



**Transforming Care: Implementation of National
Plans across Cheshire and Merseyside**

January 2016

Transforming Care: Implementation of National Plans across Cheshire and Merseyside

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1. Purpose of report

The purpose of this report is to update Cheshire and Merseyside Health and Wellbeing Boards with regard to the national, regional and local programme of work with regard to Transforming Care for people with Learning Disabilities.

2. Background

As a result of the Winterbourne View Review: Concordat: Programme of Action (2012) NHS England is committed to improving the health and outcomes of people with learning disabilities and autism, and transforming services to improve the quality of care throughout peoples' lives.

Transforming Care for People with Learning Disabilities - Next Steps, (July 2015) outlined an ambitious programme of system wide change to improve care for people with learning disabilities and/or autism, and behaviour that challenges (learning disabilities).

Next Steps (July 2015) set out clear expectations that six organisations - NHS England, Department of Health (DH), Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Care Quality Commission (CQC) and Health Education England (HEE) - would work together more effectively, to drive forward change.

There is now a single shared Transforming Care programme that recognises the scale of the change required, and ensures that we address the underlying causes of why so many people remain in, and are continuing to be placed in, hospital settings.

The five areas in the Transforming Care programme are:

- **Empowering individuals** – giving people with learning disabilities and/or autism, and their families, *more choice* and say in their care.
- **Right care in the right place** – ensuring that we deliver the best care now, including a new approach to *care and treatment reviews*, whilst re-designing services for the future, starting with five fast-track sites to accelerate service re-design and share learning.
- **Regulation and inspection** – tightening regulation and the inspection of providers to *drive up the quality of care*.
- **Workforce** – developing the *skills and capability* of the workforce to ensure we provide high quality care.
- **Data and information** – making sure the *right information is available* at the right time for the people that need it, and continuing to track and report progress (Appendix 1).

3. National Transforming Care Programme 2015 - 2019

Next Steps (July 2015) set out a clear ambition for a radical re-design of services for people with learning disabilities. A draft service model has been recently published,

which sets out nine overarching principles which define what 'good' services for people with learning disabilities and/or autism whose behaviour challenges should look like.

These principles will underpin how local services are redesigned over the coming months and years – allowing for local innovation and differing local needs and circumstances, while ensuring consistency in terms of what patients and their families should be able to expect from local decision-makers.

The establishment of six Fast-Track areas, announced by Simon Stevens at the NHS Confederation conference will 'test' the draft Service model during the summer of 2015.

NHS England have continued to seek the views of clinicians, commissioners, providers, people with learning disabilities and/or autism who have a mental health condition or display behaviour that challenges (including offending behaviours) and their families, ahead of the publication of a final version published in autumn 2015. This will help to support commissioning intentions and financial planning 2016/17.

In line with the priorities of the Transforming Care programme, it is intended that this will involve a significant shift in commissioning towards high quality community-based services over the next 18 months, allowing the closure of inpatient beds and facilities.

Friday 30 October 2015 saw a key milestone in the Transforming Care programme with the publication by NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) of; 'Building the right support: A national implementation plan to develop community services and close inpatient facilities and a 'New Service Model' (2015).

Taken together, these documents have asked Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services and close unnecessary inpatient provisions over the next 3 years and by March 2019.

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 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

While local areas will be able to design bespoke services with those who use them, the national plan (2015) also sets out the need for:

- Local councils and NHS bodies to join together to deliver better and more coordinated services

- local housing that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff
- a rapid and ambitious expansion of the use of personal budgets, enabling people and their families to plan their own care, beyond those who already have a legal right to them
- people to have access to a local care and support navigator or key worker, and investment in advocacy services run by local charities and voluntary organisations so that people and their families can access independent support and advice
- pooled budgets between the NHS and local councils to ensure the right care is provided in the right place
- Using the nine principles set out in the 'New Service Model' (2015) TCPs should have the flexibility to design and commission services that meet the needs of people in their area

There is also an expectation as part of the national Transforming Care programme of work for:

- A 10% reduction in in-patient admissions using the pre 31.3.15 cohort of patients as the baseline, by 31 March 2016 and,
- Care and Treatment reviews (CTRs) for all people in an inpatient bed to become 'business as usual'.

4. Transforming Care Partnerships (TCPs)

Cheshire & Merseyside have had an historic Learning Disability Network that has undertaken much work from the Winterbourne View Recommendations over the past 3 years. Discussions through this network resulted in an agreed consensus to progress developments via one Transforming Care Partnership or unit of planning across the Cheshire & Merseyside footprint to ensure commissioning at scale, with three geographical collaborative commissioning delivery hubs as outline below.

