Lambeth)
Supporting: Kate Moriarty-Baker (Southwark)

Projects within this work-stream are setting up a PMO and establishing South East London TCP-wide commissioning arrangements and a supporting IT solution. More information about both is given below.

Setting up the PMO

The South East London Transformation is broad in scope and covers all six areas. A dedicated programme management office is established to support the work of the programme. A programme manager is in post for the planning phase of the programme and will support the set up of the programme management office.
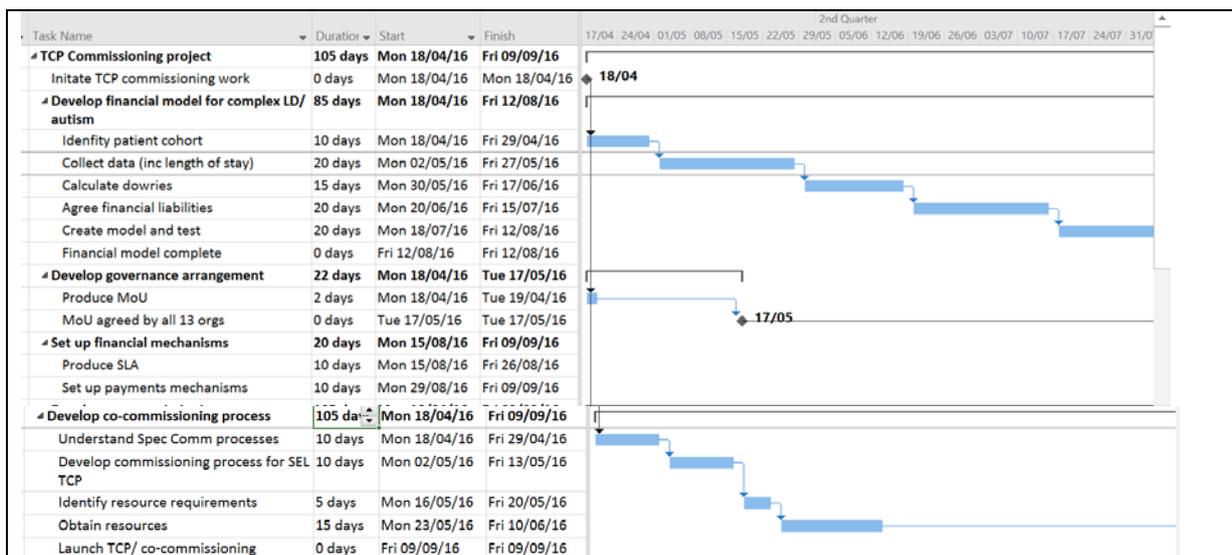
The functions of the programme management office include:

- plan, monitor, quality assure and have oversight of all activity under the Transformation Care agenda in South East London – whether it is directly programme managed or contributing to the programme thought borough-based work

- undertake programme communications and reporting, through the governance structure outlined in section 6.5 in the PID, and to NHS England

- actively support and facilitate projects and initiatives within the programme, through providing additional capacity or expertise or facilitating processes and making connections

- be the repository for all programme resources and ensure resources are used appropriately and well.

TCP-wide commissioning

In year 1, we will set up co-commissioning arrangements with NHS England Specialised Commissioning and then move towards place-based commissioning, with the South East London TCP managing the whole budget for people in South East London with complex LD and/ or autism.

An initial plan for this project within our programme is shown below:

