Joint transformation planning template

Introduction

- **Purpose**

This document provides the template and key guidance notes for the completion of local plans aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). These plans should cover 2016/17, 2017/18 and 2018/19.

- **Aims of the plan**

Plans should demonstrate how areas plan to fully implement the national service model by March 2019 and close inpatient beds, starting with the national planning assumptions set out in *Building the Right Support.* These planning assumptions are that no area should need more inpatient capacity than is necessary at any one time to cater to[1]:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

These planning assumptions are exactly what the term implies – assumptions for local commissioners to use as they enter into a detailed process of planning. Local planning needs to be creative and ambitious based on a strong understanding of the needs and aspirations of people with a learning disability and/or autism, their families and carers, and on expert advice from clinicians, providers and others. In some local areas, use of beds will be lower than these planning assumptions, but areas are still encouraged to see if they can go still further in supporting people out of hospital settings above and beyond the these initial planning assumptions.

- **National principles**

Transforming care partnerships should tailor their plans to the local system's health and care needs and as such individual plans may vary given provider landscape, demographics and the system-wide health and social care context.

However local plans should be consistent with the following principles and actively seek to evidence and reinforce these:

[1]The rates per population will be based on GP registered population aged 18 and over as at 2014/15

a. **Plans should be consistent** with **Building the right support** and the **national service model** developed by NHS England, the LGA and ADASS, published on Friday 30th October 2015.

b. **This is about a shift in power.** People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision.

   To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this, is through the expansion of personal budgets, personal health budgets and integrated budgets

c. **Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education, housing) including people with direct experience of using inpatient services.

Summary of the planning template

Planning template

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

Herefordshire is one of the most rural and sparsely populated areas of the UK, with many people living a significant distance from the nearest town. Access to services and facilities is restricted by being on the edge of the Midlands region and additionally through limited availability of public transport. Herefordshire benefits from a notable co-terminosity of authorities and services, with a single local authority, CCG and Wye Valley NHS Trust, providing acute and community services. In addition, there is a single provider of mental health and learning disability health services, 2gether Foundation Trust.

Herefordshire has a population of 187,200, with a higher than average representation of older people. The county benefits from a rich network of voluntary and community organisations offering prevention and support. There are unusually high rates of volunteering within Herefordshire's communities.

There is no specialist inpatient or other bed based provision suitable for transforming care cohorts in Herefordshire. There is no specialist NHS in bed provision for learning disabled people or people with autism of any kind in the county. There are no crisis beds locally for these user groups and no mainstream mental health crisis beds.

There is no specialist community based crisis response service for learning disabled people or people with autism. The Crisis Team managed by 2gether NHS Foundation Trust as part of Herefordshire's mental health service does work with individuals with autism on occasions. The Community Learning Disability Health Team, also operated by 2gether does support some individuals in crisis, depending on need and general demand on the team's resources.

Current placements in hospital of people in scope for Transforming care are as follows;

- Two adult NHS inpatients, funded by specialised commissioners
- 7 people in placements funded by Herefordshire CCG, with two patients scheduled for discharges during April 2016, so reducing the numbers to five
- The three people leaving hospital placements in March and April will then be at risk of placement and will be seen in the context of the cohort at risk in community placements or in short term residential care. .
- There are three patients in all who are understood to be eligible for dowry funding, having been placed for more than five years. One of these is an NHS inpatient and the remaining two are funded by Herefordshire CCG.

In addition, up to 31 people with autism or learning disability are in residential or nursing placements out of county. Of these, 21 have concomitant mental health or challenging behaviour need and may be at risk of admission to hospital, 14 being known to social work teams and 7 to the community health team. The remaining 10 in residential care are not in scope for Transforming Care

There are no children in hospital placements funded by NHSE Specialised Commissioning and none in CCG funded placements.

All health and social care agencies operating in Herefordshire experience significant difficulty in recruiting and retaining staff in all disciplines and at all grades.

Herefordshire council has outsourced all adult social care services, retaining only the social work and occupational therapy functions. There is substantial provision of targeted social care services for learning disabled adults across the county. This includes around 110 residential and nursing places, supported living and block and micro commissioned overnight respite placements. There is a diverse range of daytime opportunities. Commissioning priorities include;

- Improving the quality of residential and nursing care
- Expanding and improving support for people with challenging behaviour
- Offering a range of housing with care options and reducing demand for residential care

In common with many areas, Herefordshire has no specialist services for adults with autism. Commissioning intentions for 2016/17 include a new assessment and diagnostic pathway. In practice, people with autistic spectrum disorders make use of some services for disabled people and some mainstream mental health services.

Herefordshire has a significant advantage in relation to potential alignment of strategic social care commissioning and housing strategy and development. Herefordshire is a unitary council and its strategic housing functions are discharged by the Commissioning division of the Adults and Wellbeing directorate. The Joint Commissioning Manager for Learning Disability and Mental Health also leads housing strategy and commissioning and housing development. This offers great potential for integrated thinking and seamless implementation of supported living solutions for people with complex needs. There are established working groups around learning disability and mental health accommodation, developing medium term plans, aligned to partnerships with housing providers and problem solving for immediate or urgent cases.

Herefordshire has a robust and effective Families First programme and a range of co-ordinate street based services for vulnerable people in Hereford and some market towns.. CAMHS provision is also delivered by 2Gether NHS Foundation Trust.

Herefordshire has borders with Shropshire, Worcestershire and Gloucestershire, along with two Welsh counties. Any individuals requiring specialist NHS services tend to be placed over one of these borders or beyond, most frequently Gloucestershire. The great majority of those individuals in out of county residential and nursing placements and at risk of admission to hospital are located in a neighbouring area and close to the county border. In some cases, this placement could be closer to family members than one in county due to Herefordshire's large and rural nature.

In developing more specialist services as part of the Transforming Care Programme it will be prudent to consider joint commissioning options with Shropshire, Worcestershire or Gloucestershire.

Describe governance arrangements for this transformation programme

A Project Board for Herefordshire Transforming Care Partnership has been formed and held its first meeting on Tuesday 26th January 2016. It comprises adult social care and children's commissioners from the council and CCG, along with NHSE and managers from the CHC

programme and adult social care operations. Three providers are currently participating, including a national independent organisation, a local voluntary sector organisation and 2gether NHS Foundation Trust. One expert carer by experience has now joined the Board and others are being identified and canvassed as to their interest in becoming engaged. A member of Aspire's senior management team who has a learning disability is to meet Board members to discuss his potential involvement in the Board and/or its working groups.

The members of the TCP Board are currently;

Anne Owen, Interim Executive Lead Nurse, Herefordshire CCG
Ewen Archibald, Joint Commissioning Manager, Adults Wellbeing, HC
Amanda Lealan Jones, Lead Nurse Assessor, Herefordshire CCG
Tracey Dufton, Head of Operations, Adults Wellbeing, HC
Lynne Renton, Head of Safeguarding and Quality, Herefordshire CCG
Karen Hall, Chief Executive, Aspire.
David Summers, Expert by experience
Ree Jefferies, Operational Manager, 2gether NHS Foundation Trust
Marie Crofts, Director of Quality, 2gether NHS Foundation Trust
Richard Watson, Commissioning Lead, Children's Wellbeing, HC
Regional Manager, SENAD

The TCP Board will report to Herefordshire's Joint Commissioning Board as well as through the governance structures of the council and CCG. The Interim Executive Lead Nurse for Herefordshire CCG has been identified as SRO, with Herefordshire Council's Joint Commissioning Manager for Learning Disability acting as Deputy SRO.

It is proposed to achieve approval of the TCP Plan from the key governance bodies during May 2016. The governance provisional timetable is as follows;

Cabinet Member, Adults and Wellbeing	4 May 2016
Joint Commissioning Board	16 May 2016
CCG, Quality, Performance and Finance Committee	17 May 2016

The TCP Project Board has identified five key work streams to focus its initial priorities;

- Commissioning, lead by Ewen Archibald, Herefordshire Council
- Operational implementation (to include Risk Registers, CTRs and key working), led by Ree Jefferies, 2gether NHS Trust
- Engagement and Co-production, Led by Lynne Renton, Herefordshire CCG
- Finance and Investment, led by John Filsell, HCCG and Graeme Trott, HC
- Workforce, Led by Karen Hall, Aspire

Each of these work streams will be taken forward jointly by multiple organisations to ensure that this Transforming Care Plan is refined and implemented.