Cheshire and Merseyside Unit of Planning			
Hub	CCGs	Local Authority	Total Population
Hub 1 Cheshire	Wirral West Cheshire, East Cheshire, South Cheshire Vale Royal	Wirral West Cheshire & Chester East Cheshire	1,078,886 Population
Hub 2 Mid Mersey	Halton St Helens Warrington Knowsley	Halton St Helens Warrington Knowsley	701,952 Population
Hub 3 North Mersey	South Sefton Southport & Formby Liverpool	Sefton Liverpool	786,383 population

This approach builds on:

- existing CCG/LA collaborative commissioning arrangements
- current clinical pathway service delivery
- joint purchasing arrangements between some CCGs
- joint CCG/LA arrangements, including governance for joint decision-making
- excellent CCG/Provider working relationships
- provider financial viability and clinical sustainability

NHS England has proactively facilitated the bringing together of local delivery hubs and local discussions have already commenced

4.1 Cheshire & Merseyside Transforming Care Board

In response to the national programme (Building the right support, 2015) a Cheshire & Merseyside Transforming Care Board has been established; with Alison Lee, Accountable Officer, West Cheshire CCG as Senior Responsible Officer for this programme of work and Sue Wallace-Bonner, Director of Adult Social Care Halton Council as Deputy Chair. There are current discussions underway with the North West Confirm and Challenge service user group to establish a co-chair position.

The Board are undertaking 2 pieces of work in the first instance. The first is to establish the population need to enable commissioning of high quality services moving forward. We have commissioned a Joint Strategic Needs Assessment across Cheshire & Merseyside to inform current work programmes in partnership with Public Health England and Liverpool John Moore's University.

The second is a look back exercise to evaluate where we have come from in terms of bed usage and models of care and where we need to get to as a health and social care economy.

It is recognised that Cheshire & Merseyside have already undertaken a significant amount of service improvement in this area and recognising the journey so far is significant when reviewing in-patient provision. To this end the Board will:

- Undertake a retrospective review of LD service provision and activity from 2010-2015 focussing on Assessment and Treatment beds, Locked Rehabilitation beds and Neuro Psychiatry beds, both in and out of area. Within this work there will be a look at:
 - The trend analysis and identify complementary activity within local NHS in patient provision in assessment and treatment units.
 - Identify elements of key community services that contribute to care and prevent admission, and accelerate discharge.
 - Performance as measured in the LD Self-Assessment Framework over this period.

- Developing a model of care for the coming 3 years, 2016-2019, for LD services for Cheshire and Merseyside that builds on the strengths identified in the retrospective study that draws on Government Policy and the NHS 5 Year Forward View (NHS England 2015).

The target completion date for this work is January 2016.

It is expected that the TCPs will now follow the same programme of work as the six national fast track sites. Therefore the programme plan of transformation will include:

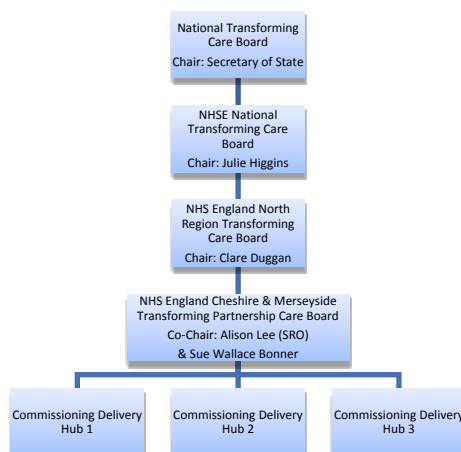
- Development of local plans that support the development of new models of care and long term bed closures, underpinned by a robust learning disability joint strategic health needs assessment.
- Rapid expansion and improvement in community provision, encompassing a range of supported living options and housing with accompanying care and support, to enable the transfer of people from inpatient facilities.
- Any use of in-patient services must be based on robust assessment of an individual's needs. People that do require in-patient care due to the severity of their condition should have the highest quality of care and an agreed plan to return to their community placement as quickly as possible.
- Repatriation of out of area placements

4.2 Governance arrangements to support delivery

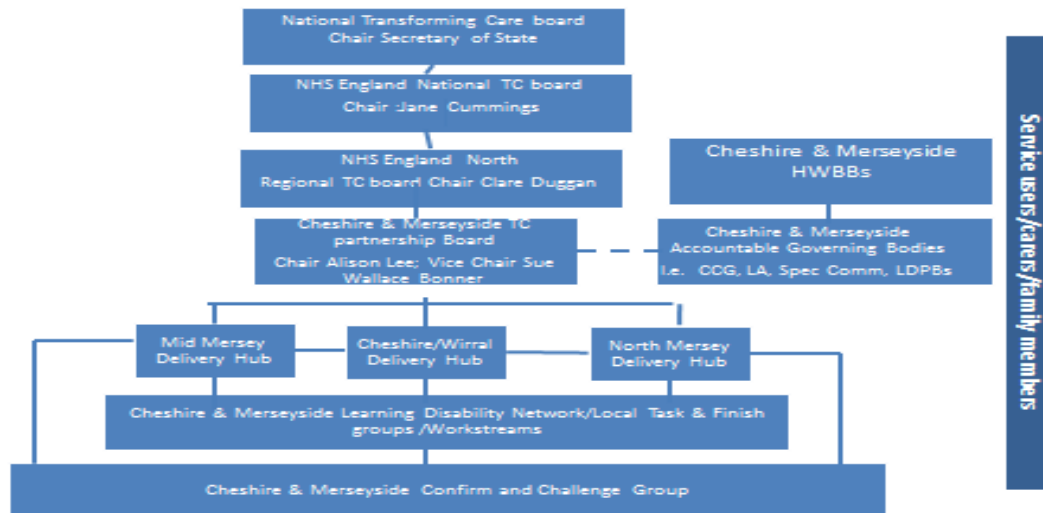
There is a well-established Cheshire & Merseyside learning disabilities network with CCG, LA, Provider and service user representation. This group will now undertake task and finish work on behalf of the board. One of the current strategic work themes is, 'Safe and Responsive services' for which a full work plan has been developed. However it is envisaged that this work plan will be captured and continue as part of the Cheshire and Merseyside Transforming Care Board which will hold partners to account for delivery of the National Implementation programme (2015).