Task Name	Duration	Start	Finish
TCP Commissioning project	105 days	Mon 18/04/16	Fri 09/09/16
Initate TCP commissioning work	0 days	Mon 18/04/16	Mon 18/04/16
Develop financial model for complex LD/ autism	85 days	Mon 18/04/16	Fri 12/08/16
Idenfity patient cohort	10 days	Mon 18/04/16	Fri 29/04/16
Collect data (inc length of stay)	20 days	Mon 02/05/16	Fri 27/05/16
Calculate dowries	15 days	Mon 30/05/16	Fri 17/06/16
Agree financial liabilities	20 days	Mon 20/06/16	Fri 15/07/16
Create model and test	20 days	Mon 18/07/16	Fri 12/08/16
Financial model complete	0 days	Fri 12/08/16	Fri 12/08/16
Develop governance arrangement	22 days	Mon 18/04/16	Tue 17/05/16
Produce MoU	2 days	Mon 18/04/16	Tue 19/04/16
MoU agreed by all 13 orgs	0 days	Tue 17/05/16	Tue 17/05/16
Set up financial mechanisms	20 days	Mon 15/08/16	Fri 09/09/16
Produce SLA	10 days	Mon 15/08/16	Fri 26/08/16
Set up payments mechanisms	10 days	Mon 29/08/16	Fri 09/09/16
Develop co-commissioning process	105 days	Mon 18/04/16	Fri 09/09/16
Understand Spec Comm processes	10 days	Mon 18/04/16	Fri 29/04/16
Develop commissioning process for SEL TCP	10 days	Mon 02/05/16	Fri 13/05/16
Identify resource requirements	5 days	Mon 16/05/16	Fri 20/05/16
Obtain resources	15 days	Mon 23/05/16	Fri 10/06/16
Launch TCP/ co-commissioning	0 days	Fri 09/09/16	Fri 09/09/16

TCP IT solution to support TCP-wide commissioning

Our ambition is to be able to commission services for patients with complex LD and/ or autism across the South East London TCP area. However, at the moment, there is no mechanism for us to be able to share patient data across South East London. We want to invest capital funding in an IT solution that would support South East London TCP-wide integrated commissioning. We would be interested in linking with other London TCPs to develop a shared system.

Whist the South East London Transforming Care Programme has been set up as a separate programme, we are keen to ensure that the work of the programme is closely linked into our commissioning cycle. Each CCG starts developing its commissioning intentions in July and we will ensure that this programme is refreshed on an annual basis and that this will align to the sustainability and transformation plan (STP) timetable for South East London.

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.

One of the aims of our programme is to reduce the number of inpatient beds and increase community based services, and supported living arrangements, in the community. There are already some capital projects underway in local areas.

- Lambeth & Southwark commissioning new supported living schemes
- Lambeth - £250,000 capital funding towards shared ownership for people with disabilities
- Greenwich – info on existing accommodation and have issued market position statement setting out future requirements
- Lewisham – reviewing accommodation requirements.

We see the TCP as an opportunity to undertake capital projects that can benefit people living in all six boroughs. One of the capital projects we have identified is a feasibility study into TCP-wide accommodation for people with LD/ autism.
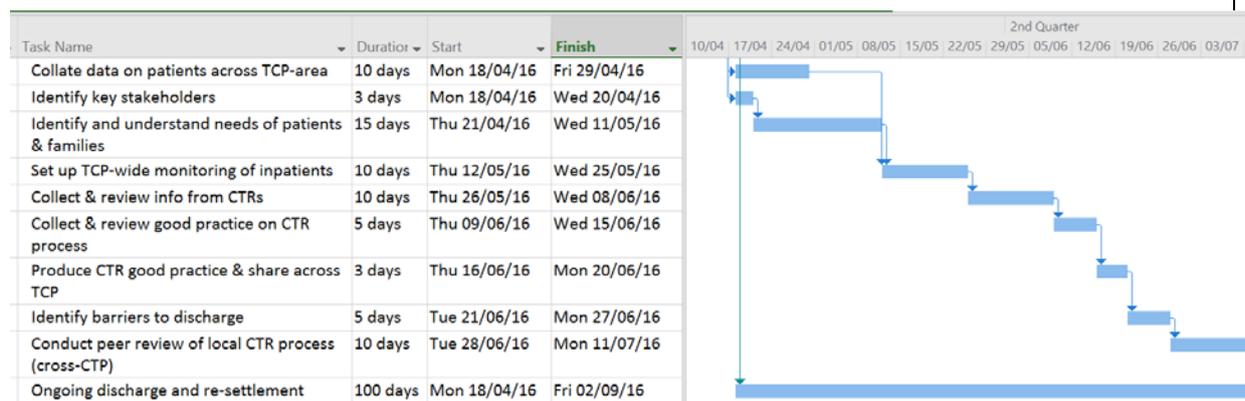
Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?

The number of people from South East London CCGs currently in inpatient beds is higher than the upper limit of the planning assumptions.

We therefore need a TCP-wide initiative to safely discharge people from these beds and support them in the community.

This work is already underway in each local area and all six areas are carrying out care and treatment reviews (CTRs), however there is an urgent need for a TCP project to accelerate inpatient discharges. We will develop an evidence base to support better care planning and provision and inform commissioning.