It is recognised that the existing partnership is challenged by the small scale of its project footprint and the population in scope. It is pursuing opportunities to partner with one of its neighbouring areas and NHSE has indicated a preference for Worcestershire to be in a partnership with Herefordshire. Once a wider partnership arrangement has been agreed, the Herefordshire TCP Project Board and this draft plan will be reviewed with a view to appropriate

merging with others.

Describe stakeholder engagement arrangements

The Partnership starts from the presumption that all patients/service users in placements or at risk of hospital placement can be involved actively in decisions around their own support. It is also presumed that all families can be involved similarly and can also play a part in shaping the transforming care programme, challenging and redesigning services. The Partnership is approaching engagement with patients and family carers in three main ways;

All families will continue to be engaged in planning and reviewing the patient's care and support and an early review discussion in each case will identify how this might be extended. Secondly, Families of all patients/service users are invited and supported to attend a workshop to share experiences, hear about the local TCP Plan and air concerns and ideas. They will be encouraged to meet on a regular basis periodically. Furthermore, two or three individual family carers will be supported to join the TCP Board and its working groups In addition, one of the TCP key provider stakeholders, Aspire has identified a learning disabled member of its senior management team to act as an expert by experience within the team. He will be involved in supporting the family workshops and contribute to working groups as well.

Children's wellbeing, CAMHS and community children's services have established programmes of engagement with parent carers of disabled young people with mental health or behaviour needs. The alignment of these with the proposed approach to TCP is now being reviewed and agreed. The potential for parent/carers to join with the proposed wider network of families of adults including at workshops is being explored. There is also potentially valuable networking to be achieved via the extensive engagement work through the Families First initiative.

Until March 2016, engagement with patients, service users and family carers has focused on ensuring their comprehensive and meaningful participation in CTRs and other reviews and assessment of need in the context of Transforming Care. This has been the approach to CTRs carried out to date with people in hospital placements. Social care and community health practitioners assess and review in a similar way. Experts by experience naturally feature in the CTRs conducted to date by Herefordshire CCG and this will continue as these move to a six monthly schedule and for new CTRs for those in the community.

The TCP Board has decided to use some of the implementation funding provided to it to establish some dedicated staff time to support engagement and co-production. A co-ordinator is expected to be in role during April 2016

Herefordshire's Autism Partnership Board has consolidated representation of people with lived experience and is offering increasing challenge to statutory bodies and providers. There is planned engagement with this Board in relation to Transforming Care and expectation that people with lived experience of Autism will join the TCP Project Board and its working groups. The Partnership Board chair, herself a person with Autism and a carer has agreed to help facilitate a discussion around the TCP programme at its next meeting on April 19th.

The engagement strategy will be linked as far as possible to the refresh and re-launch of Herefordshire's Learning Disability Partnership Board, commencing in March 2016. At its recent meeting, the Board discussed the proposed engagement and communications approaches within Transforming Care and the potential alignment with its own development. It is planned to convene a regular providers' forum specifically for transforming care to

commence in May 2016 to enable in depth discussion and comment on plans and options. The forum will be expected to have a particular focus on workforce development and quality assurance.

A communications plan is being prepared for the consideration of the TCP Board to support the specific engagement proposed and connect it to the promotion of wider public and stakeholder awareness of Transforming Care and of the principles, challenges and opportunities involved. The plan will be co-ordinated by the engagement lead officers for the council and CCG and involve experts by experience. TCP will also be included specifically in the "Big conversation" consultations between Herefordshire council, its partners and local people around the changing role and shape of public services. Consideration is being given to providing opportunity for Health Overview and Scrutiny Committee to review the Plan and progress towards its implementation. The Committee's programme is booked until September 2016, so November/December 2016 is the likely timetable for a report.

Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers

It is intended to consult and engage with patients/service users and families on this plan through the proposed families' workshops and through individual CTRs and other reviews. People will have opportunity to challenge and shape the programme and the design of services. This will enable specific engagement with the Partnership Boards for Autism and Learning Disability and Herefordshire's Making it Real group around the plan and its subsequent implementation, where their ideas and challenges can be incorporated tangibly. Co-production opportunities will also be extended to groups representing disabled children and their carers, as well as families linked to the Families First programme. The TCP communications plan will support wider consultation to facilitate co-production via questionnaires and online surveys of opinion.

The TCP Board has established a working group to take forward co-production and engagement. Around four experts by experience are being invited to join this group and/or the TCP Board itself to help support and drive the co-production approach. Workshops will also be held of professionals working with children and adults with learning disability or autism to generate and test ideas. As plans are implemented, families and other stakeholders will be engaged directly in considering commissioning and de-commissioning proposals. Wherever possible disabled people who are within scope of Transforming Care will also be engaged in co-production discussions. As a minimum, views and outcomes from their engagement in decisions around their own care and support will be documented and reviewed as to any wider learning to be taken.

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

Herefordshire – please see appendix

2.Understanding the status quo

Baseline assessment of needs and services

The table below shows the population of learning disabled people known to GP practices in Herefordshire.

Age group	NUMBER of people known to GPs as having a learning disability	NUMBER of people known to GPs as having a learning disability who have complex or profound learning disabilities	NUMBER known to GPs as having a learning disability who also have an Autistic Spectrum Disorder
Aged 0 to 13 inclusive?	18	5	3
Aged 14 to 17 inclusive?	27	14	11
Aged 18 to 34 inclusive?	306	184	64
Aged 35 to 64 inclusive?	481	231	45
Aged 65 and over	103	57	3
Aged 0 to 17 inclusive and recorded as being from an ethnic minority?	3	4	
Aged 18 and above and recorded as being from an ethnic minority?	16	7	

(LDSAF Herefordshire 2015)

Applying a prevalence rate of 1.8% of total population, it is estimated that around 3,500 people in Herefordshire could be regarded as learning disabled. Of these approximately 715 would be expected to have moderate or significant disability and so may be known to specialist services. 595 learning disabled people are known to Herefordshire council's Adults and Wellbeing directorate. Of these;

- 528 are aged between 18 and 64.
- 67 are aged 65 or over.

There is no reliable data as to actual numbers of people with an autistic spectrum disorder living in Herefordshire or registered with GPs. UK prevalence models offer very divergent population estimates. Some authorities suggest around 1.1% of adult populations which would indicate that approximately 2,100 people with autism live in Herefordshire. In comparison with learning disabled people, this group is less likely to be known to GPs or particularly to social care services. In 2015, 107 adults with autism were known to meet social care eligibility criteria, of whom 89 were also identified as being learning disabled. There is a general lack of specialist care and support services for people with autism who are not learning disabled.

Data as to numbers of children and young people with learning disability and/or autism is being analysed in order to clarify the population potentially at risk of specialist hospital placement or otherwise in scope for Transforming Care.

Analysis of inpatient usage by people from Transforming Care Partnership

The number of people currently in hospital placements remain very small in Herefordshire and are now reducing.

There are two adults who are currently inpatients, funded by NHSE specialised commissioners in out-of-county facilities. One of these will be eligible for dowry funding.

Thereare no children in NHSE funded hospital placements

There are seven adults in secure placements funded by Herefordshire CCG in out of area settings. This number is scheduled to reduce to five by the end of April 2016. Of these five, two are understood to be eligible for dowry funding.

There are no children in secure placements funded by the NHSE

There are no specialist hospital beds in Herefordshire of any description in scope for TCP.

Describe the current system

Currently, Herefordshire has a small number of patients placed in hospital type settings (those funded by CCG). However, this is above the new targets for its population size. The number of NHS inpatients is within the target range of up to 20 per million population. Some people have remained in placements for long periods. The CCG has ensured fully appropriate use of CTRs for the current placement population and is now working with the local authority to broaden that practice to meet new TCP requirements, particularly in the community.