There will be financial support via a national budget to progress some of this work; the amount and process for access to funding is still yet to be agreed nationally, but there is local agreement that a project management office function be established to facilitate the work programme locally.

The **national governance structure** to support delivery of the national plan is outlined below:



As NHS England is not a Governing body the suggested **local governance structure** to support delivery of the national plan is outlined below:



4.3 National and Local Focus 2016 – 2019

The expectation is that the non-fast track areas (Cheshire & Merseyside being one of them), will start to mobilise using the learning from the fast track areas and begin collaborative working to enable the system to realise the start date of April 2016 for:

- A reduction in in-patient admissions using the pre 31.3.15 cohort of patients of 10% by 31 March 2016
- Long term learning disability bed closures in
 - Assessment and Treatment beds
 - Locked Rehabilitation beds
 - Neuro Psychiatry beds
 (Forensic beds, low, Medium and High secure are being led by Specialised Commissioning)
- Development of new models of care.

4.3.1 Care and Treatment reviews

Care and Treatment reviews (CTR) are offered to all patients who are or have been an inpatient for 6 months or longer and patients have a right to request these at any time. More recently the expectation is that patients should be offered a CTR prior to admission or alternatively within two weeks following admission and then 6 monthly thereafter.

Cheshire and Merseyside CCGs and 3 main LD NHS Providers (Merseycare, 5 Borough Partnership and Cheshire Wirral Partnerships NHS Mental Health Trusts) are fully engaged in the CTR process and have pooled clinical resource to enable delivery in a consistent manner. Pathways Associates/North West Training and

Development Team provide Experts by Experience (service users, families and carers). There has been local proactive development of local operational models to ensure CTRs are 'business as usual' from September 2015. The patient stories of individuals who have had Delayed discharges have been collated which is useful in detailing some of the challenges in the system and will be considered in the new service models.

As of December 2015:

- 135 CTRs have been undertaken across CCGs for CCG commissioned services.
- There are 5 patients who have a delayed discharge; the main reasons being accessing an appropriate community provider, no local care package availability and requirement for housing adaptations to be undertaken.
- The use of the pre admission / blue light CTR protocol has avoided 4 hospital admissions during the period October-December 2015

Specialised commissioning

CTRs are also undertaken for patients in forensic/secure commissioned services. The aim being to progress the patient along the secure/forensic pathway into CCG commissioned services or community settings.

To aid progress NW Specialised Commissioning team have established quarterly meetings with local commissioners to ensure the number of Cheshire and Merseyside patients moving along the secure/forensic pathways of care into CCG commissioned placements is planned and funded for.

As of December 2015 the number of Cheshire and Merseyside patients in Specialised Commissioned services is outlined below:

CCG	Stepdown	LSU	MSU
East Cheshire		1	0
West Cheshire		3	0
Halton		0	4
South Cheshire		2	0
Vale Royal		0	0
Warrington		2	1
Wirral		1	2
Knowsley		1	1
South Sefton	1	4	3
Southport		0	0
St Helens		3	2
Liverpool	1	5	4
Totals	2	23	17

(Data source NHS England Specialist Commissioning Tracker Dec 2015)

4.3.2 In patient reduction & bed closure programme

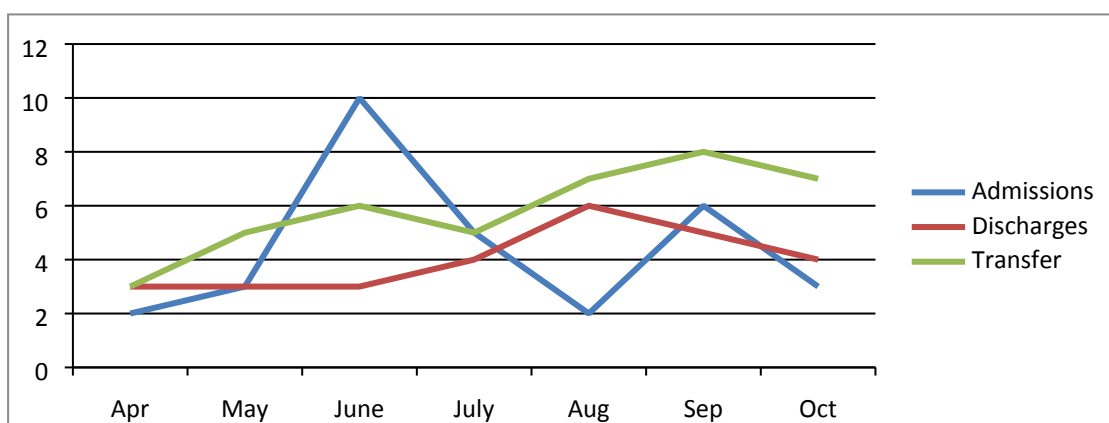
In patient reduction

One of the main responses to the Winterbourne View Concordat (2012) was the requirement to discharge patients from in patient settings if clinical safe to do so. The National Transforming Care board set a national discharge trajectory of between 10% - 13% for patients currently in an inpatient setting as of 31.3.15 to be achieved by 31. 3.16