The draft project plan, a section of the overall progamme plan for South East London Transforming Care, below shows the work required:

Task Name	Duration	Start	Finish
Collate data on patients across TCP-area	10 days	Mon 18/04/16	Fri 29/04/16
Identify key stakeholders	3 days	Mon 18/04/16	Wed 20/04/16
Identify and understand needs of patients & families	15 days	Thu 21/04/16	Wed 11/05/16
Set up TCP-wide monitoring of inpatients	10 days	Thu 12/05/16	Wed 25/05/16
Collect & review info from CTRs	10 days	Thu 26/05/16	Wed 08/06/16
Collect & review good practice on CTR process	5 days	Thu 09/06/16	Wed 15/06/16
Produce CTR good practice & share across TCP	3 days	Thu 16/06/16	Mon 20/06/16
Identify barriers to discharge	5 days	Tue 21/06/16	Mon 27/06/16
Conduct peer review of local CTR process (cross-CTP)	10 days	Tue 28/06/16	Mon 11/07/16
Ongoing discharge and re-settlement	100 days	Mon 18/04/16	Fri 02/09/16

We know that providing suitable accommodation and appropriate and flexible support in the community is key to helping people come out of hospital and stay out of hospital. The population of South East London is ethnically diverse and our local councils will ensure that community based support is able to meet the needs of this diverse population.

The plan for this project, along with others in the Transforming Care programme, will be further developed with local commissioners and people with lived experience and reviewed periodically.

The South East London Transforming Care Programme will support work in local areas by sharing good practice, bringing in the voice of people with lived experience and supporting areas to share resources and information.

Re-settling people from inpatient units is identified as a key TCP-wide project. We will provide additional support to local teams in re-settling individuals and also share practice across the TCP. We will also review CTRs and share learning across the TCP.

Some of this work is contingent on programme funding from NHS England.

How does this transformation plan fit with other plans and models to form a collective system response?

Work on the Transforming Care agenda is already underway in each of the six areas in South East London, in addition to local areas working on SEND programmes, personal health budgets work and others.

The South East London Transforming Care programme is now part of our Sustainability and Transformation Programme (STP).

All of this work support an overarching South East London health and wellbeing strategy – Our Healthier South East London. The strategy sets the direction of travel and key requirements, whilst allowing each area to implement in a way that makes sense locally.

We envisage the Transforming Care Programme working in a similar fashion – it will set the direction for all of South East London, and support local work and share good practice.

The Transforming Care agenda touches all of the other policy areas listed and one of the benefits we expect from six area TCP is that it can help ensure that the needs of people with LD and ASC are brought to the forefront in other local programmes.

The Transforming Care Programme will also link closely with CAMHS transformation work and also local SEND programmes. We will ensure we involve the appropriate commissioners in relevant work-streams.

Any additional information

The Sustainability and Transformation Plan is new and still under development. However, the South East London Transforming Care Programme is already embedded within the STP.

5.Delivery

Plans need to include key milestone dates and a risk register

What are the programmes of change/work streams needed to implement this plan?

the scope of the South East London Transforming Care Programme is broad. Some work will be directly programme managed and delivered by the core programme team, across all six areas. Other work will contribute to the programme and will be delivered primarily in local areas, but be supported and monitored by the core team.

We agreed the programme work-streams at our planning workshop. Each work-stream will involve all six areas in our TCP and we are all jointly responsible for delivering the work. However, there will be a lead and supporting area for each, which take accountability for the work-stream. The work-streams, and some of the planned work, are shown below:

South East London Transforming Care Programme - Work-streams

Co-production and stakeholder engagement	Pathway re-design & contracting (inc. personalisation)	Partnership Commissioning Framework
Projects & initiatives Set up & support SE London Forum Set up providers' reference group LD/ autism awareness raising **Ongoing work** • Identify resources • Mapping existing groups & existing engagement work underway • Undertake engagement on new pathways • Undertake engagement with families of people in inpatient units • Map existing provider engagement • Undertake additional provider engagement **Key deliverables** Comms & engagement plan	**Projects & initiatives** • TCP-wide re-settlement • New pathways • Intensive community based support • Mainstream health & care services • Accommodation feasibility study • TCP accommodation project • Criminal justice scoping • Personalisation • Improving inpatient services • Employment opportunities **Ongoing work** • Analyse CTRs – develop understanding of what needs to be commissioned • Determine what is commissioned locally & what across TCP **Key deliverables** • Pathways for key patient cohorts • Spec for intensive community support	**Projects & initiatives** • Set up programme infrastructure (inc PMO) • Rationalise Transforming Care monitoring • TCP inpatient commissioning • Support local commissioning in each area **Ongoing work** • Finance & activity data collection & collation • Develop & monitor financial model (new model; transition) • Manage and monitor programme spend **Key deliverables** • TCP financial & activity model • Programme docs • Memorandum of Agreement
Lead: Kim Rhymer (Bromley) **Supporting: Heather Hughes (Lewisham)**	**Lead: Perpetua Kamwendo (NHS Specialised Commissioning)** **Supporting: Gordon Pownall (Bexley)**	**Lead: Laval Lebon (Lambeth)** **Supporting: Kate Moriarty-Baker (Southwark)**

Our finance lead is Julie Witherall, Assistant Director of Financial Management, who has helped develop this PID.

Projects and initiatives

The Transforming Care programme is broad in scope and covers at least a three-year period. Some work under the Transforming Care programme is already underway in local areas, and has been going on for the last two years. Eventually, the South East London Transforming Care Programme needs to have an overview of all activity under the Transforming Care agenda, some of which will be directly programme managed and some of which will be programme contributing, and delivered in local boroughs.

As it stands, we can only plan some of the directly programme-managed activity now and other individual projects and initiatives will emerge during the lifetime of the programme. The TCP Board will determine which projects are implemented across the South East London TCP area, based on where there are gaps and where it makes sense to work across the whole TCP.

Some of the projects and initiatives we know we will be undertaking across the TCP are:

- Setting up the programme management office and TCP-wide monitoring

- TCP-wide re-settlement of people into the community

- Establish TCP commissioning arrangements

- Expand provision of intensive support in the community

- Capital projects - undertake a feasibility study into increasing accommodation that can be used by anyone in the TCP area; IT solution to support TCP-wide commissioning

- Scoping the work required in the criminal justice system

- Sharing good practice across the TCP area.

As mentioned above, some of these projects, our core projects, are started or will start soon, and others are contingent on additional programme funding which we have bid for from NHS England.

More information about each of these initiatives is given in section 7.8.1 of our PID.

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

We have started setting up our Partnership Board and have agreed a terms of reference. We are currently putting in place a formal memorandum of agreement across all 13 organisations to underpin the programme. The Board includes representatives from each of the local areas and from Our Healthier South East London. We plan to include at least two people with lived experience on this Board.

The Senior Responsible Officer (SRO) for the South East London TCP is Annabel Burn, who is Chief Officer of Greenwich CCG. The Deputy SRO is Gwen Kennedy, Director of Quality and Safety at NHS Southwark CCG.

A programme manager, Smriti Singh, has been appointed to support the TCP through the planning phase of the programme. By the end of that planning phase, we will have a clear view on the resourcing required.

We have named leads for each of our work-steams. Although every organisation will be involved in all work-streams, there is a named lead and support for each work-steam, listed below:

	Co-production & stakeholder engagement	Pathway re-design & contracting (inc. personalisation)	Partnership Commissioning Framework
Lead	Kim Rhymer (Bromley)	Perpetua Kamwendo (NHS England Specialised Commissioning)	Laval Lebon (Lambeth)
Supporting	Heather Hughes (Lewisham)	Gordon Pownall (Bexley)	Kate Moriarty-Baker (Southwark)

All of the individuals leading and supporting work-streams are members of the TCP Board.

Please see the attached terms of reference for more information about our TCP Board.

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

High level programme plans and key milestones

The programme plan will develop over the course of the three-year programme. The high level plan shown below is our programme plan as it is now. This will be periodically refreshed and revised as programme funding is finalised and new initiatives identified.