The county does not yet have an appropriate range of community based accommodation and wrap around services to support people stepping down from CCG or NHSE funded placements. It has no local bed based crisis capacity. The anticipation of and intervention in crisis in the community, whilst sometimes effective, is not coordinated or sufficiently resourced to generally prevent future hospital placements.

The approach to identifying and understanding the needs of the different cohorts of people within the scope Transforming Care is as follows.

- Those whose behaviour presents significant challenge, whether arising from a mental health condition or not are at greatest risk of hospital admission and their needs are best understood. They may be in hospital placements currently and so need transitional planning to ensure that they can be supported in the community. Others are in residential or community placements within and beyond Herefordshire and may be at specific risk of a placement in hospital. Numbers are estimated as follows;

    - NHS inpatients
        - 8 patients in CCG funded placements, with up to 3 discharges planned
        - Up to 21 people in residential, nursing or supported living placements at specific risk of escalation leading to hospital admission.
        - Numbers of those living in the community where there may be some potential risk of escalation towards hospital placement are being reviewed currently.

- The cohort of people displaying risky behaviours alerting the criminal justice system are likely to overlap in some cases with the first two groups and so may be receiving

intensive support via some form of placement. Others with lower levels of disability need will require assessment in the community and behaviours such as fire setting or sexually aggressive behaviour will be identified quickly for professional review or CTR. Numbers in this more dispersed group are being reviewed currently.

- People who have been placed in institutional care for long periods are likely to have originating needs of some complexity, overlaid with behaviours associated with institutionalisation. They often express reluctance and anxiety concerning possible changes to placement and/or returning to community based support. There are several Herefordshire individuals who have been living in CCG funded or residential/nursing placements for more than five years. There are no children or young people who have been in any hospital related environments for anything approaching that duration.

- People with low level support needs which may have gone undiagnosed or assessed by professionals but whose challenging behaviour brings them into contact with criminal justice agencies. This group is potentially large in number and may be challenging for social care and health commissioners to identify. Children in this category are likely to be known to the local Families First initiative and the Partnership plans to work with Children's services to also identify adults from troubled families who may require intervention. The emerging Integrated Community Management and Integrated Offender Management programmes in Hereford City also provide an opportunity to identify disabled people engaging in risky behaviours. This involves joint working with the police, council and voluntary organizations.

The current system of support for people with learning disability or autism and mental health need or challenging behaviour is based on clinical and social work assessment and interventions in the community. These then rely on a network of traditional social care placements and services locally of varied quality and on external specialist services and inpatient admissions. This circumstance is a product in part of Herefordshire's small population, very rural geography and isolation from major centres, as well as limited resources.

2gether's Community Learning Disability Health Team makes use of the Positive Behaviour Support model as well as other clinical interventions and offers training to providers' staff groups and families to embed preventative work with people. Individual clinicians and others can be effective in anticipating, preventing and managing crisis in peoples' lives. However, this work is not resourced specifically and is balanced with many competing demands on professionals' time. There are no dedicated crisis prevention or support services in the community and no crisis beds available locally. Because people in Transforming Care cohorts are dispersed widely outside Herefordshire, this challenges resources and logistics in reviewing support plans and planning alternative, lower intensity solutions.

Commissioners are reviewing the specialist community health services provided by 2Gether Trust. This will encompass the role of and balance between different specialist mental health disciplines' support for people with learning disabilities. There are challenges to resolve in relation to lone working practitioners and how the development of new crisis prevention and intervention capability will affect the balance of the community team and its workload.

Herefordshire council contracts with a number of different providers of learning disability services, including 2gether NHS Foundation Trust. The relationships with providers are evolving as services are redesigned and re-procured. There is a local presence of national and larger regional providers as well as a growing network of Herefordshire voluntary organizations. Commissioners are confident of attracting to the county more small and middle

sized providers of learning disability services, notably for people with behaviours which challenge.

Too many learning disabled people are placed in residential care, including those placed outside Herefordshire. Whilst there has been a move towards more supported living placements, this needs to be accelerated and specific plans are in train to provide transitional accommodation routes for young adults. An increasing proportion of learning disabled people in residential care is aged over 60 with escalating needs.. Increasingly, learning disability care markets, notably for daytime opportunities and domiciliary care will be challenged by commissioners to compete to provide more economic and consistently good services.

Herefordshire benefits from having a single local authority co-terminus with a single CCG, commissioning services from one acute and community provider and one trust offering mental health and learning disability services. The council is a unitary authority with responsibility for strategic housing, as well as adults and children's social care. The Adults and Wellbeing Directorate of Herefordshire Council has lead responsibility for commissioning for learning disabled people as a user group, including NHS community services and specialist mental health provision. Herefordshire CCG has oversight of key services for Transforming Care user groups through its complex care commissioning and direct management of CHC assessments and processes. Services for children with complex needs are commissioned jointly between the CCG and the council's Children's Wellbeing Directorate under a s75 agreement. Whilst there is a rich history of shared staffing and resourcing through partnership agreements, s75 partnerships are currently in place for adults only in relation to Better Care Fund

Social care commissioners are making decreasing use of block or strategic contracts and expect some care markets to respond to the gradual proliferation of personal budgets and direct payments.

What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

There is no specialist bed based or other services in Herefordshire and so no associated estate offering potential for re-use or generation of capital receipts. The council is generally asset rich, with significant land holdings around the city of Hereford and in rural parts of the county. In a broader economic development context it is developing innovative approaches to using its land assets in joint ventures with developers to deliver new housing, community and commercial opportunities. These can potentially incorporate new housing and facilities for people with learning disabilities or autism.

Whilst potential flexibility to re-use or dispose of any properties within the wider NHS estate locally are being reviewed in the context of Transforming Care, that potential is thought to be very limited. In any event, such property will be in the control of Prop Co so the prospects for release of capital are unclear. In the context of a medium term programme of recommissioning residential short breaks for disabled children, the potential will be reviewed for re-using or releasing existing sites. The wider availability of land assets in relation to specialist children's services is very limited.

There is some opportunity to review properties operated by the wider learning disability social care sector, including those in the council's ownership. However, this is more likely to be to re-use for specialist purposes, rather than to generate receipts and these require a long view to be taken.

Adults Wellbeing commissioners have excellent relationships with the county's major housing

providers, built upon large scale, multi faceted partnerships. They are also developing relationships with housing providers willing to support higher risk schemes and user groups, which may be beneficial in implementing community based support within Transforming Care. The council is part of a loose partnership network including the six housing authorities in Worcestershire. In developing partnership approaches with housing providers and potential investment, the potential for a joint approach across Worcestershire will be considered.

The council is developing a new menu of housing with care options for learning disabled people and is planning in depth engagement with people and their families in spring 2016. This will lead to commissioning and assigning/re-allocating properties from later in 2016, although some homes will clearly take years to be ready for occupation. The model options include some providing high levels of support consistent with TCP and also those which give families control over the care and support provided. Currently, the progression of these priorities is assisted in Herefordshire by strategic housing and learning disability and mental health commissioning sharing a single management structure within Herefordshire council.

What is the case for change? How can the current model of care be improved?

The change of the current provision in Herefordshire towards the standards and practice of Building the Right Support will be guided by the TCP Project Board and strategic commissioning. However, it will be driven by consistent and dynamic assessment and review practice, embracing the culture and standards of CTRs and deploying a wider set of skills to ensure effective and responsive support planning. There will be strategic focus on planning the right pathways for people away from crisis and hospital care and towards supported and sustainable lifestyles. This will enable risks and escalating needs to be prevented and managed. Services will then be commissioned around those pathways.

The watchword of assessment and review and of strategic commissioning will be personalisation, so that individual's needs are understood holistically and risks are identified proportionately. Services will be commissioned to provide greater diversity overall and optimum flexibility to build delivery around the individual and interconnect with wider social care and universal services to promote inclusion and sustainability.

Planning and resources will be directed to effective anticipation of needs escalation so that pre crisis interventions can be applied appropriately and in time. This will be central to admission avoidance planning for individuals and across key cohorts and will utilize positive behaviour support as well as other interventions.