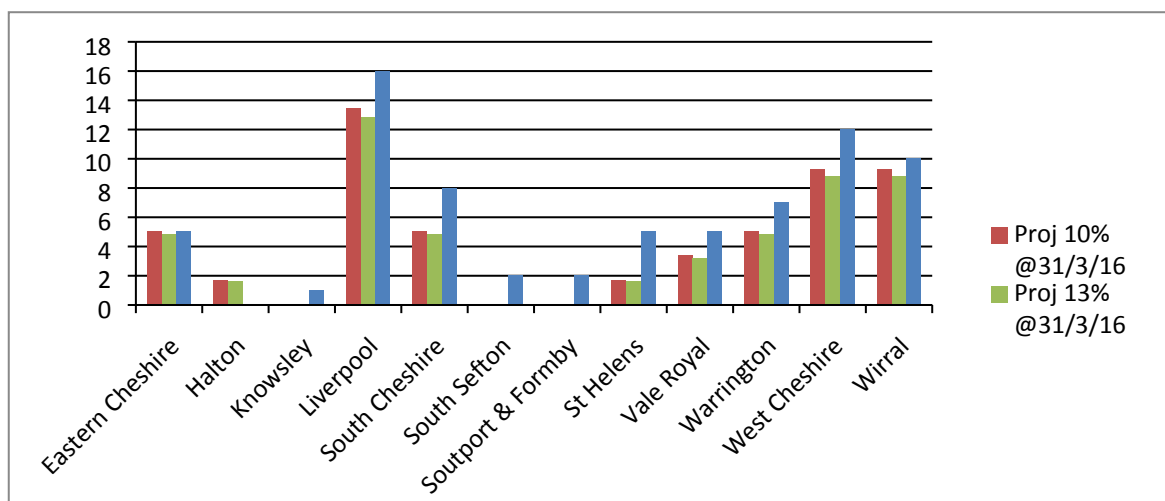
Progress to date for Cheshire and Merseyside's discharge trajectory is outlined below;

Team / CCG	Baseline@31/3/15	April	May	June	July	Aug	Sep	Oct	Nov	Proj 10% @31/3/16	Proj 13% @31/3/16	Diff to P1	Diff to P2
North of England	994	928	950	969	970	979	954	959	947	893	861	-66	-98
Cheshire & Merseyside	64	56	61	66	73	69	71	68	73	54	51	-19	-22
Eastern Cheshire	6	5	5	5	5	6	6	5	5	5	5	0	0
Halton	2	2	1	0	0	0	0	0	0	2	2	2	2
Knowsley	0	0	0	1	1	1	1	1	1	0	0	-1	-1
Liverpool	16	15	16	15	17	17	17	16	16	13	13	-3	-3
South Cheshire	6	7	7	8	8	6	7	6	8	5	5	-3	-3
South Sefton	0	0	0	1	2	1	1	1	2	0	0	-2	-2
Soutport & Formby	0	0	0	0	1	1	1	1	2	0	0	-2	-2
St Helens	2	1	2	2	4	4	4	5	5	2	2	-3	-3
Vale Royal	4	4	5	5	5	5	5	5	5	3	3	-2	-2
Warrington	6	4	6	6	6	6	7	7	7	5	5	-2	-2
West Cheshire	11	9	9	12	11	10	11	12	12	9	9	-3	-3
Wirral	11	9	10	11	13	12	11	10	10	9	9	-1	-1

Data source: HSCIC Assuring Transformation dataset & NHS England TC Tracker Dec 15



Data source: NHS England TC Tracker Dec 15



Data source: NHS England TC Tracker Dec 15

4.3.3 Bed closure programme

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million populations
 - Cheshire & Merseyside target = 25 – 37 (CCG beds)
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million populations
 - Cheshire & Merseyside target = 50 – 62 (specialised beds)

The Cheshire and Merseyside Transforming Care board are currently undertaking the following baseline exercise which will help inform commissioners of bed activity as the new models of care are developed:

- A retrospective review of LD service provision and activity from 2010-2015 focussing on Assessment and Treatment beds, Locked Rehabilitation beds and Neuro Psychiatry beds, both in and out of area. Within this work look at:
 - The trend analysis and identify complementary activity within local NHS inpatient provision with assessment units.
 - Identify elements of key community services that contribute to care and prevent admission, and accelerate discharge.

The detail from the baseline report will be available January 2016.