The plan includes a number of core projects, which the South East London has started from April 2016. It also includes a number of projects which are contingent on programme funding:

South East London Transforming Care Programme – high level plan
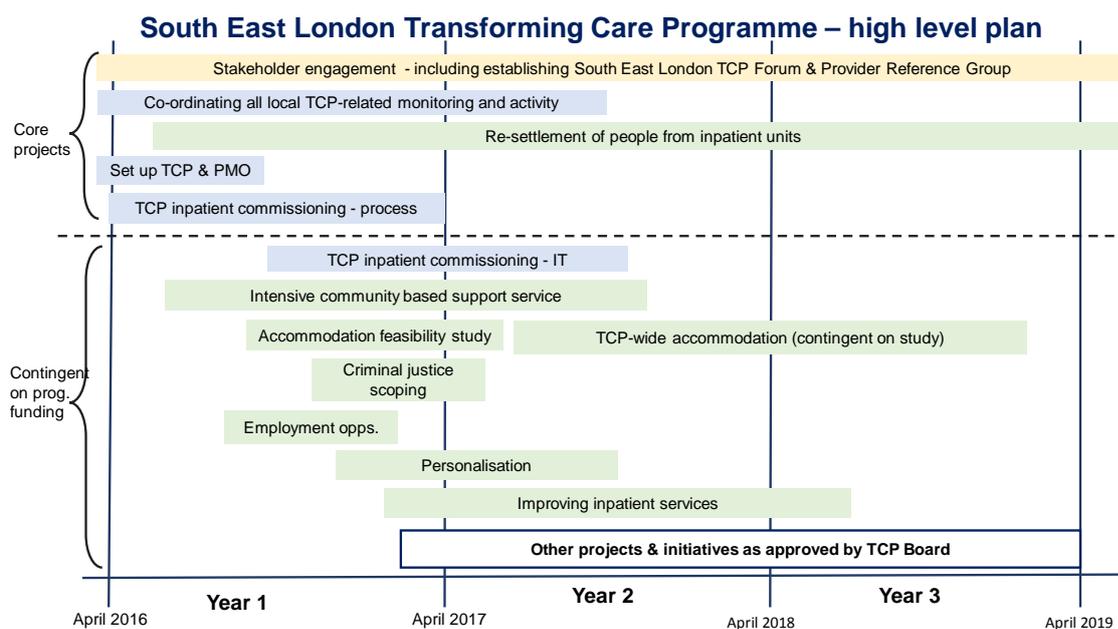
Some initial milestones in the high level plan include:

- April 2016 – PMO established and programme manager appointed

- May 2016 – South East London TCP programme management office set up

- June 2016 – South East London TCP Forum set up

- June 2016 – start six-area programme of re-settlement of patients from inpatient units (N.B. this is separate from, but will incorporate, existing work on re-settlement in local areas)

- July 2016 – ensure South East London TCP programme plan is included in local commissioning intentions

- August 2016 – monitoring of all local TCP activity co-ordinated and a single progress monitoring and reporting approach in place

- September 2016 – hold South East London TCP event to review and refresh TCP programme plan, and link with commissioning cycle.

What are the risks, assumptions, issues and dependencies?

We have set up a risk and issues register and this is monitored at TCP Board meetings.

Key dependencies will include:

- work already underway on the Transforming Care agenda in each borough
- Our Healthier South East London programme and the South East London Sustainability and Transformation Programme
- SEND and personal budgets/ personal health budgets projects in each borough
- CAMHS transformation plans

Key risks are likely to include:

- Not reducing the number of people in inpatient units and/ or more people being admitted than discharged
- Reputational – dealing with individuals with complex needs
- Cultural challenges
- Consistent engagement across the TCP
- Quality of data.

Our programme plan's methodology will offer a flexible approach and not a predetermined set of outcomes, with boxes to tick along the way, but an organic protect plan that will flex as needs change and intelligence provides opportunities for new ways of working.

Our programme risk register is appendix F to the PID.

What risk mitigations do you have in place?

We will manage risks through actively monitoring our risk register. The risk register is not for record keeping but a management tool which we actively use.

Please refer to appendix F. This shows the risks we have currently identified and how we plan to mitigate them.

Our CCGs have well established approaches to managing risk and we will link to these, identifying and appropriately managing all risks, whether financial, legal, clinical or reputational.

Any additional information

We would be happy to share the risk register template and our PID template with other TCPs via NHS England.

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.[3]

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	Indicator	Source	Measurement[4]

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

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

No.			
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	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 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	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

		following discharge with HES main specialty - Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	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	MHSDS. New referrals are	• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as

	disability or autism	recorded in the Referrals table of the MHSDS.	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