Investment is required to consolidate and greatly extend existing crisis intervention capability in the community. This needs to function as an extension of admission avoidance and earlier intervention work ensure credibility and engagement. Workforce considerations will be crucial in commissioning crisis intervention. Consideration is required as to how bed based crisis support will contribute to admission avoidance, alongside community responses and how the utilisation risks attached to such services can be managed.

A new strategic approach is required to children and young people in scope for TCP, in conjunction with existing transformation work redeveloping the placements market to improve local availability of foster care and specialist support. The focus will be on establishing locally an effective mixed economy of specialist foster placements, respite and short breaks for different levels of need. This will complement the consolidated programme of support and intervention for troubled families which aligns to the TCP cohorts at longer range risk of escalation and admission. All these strands of strategic commissioning work are essential to

be able to sustain the present avoidance of inpatient admissions and support in the community those disabled children with challenging behaviour or mental health need.

In developing viable community based solutions for people transitioning from or avoiding admission to hospital, a diverse menu of support and community engagement will be essential. There is good potential for this across a number of current initiatives;

New curriculum opportunities for young people with learning disabilities or autism
The success of the Families First programme
A new approved provider list of daytime opportunities for people with learning disabilities
Proposed pilot projects around Individual Service Funds
Promoting Independence initiatives

Alternative housing options which are affordable, flexible and credible to families and providers which will be central to the success of prevention and admission avoidance as well as bringing people out of hospital into the community. These will take time to realize in full but immediate solutions are already being identified for some individuals. An important focus is on accommodation for young people transitioning to adulthood and the proposals for transitional housing and short breaks/skills for daily living need to provide for young people at risk of escalation and/or hospital admission.

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

Please see appendix

3.Develop your vision for the future

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

Strategic commissioning plans and design of specific services will be informed by a growing culture of co-production, led by experts by experience and involving families of patients and service users at all levels. All individuals will have their needs identified within the two cohorts at highest risk, with personalised plans in place to sustain them in the community. This will be supported by good patient and family engagement. Clear pathways to identify and manage people's needs will be effective, regardless of entry point and allow people to move between pathways and benefit from customised and personalised solutions.

Established protocols for pre-crisis intervention and avoidance of admission, through sufficiently resourced teams, utilising Positive Behaviour Support and other models.

Proactive and responsive crisis intervention by versatile experienced teams engaging effectively with families, providers and people themselves. Deploying crisis beds only where necessary and managing utilisation risks in partnership. This approach and the resources supporting it will be seen across both adults and children in the key cohorts.

Processes and engagement with disabled children and young people will be designed to identify those at risk of escalating behaviour and mental health need at an early stage through individual support planning and crisis intervention agreements. This will integrate seamlessly with the Families First initiative and the re-shaping of the placements and foster care market. The transition of young people in placements or at risk of admission will be managed from age 14 through the newly designed transition pathway, to ensure its integration with TCP pathways for people with autism and/or learning disability. This will encompass clinical intervention, along with establishing stable home, social life and access to education, training or employment.

A skilled specialist workforce appropriately resourced and qualified and with capability to apply Positive Behaviour Support and other models co-produced with families and providers. Training, mentoring and other support to manage needs, de-escalate and anticipate crisis to avoid admissions. Building the skills of a diffuse workforce across many different agencies through accredited training and education. This will link to disability champions in all major social care and health provider workforces, connecting to individual equality action schemes of individual employers. Following a proposed review of the employment of people with learning disability or autism across the health and social care sectors, there will be an agreed action plan with targets for the supported employment of individuals.

Significantly fewer people in CCG or NHSE funded beds, within the TCP targets for population. Implementation of high quality CTRs and support planning to bring people out of hospital to ensure they can be supported in the community. The initial targets will be for one place in inpatient hospital placements and three people in CCG funded placements.

Many more learning disabled people and people with autism living in supported housing with different models for delivering care and support, including those with significant challenging behaviour. They will be supported by new partnerships between housing providers and providers of personal support, utilising a variety of models of tenure and care delivery. People will be have access routinely to a range of curriculum, employment and/or other daytime opportunities.

There will be notable improvement in the quality of care for people with challenging behaviour or concomitant mental health need through improved prevention and crisis intervention and investment in the skills of the workforce. There will be improved quality of life for individuals affected through support to manage their needs and avoid escalation and packages of care which are genuinely personalised. Many more people will be living in their own home and with access to community and universal services.

Whilst reliance is already low on inpatient placements as such, there are expected to be significantly fewer people in any form of NHS funded specialist placement out of area

How will improvement against each of these domains be measured?

The Herefordshire TCP Board will adopt an integrated approach to measuring the quality of care provided to different cohorts of people. This will include some form of quality checker scheme, various measures of personalisation and other elements to be agreed with NHSE. These will be informed and captured by engaging and recording the wishes and choices of individuals and their families.

The TCP Board will embrace the proposed new Assuring Transformation dataset from NHSE in evaluating reduced reliance on hospital placements. However, the very small numbers

involved from Herefordshire will be easy to track and evaluate.

The Health Equality Framework is already used extensively across 2gether Trust's operations including within the Community Learning Disability Health Team. The headline data and use of indicators for the team is now being analysed to see how it can be customised and applied to a wider set of services and interventions under Transforming Care. .
In the context of these various models, a proposed basket of indicators is now being reviewed for more detailed discussion with families and experts by experience. This will be taken forward through the family workshops and engagement with the Autism and Learning Disability Partnership Boards and elsewhere. The proposed indicators are as follows;

General;

- Levels of qualification generally among provider and support workforce
- Care and support staff for children and adults with specific TCP training
- Social work and community health staff with specific TCP training
- Families and patients/clients supported and training in TCP and engagement
- Number of people with Personal budgets and integrated personal budgets
- Number of people with Personal health budgets or direct payments
- Number of people/packages of support using Individual Service Funds
- Access to short breaks and high intensity respite for children, transitioning young adults and adults
- Evidence of every individual having meaningful involvement in their reviews, support planning and decision making.
- Numbers of people with completed and relevant mental capacity assessments

Reduced Reliance on Inpatient provision

- Timely completion of CTRs for all adults in placements and all at risk of admission.
- Timely completion of CTRs for any children in hospital and those of risk of admission
- Regular pattern of professional meetings to review those children and adults at longer range risk of escalating need and future hospital admission.
- Frequency and appropriate completion of blue light CTRs
- Inpatient numbers for children and adults, analysed by trends and by 1,000,000 population.
- Numbers of adults on risk registers with up to date monitoring.
- Numbers of children on risk registers with up to date monitoring
- Numbers of disabled children and young people as part of the Families First programme who are in scope for TCP.
- Numbers of people with up to date person centred support plans
- Numbers of people with crisis prevention and intervention plans
- Numbers of people with appropriate DoLs assessments, authorisation and documentation.
- Numbers of people and families with named key or liaison workers.
- Numbers of people eligible for s117 funding
- Numbers of beds per 1,000 population for mental health assessment and treatment
- Numbers of crisis beds for TCP or mental health crisis per 1,000 population.
- Numbers of beds for medium term neurological rehabilitation per 1,000 population
- Numbers of people returning to their former home and/or education or employment following a crisis or period of admission.
- Numbers of disabled children with challenging behaviour or mental health needs in specialist foster placements, analysed by trends and geography.