4. Potential risks that may prevent delivery

Risk	Risk Level	Mitigating Actions
Lack of robust baseline data	Medium	<ul style="list-style-type: none"> • Commissioned LD JSNA to understand robust population based needs • Timescales for completion of LD JSNA not in line with timescales for service development

Risk	Risk Level	Mitigating Actions
		<ul style="list-style-type: none"> Commissioned look back exercise of bed state
Requirement for Efficiency savings	High	<ul style="list-style-type: none"> Work with CCG/LAs to ensure funds are ring fenced for LD service development & delivery Bids for capital funds available for adaptations etc. via NHS England
Viability of Providers	High/medium	<ul style="list-style-type: none"> Providers to develop models of care that ensure trust viability Providers to commence discussions with legal teams regarding consultation Commission at scale to ensure viability of providers
Delayed discharges / transfers	High	<ul style="list-style-type: none"> Work with LAs to ensure robust process in place to move patient to suitably commissioned supported living placements Map current provision of commissioned services and benchmark against LD profile Commissioners to hold providers to account in ensuring planned discharge date for individual on admission
Lack of sustainable community LD teams /services	High	<ul style="list-style-type: none"> Commissioners to collaborate to develop strategic provider / preferred provider frameworks with commissioning collaborations need to be as local as possible Work with commissioner to understand what community services are current commissioned – mapping & identifying ‘what goods look like’ to support shaping of future local service models Development of bids to ‘double run’ services
Disruption to natural patient pathway/flows	Medium	<ul style="list-style-type: none"> Clinical Leadership Clear communication
Limited personalised social care	Medium	<ul style="list-style-type: none"> Mapping of housing providers and social care providers Establish market place

5. Service Change Assurance

The scale of change being envisaged (introduction of new care models and removal of beds may be considered a significant change, with associated risk of Judicial Review or referral to the Secretary of State.

To mitigate these risks NHS England with key partners (LGA, ADASS, Service users etc.) has a role in assuring the service change proposal before progress to the next stage. The assurance would need to be tailored to the specific circumstances and scale of the proposal. Details of assurance process are outlined in the document below:



9) Transforming Care Assurance Process Flc

6. Next steps

Following local discussions at the Regional Transforming Care engagement workshop (9 November 2015) the following areas were identified as essential to support delivery of the national implementation plan:

- Clear governance structures
- As the national plan is reflective of all age ranges, further mapping of stakeholders to ensure all relevant stakeholders engaged in local development work i.e. Children's commissioners, CAMHS etc.
- Review of current community learning disability team (CLDT) specifications
- Review of out of area patients and development of repatriation programme
- Mapping of current social care/housing providers with CCG & LA commissioners with the potential to develop a social care framework
- Hold social care provider forum to establish current and potential services on offer
- Consideration of interim residential placements for current in-patients cohort with delayed discharge
- Development of 'Step up Step Down beds' to support crisis management building on what models that are nationally/regionally evidenced to support local developments
- Establish a provider forum
- Strength the 'at risk register' development's with all stakeholders: including development and agreement of data sharing agreements
- Strength local authority involvement in work programme via ADASS leads
- Pooled budgets
- Hold a local stakeholder dialogue event

7. Cheshire & Merseyside Stakeholder event

A local stakeholder event was held on 16 Dec 2016 at Daresbury Park Warrington to understand the local 'ask' of the National Transforming Care programme across the Cheshire & Merseyside footprint.

Over 85 delegates attended the event, with representation from health, local authority, social care, NHS providers, Healthwatch, advocacy, housing, and experts by experience and family members.

Members of the National Transforming Care Programme (NHS England and LGA) outlined the national 'ask' and timescales for mobilisation and delivery. As Senior Responsible Officer for this programme of work, Alison Lee, Accountable Officer, West Cheshire CCG endorsed the progress and work to date in this field across Cheshire & Merseyside, but also acknowledged the challenge ahead.

Moving into their relevant delivery commission hubs, the stakeholders started to work together to:

- Describe the vision for services for people with a Learning disability/autism or behaviours that challenge living in Cheshire & Merseyside?
- Established the strengths and weakness of current LD service provision in their locality
- Identify any key stakeholder that are missing and need to be involved
- Describe what does success look like

- Identify some local quick wins, and
- Begin to prioritise services developments for Years 1, 2 and 3
- Give thought to how the delivery hubs will progress locally

Details from the event have been collated and shared with stakeholders present (Appendix 2). NHS England will now utilise the detail from the event together with the findings of the retrospective reviews to develop a strategic plan for Cheshire & Merseyside which will be shared with the 3 delivery hubs and relevant governing bodies.

8. Conclusion

It is recognised that Cheshire & Merseyside have already undertaken a significant amount of work with regard to service provision for people with learning disabilities and/or autism, and/or behaviours that challenge.