- Numbers of disabled children in specialist residential care or 52 week educational placements, analysed by trends and geography

Improved experience for people

- People having meaningful engagement in decisions around their lives and support
- People having access to appropriate and/or supported access to education and training
- People having access to sustainable employment
- People in settled, safe and accessible accommodation
- People having regular contact with family and social networks
- People being supported to fulfil any particular spiritual, religious or cultural needs
- People being able to take up activities, facilities and services in their local community.
- People being supported by consistent and stable staff group with access to a named key worker.
- People being supported to avoid engagement in criminal, antisocial or risky behaviours

Improved Health Outcomes

- People being safe in their home and community
- Numbers of safeguarding incidents and concerns relating to individuals and services
- Numbers of people receiving an annual health check
- Numbers of people receiving support and intervention around nutrition and healthy eating and other lifestyle factors
- People with learning disability and/or autism having regular access to primary care, supported by reasonable adjustments.
- Disabled children having regular access to primary care and health review supported by reasonable adjustment
- Number of people eligible for CHC and receiving via direct payments/pre paid accounts.
- Numbers of people having timely and appropriate access to mainstream secondary healthcare services without significant input from specialist professionals
- Numbers of people having appropriate and timely access to mainstream mental health services under the greenlight procedures.
- Numbers of people not known to specialist services identified by mainstream health services as requiring a reasonable adjustment.
- Numbers of people requiring and having in place a healthcare action plan
- Numbers of disabled children and young people with behaviour or mental health needs having regular clinical review from a paediatrician.

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.

The TCP Board will review the core principles underpinning its plan as this is revised and extended in the period to April 2016. However these currently include.

- Understanding the needs of individuals, cohorts and the whole population in scope
- Identifying the factors in escalating needs to promote prevention and admission avoidance
- Engaging with every family and transforming services by way of co-production and wider consultation.
- Embracing de-escalation, crisis prevention and management

- Identifying risk of needs escalation and possible admission in childhood
- Ensuring seamless transition to adulthood and easy movement between pathways
- Personalisation and person centred support planning promoting stable and sustainable lifetsyles for individuals.
- Driving change from in bed to community based local living and support
- Providing a range of accessible, affordable and flexible housing options
- Building a trained, supported and effective workforce
- Timely and appropriate access to healthcare through reasonable adjustments.
- Challenging and reshaping the local market to promote quality and diversity

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

Please see appendix

4.Implementation planning

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

Overview of your new model of care

The following is an overview of the proposed new model of care

There will be an integrated approach across health and social care to identifying people and their needs across the five Transforming Care cohorts. This will be supported by risk register/s established in accordance with NHSE guidance. This work and other operational and commissioning work streams will be co-ordinated as part of a single project through the TCP Board.

CTRs will be established and managed on a 6 monthly cycle for all cohorts currently in placements and those at specific risk of a hospital admission. A professional led review process following similar principles to CTRs will be implemented for other cohorts where the focus is on prevention and pre crisis intervention. All reviews will be linked to updating and monitoring of risk registers and will directly inform the support planning process for individuals. Training and/or mentoring for social work and community nursing and psychology staff is intended to help extend the number of practitioners able to lead and contribute to CTRs and professional reviews. Support and any training for families will also highlight the role and process of CTRs to promote family carer participation in decision making and planning of support.

Reviews and support planning will be managed in collaboration with providers and families. The patient/service user and their family will participate in reviews and support planning in the most appropriate way in light of individual needs and circumstances. An audit of social care packages of support for those on the risk register is due shortly to confirm whether all are utilising personal budgets and action will follow to ensure that they are. Further work will be done with families of those receiving support in the community to optimise take up of direct payments. The local authority is rolling out the use of pre paid card accounts for all direct payments, across user groups. Herefordshire CCG is implementing through the CSU a phased introduction of personal health budgets in relation to CHC. From April 2016, PHBs will be offered to all people with learning disability and those with autism and their families. The council and CCG need to devise ways of persuading families to consider the benefits of personal budget control as take up for learning disabled people has been very slow in the county. This owes a great deal to the difficulties in recruiting care and support staff in Herefordshire and the additional costs of travel.

Detailed care pathways will be devised for specific cohorts including those currently in placements, those at specific risk of placement and people not known to specialist services but engaging in risky behaviours. Pathways will be aligned to quality/clinical indicators and budgets and will be guided by the CTR/review process and individual support plans. There will be alternative entry points for each pathway.

Community services will be redesigned to offer specific pre crisis interventions to de-escalate challenging behaviour and prevent crisis or future admission. This work will utilise accredited behaviour management models, including Positive Behaviour Support. People at risk of escalation will be monitored via reviews and risk registers and identified through a combination of their core needs profile and some volatility in their life or care environment.

Children and young people with behaviour or mental health needs where there is risk of breakdown of a placement or family care will be reviewed, along with engagement with the family to assess risk of escalation towards future hospital placement. This may then be followed by entry on to the risk register and regular CTRs or professional review, depending on the level of risk. This will need to be supported by the development of more “in area” specialist foster placements and targeting of intensive short breaks to young people in scope for TCP.

The success of the local Families First initiative will be studied, in part to establish procedures for assessing and identifying those young people and parents who may align with one of the TCP cohorts. Also, the potential to adopt similar criteria and approaches to adults engaging in risky, criminal and anti social behaviour will be explored. This may link to the Integrated Community Management programme in Hereford city and the integrated offender management scheme.

A new community based crisis intervention capability will also be commissioned to complement the pre crisis strategy work and wider work of community teams. This will provide rapid response to escalating behaviour in the home environment or placement setting. It will draw on multidisciplinary skills and various behaviour models, but with an emphasis on managing the situation and communicating with all parties including the disabled person and their family. This service will also complement any bed based provision when that is developed.

Access to a small number of crisis beds is envisaged with capacity to meet the needs of Transforming Care cohorts. This service might be located within Herefordshire or in partnership with a neighbouring authority and located near the border. Clinical expertise from

the community based crisis response would support the bed service, particularly if this is sited in county. This approach will need to be supported by additional funding, on a revenue basis for clinical and care support and via capital funding for development of the bed capacity.

New intensive supported living services would be developed locally to support people transitioning from specialist NHS funded placements and those with complex needs at risk of hospital admission. This would link to the current learning disability housing options project which is in development, along with respite and transitional residential care for young adults. It is hoped to attract a wider range of specialist providers to help deliver these services.

Wherever possible, people in intensive supported living settings would be enabled to take up universal and community wellbeing services and supported into employment and education. This approach would be facilitated by appropriate risk management and input from primary and secondary health services along reasonable adjustment principles.

The model of care would need to be supported by a workforce across sectors which is trained and enabled to provide safe, proportionate and high quality care. An appropriate quality assurance framework is also essential to support a diversity of services for different cohorts of people. This will be consistent with NHSE' requirements for measuring outcomes which are detailed at section 11.

What new services will you commission?

Commissioning new services will depend on access to resources. In Herefordshire this will rely to some degree on external and transitional funding given the limited potential to decommission specialist services. All options will be explored to release spending from existing packages and outmoded service models in the wider care market, but there will be many factors complicating this endeavour. Early on, commissioners will need to confirm how the proposed merger with Worcestershire TCP will work and look to join up thinking on commissioning to fill identified gaps in services.

There is need to redesign and invest in clinically led and integrated community services which can identify and intervene to avoid crisis. This will augment the work of the existing community learning disability health team and social work teams. Consideration will also be given to how key clinical services are delivered in the community more generally for people with learning disabilities or autism. This will include the balance between direct work with patients and training and mentoring for other professionals and the role of lone working practitioners. This work will need to consider the relationship between the current services delivered by 2Gether Trust locally and its much more substantial portfolio of specialist provision in Gloucestershire.

There will also need to be additional (and to some degree, separate) capacity to respond to and manage crises when they occur, so as to avoid hospital admission and return people to stable supportive lifestyles. This will focus on fieldwork in the community but will consider the option of a small crisis bed capacity, possibly jointly commissioned on a cross border basis.

New housing related supported provision will be commissioned, utilising different models, both of build and management of care. The priorities will be to support people coming back from inpatient and out of area placements and young adults transitioning from college and other placements. Social care commissioners are already working alongside housing development officers to develop proposals and discussions are being orchestrated with key housing providers.

Over time, there may be opportunities to commission new support at primary prevention level to deter progression of behaviour needs among people not known to specialist services. In the first instance, the focus will be on working with existing parallel initiatives.

Herefordshire CCG is in the process of designing a new diagnostic pathway for autistic spectrum disorders. In so doing it will take note of the recent review of similar provision in Worcestershire and consider how assessment and support for people with autism will need to follow. The Autism Partnership Board will provide challenge and a critical friend perspective to the development of commissioning for this user group. The council and CCG are currently developing an outline commissioning strategy for autism.

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

Over time CCG commissioners expect to purchase fewer specialist out of area beds, as people are brought back to community based support packages in Herefordshire. There is the obvious intention to move to a point where no crisis or unplanned admissions are made to any category of specialist or institutional care, whether for children or for adults. The local authority will seek to reduce as far as possible external residential and nursing care, supporting people with concomitant behaviour or mental health needs. However, this will be a gradual process as credible local alternatives are developed over time and recognising some specific factors for individuals and in the current market;

- The majority of people in scope whose placements are funded by social care are located within a short distance of the Herefordshire border and may be nearer to their family home than some potential placements within the county.
- For many people, their needs are well met and behaviour challenges have reduced significantly. Often the individual and their family are very happy with the current placement, with professionals highlighting risks of change or relocation.

Children's commissioners will work with the TCP Board to identify how far decommissioning of services as part of its wider transformation of disabled children's and other services will relate to or release resources for Transforming Care.

Wider changes in the learning disability care market are likely to be associated with the period of implementing "Building the Right Support", engendered in part by increased use of personal budgets etc. These may include reduced reliance on residential care generally and retreat from large scale contracts for supported living or daytime opportunities.

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

There is a need for fieldwork services which assess, review and/or case manage people's needs to work in a different way. In identifying risk or responding to an escalation of need, social work staff will be developing a longer range view of risk of future admission and minimise the necessity of short term change in preventing that. Community health professionals will be evolving the capacity to respond and work at pace to manage escalation and future crisis. All professionals will find themselves working more often and more closely with families to agree immediate decisions about care and support and the broader trajectory of the patient/service users lifestyle and support.

Proposals for pre crisis prevention work and community based crisis management would have some impact on the existing Community Learning Disability Health Team operated by 2gether

Trust. The team already contributes to practice in this area, within its limited resources. Additional investment would provide potential to augment the service's work particularly for the specialist mental health professionals in the team. There will be opportunity to review and promote various models of behaviour intervention and think about the shape of services.

Herefordshire's social work provision for learning disabled people and people with autism has been reconfigured so that it will be undertaken either by general locality teams or complex care teams. Transforming Care cases are likely to be handled as complex care. If the crisis prevention and admission avoidance capability is to be developed, the role of social workers within it will need to be considered.

Health and social care services working with adults may need to learn from and respond to the experience of the Family First programme and local integrated initiatives in identifying and supporting wider cohorts within Transforming Care. Commissioners are likely to connect this to development of wellbeing and primary prevention capability in the community, as well as core health and social work community teams. Children's services will be supported to become more aware of the TCP agenda and to identify those young people requiring more bespoke review and support. There will need to be a sharing of cultures of crisis prevention and management, generally as well as for those young people in transition to adult services.

Thinking about supported housing for people with behaviour needs is already shifting within the council. The starting point will still be general needs housing with only rare cases indicating special build requirements and an approach perhaps through exempt rents. The change will be felt more in the models of care delivery and the location of housing, especially for those coming back to community living from hospital placements. In particular, there will be a focus on putting care quality and management partly in the hands of families, in partnership with support in the home and any clinical interventions.

Describe how areas will encourage the uptake of more personalised support packages

Herefordshire council makes widespread use of personal budgets in planning and contracting for social care support for adults. The initially significant growth in use of direct payments across all user groups, has now reached a plateau. The authority is currently reinvigorating its drive to maximise direct payments for adults and developing a comprehensive programme for disabled children and their families. This will also be consistent with the Adults and Wellbeing blueprint for social care prevention and support which seeks to rebalance the demand for professional services with community and family based support and primary prevention.

New ways are being sought to address the reluctance of families of learning disabled people which often arise from over complex processes and problems with recruiting personal assistants. The council will continue to introduce a personal budget approach to packages, even where residential care is involved and direct payments as such may not be applicable. The council is likely to utilise pre-paid card accounts with all new direct payments and this offers many benefits to disabled people and their families.

Herefordshire CCG in partnership with the CSU is about to launch the next phase of its Personal Health Budgets(PHB) programme and 2016-17 will see all people with learning disabilities and/or autism offered a PHB

Integrated individual budgets across health and social care have not so far been adopted in Herefordshire. However, the council and CCG are ready to adopt an open book approach to

funding the Transforming Care programme and redesigning services and this would presumably be consistent with integrated budgeting. It seems most likely that integrated budgets would be piloted first for young people in transition from children's to adult services, given the impetus provided to this by the Children and Families Act 2014. Every child transitioning to adult services who is entered on to the TCP risk register will have a comprehensive education, health and care plan, ensuring appropriate family engagement and crisis prevention and support.

Herefordshire council is interested in exploring use of Individual Service Funds for learning disabled people and is in discussion with voluntary organisations and experts by experience about how this could be piloted on a small scale. The focus is particularly on finding new solutions to service challenges in very rural areas.

What will care pathways look like?

The partnership recognises that a care pathways approach will be valid in implementing Transforming Care and that pathways need to evolve beyond patient journeys to encompass clinical elements, along with quality indicators and budget alignment. The TCP Board's working groups on operations with experts by experience will develop pathway proposals in consultation with commissioners, which will then be shared, challenged and refined through co-production with families and providers.

Key principles and components of care pathways to be adopted will include;

- Person centred approaches resulting in personalised outcomes for individuals
- Pathways arising from genuine co-production, starting from the actual experience of patients, service users and families.
- A shared vision of how effective multidisciplinary working will work for these user groups/
- Resources and budgeting which is built around the individual and then services follow
- Pathways clearly understood and well promoted and communicated online, in print and through networks of disabled people, families and professionals.
- Options which enable and promote aspiration and ambition among people and their families for changing lifestyles.
- Seamless movement between different pathways when needs and circumstances evolve
- Expectation of and drive for achieving reasonable adjustments in health and other services.
- Supporting people to achieve and maintain stable home life and family networks
- Supporting people to sustain education, training and/or employment.

A specific pathway is required for people already in NHS funded specialist placements and this is the first priority so that individual support planning is fully enabled. Particular focus will be on how this pathway is funded, given different statutory funding sources and the dowry concept. This pathway will be supported by the established pattern of CTRs and there are likely to be three distinct entry points to this pathway for;

- Existing inpatients, funded by NHSE specialised commissioners
- People in specialist placements funded by the CCG
- People newly admitted to placements once the programme is fully underway.

A pathway will focus on people at specific risk of placement. Many of these will be in residential or nursing placement so of one kind but increasingly there will be alternative entry points for people living in the community. This pathway will link directly to the use of community based CTRs and professional meetings which are currently being developed and will encompass behaviour management models and other clinical interventions.

There is particular concern about the credibility of a pathway for people with autism, given the absence of many services for this user group. It is proposed to establish autism champions from among patients, families and others to promote awareness of and opportunity for people with autism on any pathway or presenting to a variety of different services. The proposed champion scheme will be developed in discussion with the Autism Partnership Board and with the TCP co-production and engagement group.

A pathway or pathways will be required for people with low level support needs who may not be known to health and social care services. This will have to be broadly focused and allow for multiple entry points and be known and accessible to wide ranging providers and professionals. The existing pathways for disabled children and transition to adult services will be reviewed and developed to ensure compatibility with TCP and management of risk of placement whilst sustaining the essential elements of stable lifestyles.

Pathway planning must operate in the context of commissioning strategy but also help to shape it, not least through co-production processes. Each pathway needs to have review and evaluation embedded within it, allied to a capacity to edit and update pathways without stalling or reinventing whole processes.

How will people be fully supported to make the transition from children's services to adult services?

Herefordshire has developed a corporate approach to managing transition of disabled people from children's to adult services and work is ongoing to tackle the wide ranging issues this raises. This approach has incorporated changing patterns of investment and market shaping, most notably to seek to minimise the export of young people to college and residential placements out of area. In particular, there was no specialist college service locally and Children's Services have now developed a new curriculum for Hereford in partnership with National Star. This has grown to support a wider cohort within two years and there are plans for yet wider developments with local colleges. Intrinsic to effective curriculum planning for 16 to 25 year olds is alignment with transitional housing and accommodation options. The options now being developed include a "student house" model. There are also developments linking accommodation with employment for young adults, including work with a new farm centre promoting rural economy skills, alongside respite and transitional accommodation..