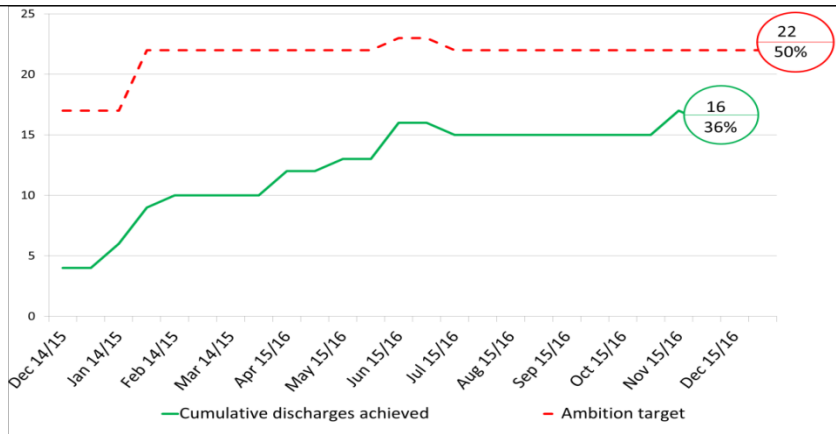
Telling the story of the journey so far is significant when reviewing in-patient provision to ensure we have adequate support for people who require it in times of deteriorating health or crisis. Alongside this the development of high quality services closer to home will enable people to live independent lives closer to their friends, family and carers.

The Cheshire & Merseyside Transforming Care Partnership Board will strive to delivery that national priorities locally, ensuring this is done in a co-productive manner with the patient's voice at the centre of the service model. Cheshire and Merseyside Health and Wellbeing Boards are asked to note the content of this report and support its implementation as a high priority area of work.

ENDS

Appendix 1. Cheshire & Merseyside Local Progress 2015/16

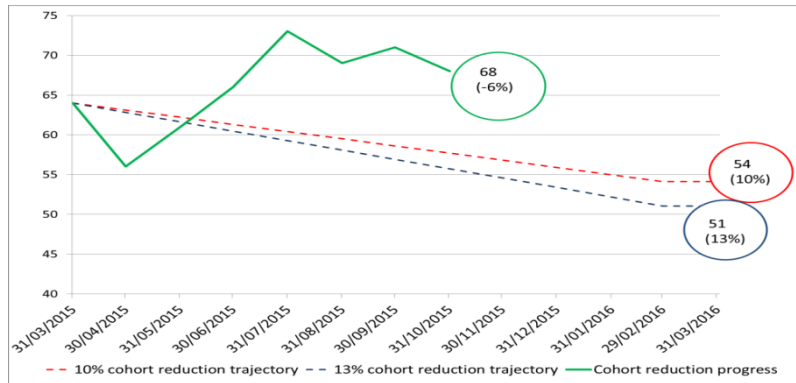
<p>Empowering Individuals</p>	<p>Empowering people with learning disabilities and their families to have greater rights and say in their care, underpins the Transforming Care programme. We have been working with partners across the health, local authority and voluntary sectors to strengthen the collective voice of individuals with learning disabilities and their families, to ensure greater personalisation, increased choice about care, and greater influence over service design and delivery.</p> <p>An important milestone this year was the public consultation issued by the Government, ‘No voice unheard, no right ignored’, to strengthen the rights of people with mental health issues, learning disabilities and autism, so they can live independently, be included in their community, and make choices about their own lives. Locally we continue to work closely with Pathways Associates in:</p> <ul style="list-style-type: none"> • Developing an expert hub of clinical reviewers and experts by experience to undertake Care and treatment reviews • ensuring we are asking whether people are getting support from advocacy through the revised approach to Care and Treatment • Reviewing Assuring Transformation data to gather information that tells us what sort of advocacy a person is receiving. • Developed a Co-production workstream to ensure the voice of the service user/Family carers is heard locally, regionally and nationally <p>As a result of the work undertaken local we have successfully presented our methodology and how we have utilised the LDSAF validation process to improve and drive forward quality for people with LD locally at 2 national workshops run by IHAL. The workshops were held in June 2015 in Manchester and Bristol. Wirral CCG presented how this work at been used strategically at a local level to drive forward a joint action plan. As part of this they have streamlined processes, integrated stakeholders and worked towards joint ownership.</p> <p>Governance: Co-production Sub Group of the Cheshire & Merseyside Transforming Care Board.</p>
<p>Right Care, Right Place, Right Time</p>	<p>The national ambition is to discharge 50% of patients from an inpatient facility at 1 April 2014 to the community by 31 March 2015; and to carry out care and treatment reviews for any patients in that cohort who have not got a discharge date and are in a low secure setting.</p> <p>Cheshire & Merseyside position at November 2015:</p>



50% discharge ambition: Currently on trajectory to achieve discharge ambition of 65% by Q4 leaving 15 inpatients from the 31 March 2014 cohort with discharge dates during 2016/17

There is a renewed focus on reducing hospital admissions from the 2013/14 baseline by 10% during 2015/16, reducing length of stay and tackling delayed discharges. This will require a focus on developing community based provision locally. Improving the patient experience and outcomes is a key factor to drive this initiative.

Cheshire & Merseyside position at November 2015:



10% discharge ambition: despite an increase in admission numbers over summer months (due to CCG's has found patients who were out of area) now on a downward trend and confident that the 10% ambition will be achieved by end of Q4. Current focus on 3 CCGs with highest admission rate: West Cheshire, Wirral and Liverpool CCGs.

Governance: Commissioning Hubs of the Cheshire & Merseyside Transforming Care Board.