This transformation of transition between children and adults services has included some in depth pathway planning. Pathways for CAMHS, disabled children and young people leaving care will now be reviewed for their consistency with TCP and for their potential to help identify individuals at risk of hospital admission. The plan to establish autism champions will be shared across the transition pathways and developed with children's services.

Investment in transition support is often channelled through CHC funding and there has been a marked increase in the number of 18 to 25 year olds being funded by CHC in Herefordshire. Currently the assessment and allocation of funding and support planning for young people

transitioning to CHC is managed by CHC nurses within the CCG. Consideration will now be given to the feasibility of resourcing and managing a specialist transition nurse to co-ordinate take up of CHC, as is established in Bristol, Birmingham and elsewhere.

Considerable analysis and some soft market work have informed new specifications for proposed transitional housing and residential respite support for young adults. New services are proposed for 2017 and these will help enable wider use of people living in supported tenancies. They would also support an evolving specialist curriculum offer in Hereford.

No individual older young people have been identified within current transforming care placements or at specific risk of admission. However, commissioners are liaising with Children's services Specialised Commissioners to confirm the position.

The established and effective Families First programme in Herefordshire provides abundant opportunity to identify young people entering adulthood who may engage in risky or challenging behaviours. This will become a more specific focus of transitions work during 2016-17, linked to the further development of the TCP risk register.

How will you commission services differently?

It is proposed to take a strategic approach to spending, incorporating an open book approach, with a view to aligning budgets along key pathways. This could be linked to the development of individual service funds and integrated budgets. As part of this work, it is expected to agree a realistic approach to managing Transforming Care dowries, where they apply.

However, within a broad strategic context, it is anticipated that increasingly, decision making about services and investment will be in the hands of disabled people and their families working with frontline professionals. This will be enabled by the extended use of personal budgets and direct payments in social care and the roll out of personal health budgets for all CHC funded individuals during 2016/17. The council and CCG will also work with providers to develop an approach to using ISFs with Transforming Care cohorts, initially focusing on the most rural areas. Most important will be to plan how commissioning and service design will support this proposed shift in impetus and control and promote the lifestyle aspirations of people and their families.

Herefordshire council is evolving a calibrated approach to utilising micro commissioning, alongside block or strategic contracts and this is likely to be applied to Transforming care. This allows a balance to be struck between cost control and flexibility on the one hand and attracting high quality providers and joint investment on the other.

It is proposed to use an outcome based approach to commissioning to be consistent with the evolution of commissioning in this direction adopted by both local authority and CCG. Initially this would certainly avoid directing and controlling providers' detailed outputs and activity and over time, may embrace forms of alliance commissioning or lead provider models.

Work is now underway between adults and children's commissioners to agree the commissioning priorities for disabled young people in the context of Transforming Care. This will also explore how best to take forward co-production in designing new services. Key areas of need which will be in focus include;

- Identifying and responding to escalation of behaviour to minimise admissions and

higher dependency placements.
- Targeting intensive short breaks to young people with challenging behaviour or mental health need.
- The development of the foster care market
- Commissioning to support a SEND pathway for young people from nursery to 25 years

Commissioners will be challenged to find ways to design and deliver services to the TCP cohorts of people who have low levels of disability need and are not known to specialist services. The focus will be identifying people engaging in risky or anti social behaviours bringing them into contact with the criminal justice system. Learning from Families First initiatives and integrated community and offender management schemes will be essential.

Given Herefordshire's population size and limited resources, it may be appropriate to consider joint commissioning projects with neighbouring CCGs and authorities. This is most likely in relation to provision of crisis beds.

As work on engagement progresses, it is intended to engage experts by experience more routinely and substantially in commissioning and contracts management. This would include development of specifications, evaluation of tenders and contract and performance monitoring.

How will your local estate/housing base need to change?

There is no existing estate to decommission in relation to Transforming Care plans as there are no specialist services or beds local to Herefordshire. There is therefore little or no potential to generate beneficial capital receipts to finance investment in new secondary prevention services or supported housing. However, any potential will be fully explored including in relation to disabled children's respite and contracted learning disability accommodation based services which may have run their course. Inevitably, there will be a need for new build accommodation, specifically to enable a limited bed based crisis response and more generally to ensure supported housing is available in the right places. The Joint Commissioning Manager for learning disability has an established partnership with the council's asset management and legal teams to promote seamless approaches to identifying and resolving buildings issues.

Engagement around and subsequent implementation of new housing options for learning disabled people will focus mostly on how care is configured, managed and paid for. However, there will be some need for new build or acquisition and conversion of property and options are being reviewed currently. They may include redevelopment of former sheltered housing sites and exploitation of small sites on the edges of existing developments. Housing development staff are compiling a list of potential sites and matching potential properties via the accessible homes register to key individuals within TCP cohorts. A joint approach across social care commissioning and housing is setting up dialogue with key housing providers, including both major stockholders and specialist housing related support providers.

The Transforming Care Board is very interested in submitting capital bids to support its commissioning plans, particularly in relation to crisis beds and small scale specialist housing developments. It will be looking to bring forward a proposal during 2016. The area is notably disadvantaged by the lack of past investment by the NHS in local specialist services. There is some hope the capital funding opportunity under TCP will prove beneficial for Herefordshire.

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?
There are only three people who have been placed for more than five years and in each case the individual may be significantly anxious about living in the community. There are no children in scope in this respect. The CTR process is critical in managing those anxieties and in people developing new lifestyle aspirations. It will also need to manage the potential for perverse outcomes such as escalating behaviour to prevent discharge. Work is already underway to engage families with the reality of potential discharge and community living.

Identifying housing for only three people is likely to be straight forward notwithstanding the particular needs involved, including physical access which will be addressed through the accessible homes register in the first instance. However, it will be essential to engage with the housing provider carefully, given the risks to transition and the possibility of voids. Housing development officers will begin work on this now and will focus on inducting providers into TCP and selecting the best form of tenure. Enhanced housing benefit is likely to be applicable, whereas on one off schemes for individuals, exempt rents will perhaps not be used.

Similarly, working with care providers will have to balance the financial and personal investment required with the risk of breakdown of the package. The approach will be to work with a single housing provider and a single care provider and the availability of match funding for transitioning people over an extended period will be valuable. S117 funding is likely to be involved in cases and there will be complications in marrying the expectations inherent in this funding source with the TCP approach.

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

- This plan will align with the following plans, documents and approaches currently taking place in Herefordshire.the re-procurement of mental health services for Herefordshire, led by the CCG. There is key cross membership between the project board for that initiative and TCP Board.
- The review and re-procurement of learning disability health services, led by Herefordshire council, via the Deputy SRO for TCP
- Children's wellbeing directorate's CHYPP partnership based transformation of children's services. This includes key workstreams on young people, leaving care, mental health, disabled children and safeguarding which potentially all align to Transforming care. The Children's wellbeing representation on the TCP Board will be well placed to integrate the different schemes and projects
- The Adults Wellbeing directorate Blueprint for a demand for adult social care aligns to TCP in its focus on reducing reliance on long term care by increasing the effectiveness of intermediate care and crisis intervention, and on access to community support and stable lifestyles.
- Herefordshire's Housing Strategy 2016 to 2020, includes objectives for improved availability and diversity of supported housing for people with learning disabled people and for young people in transition.
- The council's growth strategies include plans for joint ventures with property developers which can potentially encompass new developments for Transforming care cohorts.
- The local offer to disabled young people and those with SEN and their families is encompassed within CHYPP (above) and the system wide development of the WISH information, advice and signposting system/hub

Members of the TCP Board or teams reporting to them are involved directly in all of the above programmes and developments, offering significant potential for their ongoing

alignment.

Any additional information

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?

At its inaugural meeting, the Transforming Care Programme Board identified the following areas as immediate priorities for its work plan. People have been identified to lead each work stream and will be supported by representation from multiple stakeholders.