<p>Regulation & Inspection</p>	<p>NHS England has established an Enhanced Quality Assurance Programme (EQAP) with the specific role of making sure people are safe and monitoring the quality of care reviews. EQAP will seek the firmest assurances that patients have clear care plans and are receiving the support they need and deserve.</p> <p>CQC is working to ensure that its assessment methods are fully adapted to ensure robust inspections of hospital and community learning disability services.</p> <p>The CQC is further developing the work on registration, to ensure that:</p> <ul style="list-style-type: none"> • Applications by any service provider to vary their 'service type', that describes the services that they offer, are only agreed when the new 'service type' accurately reflects a changed model of care. This will also ensure that any inappropriate models of care for people with learning disabilities do not continue after the 'variation' has been agreed; and • new applications are only agreed when the application reflects the agreed model of care for people with learning disabilities, which is currently being defined by the Transforming Care programme and outlined in the new Service Model for commissioners <p>Governance: Safe and Responsive Services Sub Group of the Cheshire & Merseyside Transforming Care Board.</p>
<p>Workforce</p>	<p>Since the publication of Next Steps (July 2015), Health Education England (HEE) has been working with its Transforming Care partners, including Skills for Health and Skills for Care, to ensure that workforce development and planning supports the wider service re-design across health and social care.</p> <p>Work to date will include the development and testing a new Learning Disability Skills and Competency Framework that outlines the competencies that staff needs to have, to fulfil certain roles, to ensure that we have the right skills in the right place. This Framework will be rolled-out in January 2016.</p> <p>Governance: Safe and Responsive Services Sub Group of the Cheshire & Merseyside Transforming Care Board.</p>
<p>Data and Information</p>	<p>Health and Social Care Information Centre (HSCIC) is the national electronic information data analysis system for the Assuring Transformation Clinical Platform. All local CCGs are registered with HSCIC and actively submitting data.</p> <p>Local CCG/LA leads are also required to submit fortnightly data to NHS England via the local Transforming Care tracker. This enables the local monitoring of CTRs, admissions, in patient length of stay and progress being made towards individual, anticipated and planned discharge dates. Work is currently ongoing between NHS England Transforming Care analytical team and HSCIC to enable all clinical data fields to be submitted via one clinical portal on HSCIC system. It is</p>

	<p>envisaged that the NHS England TC tracker will cease in December 2015.</p> <p>Governance: Safe and Responsive Services Sub Group of the Cheshire & Merseyside Transforming Care Board.</p>
<p>Learning Disabilities Mortality Review (LeDeR) Programme</p>	<p>The new Learning Disabilities Mortality Review (LeDeR) Programme has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and will run from 2015 – 2018. The Programme has been established as a result of the key recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). The aim of the Programme is to make improvements in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities faced by people with learning disabilities, through national and local reviews of deaths. There will be a phased roll-out of the programme across the 12 NHS Clinical Senate geographical areas of England from January 2016, following a piloting phase in autumn 2015. Once known, dates for C&M will be disseminated locally.</p> <p>Governance: Health Inequalities Sub Group of the Cheshire & Merseyside Transforming Care Board.</p>

Appendix 2

Transforming Care Stakeholders event 16 December 2015 Daresbury Park Hotel Warrington

Cheshire Delivery Hub

Who's missing?
<ul style="list-style-type: none"> • Family Carer's • Carer's • CCG's • Eastern Cheshire CCG's • Educational Sector • Employment Services
Overall Vision for People with Learning Disabilities
<ul style="list-style-type: none"> • Care in the community / Closer to home • Safety • Proportionate risk taking • Right care, Right Treatment, Right time. • Own front door (Housing) • Working together (CCG, LA's, Independent Sector) • Forums <ul style="list-style-type: none"> - Culture change - Workforce development - Market shaping • 'Nothing about us without us'. • Honest • Self-Advocacy • Community Development • Leading 'own' support (Self/peer advocacy) • 'Good Lives' – People leading • Sharing Data • Working with service users. • Reducing Barriers. • Stream less Services / Transitions. • Sharing Resources <ul style="list-style-type: none"> - Useful tools - More co-production • Gaps in service (Autism) • Good Communication <ul style="list-style-type: none"> - Person centered. • Culture Change • Right People? <ul style="list-style-type: none"> - Employers - Children's Services
Shared Vision
<ul style="list-style-type: none"> • Meeting needs at times of crisis <ul style="list-style-type: none"> - Appropriate planning - Step up/step down beds - Person led • Individuals taking control of care planning • Safe happy and well • Supporting services to meet peoples neds • Individuals More in control of own budgets
What could be improved?
<ul style="list-style-type: none"> • Patient voice being heard.

<ul style="list-style-type: none"> • 24/7 support for service users in the community • Transparency • Patient-led care • Contingency planning <ul style="list-style-type: none"> - Managing own budget • Employment Service Users <ul style="list-style-type: none"> - Crisis support - Autism/LD - Opportunities - Improving quality of life, achieving goals. • Involvement of employment and children's service and stakeholder groups. • Care within home – Not sending out of area / secure units etc.
What does success look like?
<ul style="list-style-type: none"> • Working alongside service users <ul style="list-style-type: none"> - Closer collaboration. - Getting the best out of the services. • Transparency <ul style="list-style-type: none"> - Between Services - Available Services - E.g. Development of land • Shared Vision • Meeting needs <ul style="list-style-type: none"> - Times of crisis - Appropriate planning step up / step down - Person-Led • Individuals taking control of care planning. • 'Safe, Happy and Well' • Supporting services to meet person's needs. • More In control of own budget (Service users)
What's Working Well?
<ul style="list-style-type: none"> • Local area coordinator's scoping available services – Individualised. • Person – centred planning • Improved communication – Hospitals / GP's • Lots of work with Hospitals <ul style="list-style-type: none"> - Reasonable adjustments - GP Training - Health Champions (Training) • Caring (CQC) • Effectiveness (CQC) <ul style="list-style-type: none"> - Communication / Staff and carers • Service users key role in recruitment. • Service users assessing services • Fewer people LD in assessment
What keeps you awake at night?
<ul style="list-style-type: none"> • Safeguarding issues – Problematic providers. • Quality of service provision – Leadership • Sending service users out of area • Isolation <ul style="list-style-type: none"> - No support company
How are you going to progress locally?
<ul style="list-style-type: none"> • Out of area <ul style="list-style-type: none"> - Jan 16 meeting CCG's service users • Single plan <ul style="list-style-type: none"> - Commissioner led - Strategic group set up - Joining commissioners / joined-up commissioners. • Strategic Visions <ul style="list-style-type: none"> - Work streams working to same vision. -

Mid Mersey delivery Hub

<p>Overall Vision for People with Learning Disabilities</p> <ul style="list-style-type: none"> • Gaps in provision need to be addressed such as post diagnostic services – for people with Autism / Asperger's. • Clarity of responsibilities of health provider 5BP • Better planning around transition and people coming through the service. • Involvement of voluntary sector to meet needs – potentially? • Housing / Builders being on board with transitional planning (Affordable housing) • Smarter intelligence and how we collate information of people coming through the transitional system. • Greater involvement of people of all ages including younger people. • Greater support for parents to understand the transitional process. <p>Positive communication with people from birth.</p>
<p>What could be Improved</p> <ul style="list-style-type: none"> • Autism Post Diagnostics (decisions making) what will be decided when • Transitional Process • Reasonable adjustments process, explaining to people (Staff as well as service users) • Embedding reasonable adjustments in general practice. • Educating the wider population around learning disability awareness – Autism and Aspergers Syndrome. • Community Cohesion / resilience?
<p>Gaps within the Process</p> <ul style="list-style-type: none"> • No Children's Service representation. • Ensuring the right cohort of people are involved (E.g. LD Social Work) • We need to ensure all professionals are communicated with. (E.g. GP's/CCG's) • Strategic Planning and building positive relationships with housing providers. • Ensuring people receive the right care in the right setting – <ul style="list-style-type: none"> -Improving transitional processes -Partnerships is second -Care particularly elder carers
<p>What Does Success Look Like?</p> <ul style="list-style-type: none"> • Seamless Services • Establishing what is important to the individual • Co-ordinated support through the journey (navigation role)
<p>What is Working Well?</p> <ul style="list-style-type: none"> • Cohesive approach and relationships. • Good advocacy • Integration • Co-production (Partnership boards) • Voluntary sector involvement to develop groups • Learning Disability Pathway • Skill up the workforce (Educate workforce) • Positive behaviour support working well in some areas. • PBS not a short term solution for crisis – Community teams generally pick VW's?? up.
<p>What keeps you awake at night?</p> <ul style="list-style-type: none"> • Impact on family carers, particularly older family carers / significant others. • Needs to be more communication between professionals.

North Mersey Delivery Hub

Who's missing?
<ul style="list-style-type: none"> • Sefton Local Authority • Liverpool City Council • Autism Initiatives • Options • Natural Breaks • People First • Sefton and Liverpool Partnership • Education
Overall Vision for People with Learning Disabilities
<ul style="list-style-type: none"> • Right Care, Right Time, Right Place, Right Professionals • Individual/Personalised Care Packages • Care primarily provided in the community not hospital. • Communities that welcome support. • Care pathway relating to OATS • Efficient funding • History of wrap around care – third sector. • Good third sector providers.
What could be improved?
<ul style="list-style-type: none"> • Information and support to families early on. • Inclusive education systems. • Avoiding the cliff of transition. • Insufficient capacity in the autistic spectrum.
Gaps within the Process
<ul style="list-style-type: none"> • Post diagnostic support – Autism • Autism (Big Gap) • Crisis management capacity is not robust. • Refresh Green Light Tool Kit • No short term care in the home. • Crisis House – Crash Pads • Lack of agreed definition. • Pool budgets, Joint funding – Something needs sorting out. • Horizontal and vertical care integrated.
Quick wins.
<ul style="list-style-type: none"> • Develop a pathway – OATS repatriation. • Utilise Merseyside Partners and the Joint Training Partnership – To be invested in. • Review of the past five admissions. • Audit Green Light Tool Kit • Test PBS • Agree Service Specifications – CLT • Repatriate OATS • Revisit SAF • HWB Report • TC-The Local vision for CCG's