- Engagement, including co-production and communications
- Operational management of risk, CTRs and pathways planning
- Commissioning and redesign
- Workforce
- Finance and investment

Who is leading the delivery of each of these programmes, and what is the supporting team.

Leadership of the above work streams has been allocated initially as follows;

Engagement
Lynne Renton, Herefordshire CCG

Operational Management
Ree Jefferies, Operational Manager, 2gether NHS Foundation Trust

Commissioning and Redesign
Ewen Archibald, Joint Commissioning Manager, Herefordshire Council

Workforce
Karen Hall, Chief Executive, Aspire.

Finance and Investment
John Filsell, Herefordshire CCG Finance and Graeme Trott, Interim Head of Finance, Herefordshire Council

Workforce development

The workforce working group of the TCP Board is undertaking an initial review of the scale and diversity of the workforce in scope for Transforming Care across a range of statutory and independent sector providers. This will inform detailed objectives for workforce development over the next three years. These will also be aligned to the emerging workforce plan within One Herefordshire, the whole system transformation programme. This alignment will allow a

consistent approach with whole system workforce planning in Worcestershire. There will also be broad consistency between the workforce approaches within TCP and the Better Care Fund plan for Herefordshire.

The key objectives and associated action planning will focus on the following issues and priorities;

- Main activity and service areas implicated in TCP; to include, diagnosis and assessment, CTRs and reviews, supported living, de-escalation and crisis management, risk assessment, commissioning and engagement.
- Key employers and their current workforce programmes
- Key gaps in workforce capacity and distribution, by geography and service.
- Skills and qualifications standards required across all staff groups
- Skills gaps and deficits in current workforce cohorts
- Overall training needs analysis, linking to existing corporate and transformation schemes.
- Designing and commissioning core training programmes and identifying resources to implement.
- Identifying, valuing and building upon local workforce wide investment in training in mental capacity and best interests assessments.
- Identifying the knowledge and skills resources among family carers and other stakeholders.
- Setting and reviewing ambitious training and qualifications targets
- Extent and nature of the main recruitment and retention challenges for local employers.
- Devise plan for targeted improvement of recruitment and retention.
- Establish champion or leader roles in each major staff group for Transforming Care and family/patient engagement, including within the voluntary sector.

The TCP Board and workforce development group will seek to identify system based and external sources of funding to invest and enable, including European Social Funding. It will also ensure effective read across to One Herefordshire, Better care and Worcestershire initiatives.

The Board will ensure appropriate linkage with training and development initiatives locally around DOLS and mental capacity and best interests. It will explore potential for partnerships with higher education establishments, including the Universities of Birmingham, Worcester and Bournemouth.

What are the key milestones – including milestones for when particular services will open/close?

Milestones are still be developed in detail and will be subject to further refinement as various workstreams gather pace. Milestones will include;

- Timetable for moving people from inpatient and CCG funded placements to community based support. May 2016 timetable set. Reviewed monthly thereafter
- Timetable for identifying accommodation in the community for individuals, notably the three people who have been placed for more than five years.October 2016, subject to quarterly review.
- Establishment of formal risk register for existing placements and people at risk of

admission, to be followed by periodical review and refinement of risk register process. End of April 2016.
- Completion of full cycle of two CTRs annually for people in placements. November 2016.
- Completion of first CTRs for all people at risk of hospital admission August 2016.
- Completion of first professional reviews for people at longer range risk of escalating need and future admission. November 2016
- All people in scope for TCP to be offered a PHB or direct payment January 2017
- Extension of risk register to people in wider cohorts including those not known to specialist services. June 2017
- Formation of a communications plan for TCP End of April 2016
- Formalising of joint partnership arrangements with Worcestershire July 2016?
- First families engagement workshop and subsequent workshops and engagement with families. End of May 2016
- Formal consultation with Autism and Learning Disability Partnership Boards. April to June 2016
- Submission of capital proposal/s with business case completed June 2016
- Confirmation of autism champions, June 2016
- Confirmation of experts by experience on the TCP Board and leading working groups May 2016
- Completion of TCP training for key social work and community health personnel
- Availability of training and support to families
- Completing engagement and co-production work around main pathways for Transforming Care July 2016
- Confirm alignment of transformation pathways with TCP requirements
- Rollout of main pathways
-

What are the risks, assumptions, issues and dependencies?

The following risks have been identified immediately. Others are likely to emerge from further work on key issues.

- There may be various barriers to families engaging with Transforming Care processes. These include safeguarding concerns or histories of violence within the family, families being disengaged or living far distant from Herefordshire.
- Engagement and participation of learning disabled people generally in Herefordshire requires long term development, indicating challenge in appropriately involving experts by experience in the Transforming Care programme.
- Identifying sufficient resources to commission appropriate crisis prevention and crisis intervention services. Disinvestment opportunities are likely to be slow moving and effective commissioning is likely to rely in large part on transitional funding from NHSE.
- Supply of appropriate accommodation is dependent on a number of factors and any new build element would require around 4 years to realise.
- The proposed model of support is dependent on attracting an appropriate range of providers with expertise to operate locally.
- All providers including statutory agencies face challenge in recruiting, training and retaining sufficient staff with appropriate values and skills to realise the service delivery models required for building the right support.
- TCP is now very wide in scope and embraces large cohorts of people with whom health and social care authorities are not currently resourced to engage. Addressing these

groups effectively will require new thinking, resources and time.

The following issues have not yet been considered directly in relation to Transforming Care and are the subject of some assumptions which may need to be tested and reviewed.

- The role of GPs and primary care services. This will be pivotal in helping to sustain people in community based settings and in bringing them back from hospital placements. The capacity, skills and willingness of primary care teams to support people in these cohorts generally varies very considerably and this may be a factor in locating supported living and crisis intervention services.
- The progress in relation to reasonable adjustments by mainstream NHS services to meet the needs of learning disabled people has not been reviewed in relation to Transforming Care. More specific work will be needed around this issue to support both supporting people in the community and crisis management. In this regard, the responsiveness of mainstream mental health services will be an issue of some importance which will be considered during the upcoming re-procurement of Herefordshire's mental health services.
- Demand for services to people with autism. Numbers of adults with autistic spectrum diagnoses known to services are very small locally but it seems likely that work on Transforming Care, along with new diagnostic services and the developing Partnership Board may change that.

The following key dependencies have been identified and will be kept under review.

- Review and redesign of community health services for learning disabled people by Herefordshire Council.
- Re-procurement of mental health services, led by Herefordshire CCG.
- The Crisis Corncordat Partnership planning and monitoring
- The Families First initiative
- The transitions transformation programme
- The development of housing with care options for learning disabled people

What risk mitigations do you have in place?

A number of actions are in train or will now be developed to mitigate some of the risks identified above.

- Identifying Transforming Care as a key priority for Herefordshire Council, including Children's Wellbeing and Herefordshire CCG, including potential demand for resources.

- Current focus on new ways of engaging with learning disabled people and their carers generally across Herefordshire, incorporating a refresh of the Learning Disability Partnership Board.

- Development of Autism Partnership Board and proposed new diagnostic and assessment pathway for autistic spectrum disorders.

- Challenging and re-shaping the learning disability care market in Herefordshire

The sharp local focus on Herefordshire rather than a wider partnership footprint. This capitalises on existing stakeholder relationships and allows rapid mobilization and immediate alignment, benefitting from co-terminosity of statutory and other agencies.

Any additional information
6.Finances
Please complete the activity and finance template to set this out (attached as an annex).
End of planning template

Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.[2]

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)

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

Indicator No.	Indicator	Source	Measurement[3]
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 following discharge with HES main specialty -	HES is the longest established and most reliable indicator of the fact of admission and readmission. • Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism • Numerator: admissions to psychiatric inpatient care within specified period

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

		Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent. NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	Two figures should be presented here. • Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register • Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available • Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism • Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks

6	Proportion of looked after people with learning disability or autism for whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	Method – average census. • Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities • Numerator: person days in denominator where there is a current crisis plan