

# North East and Cumbria Fast Track Learning Disability Transformation Plan



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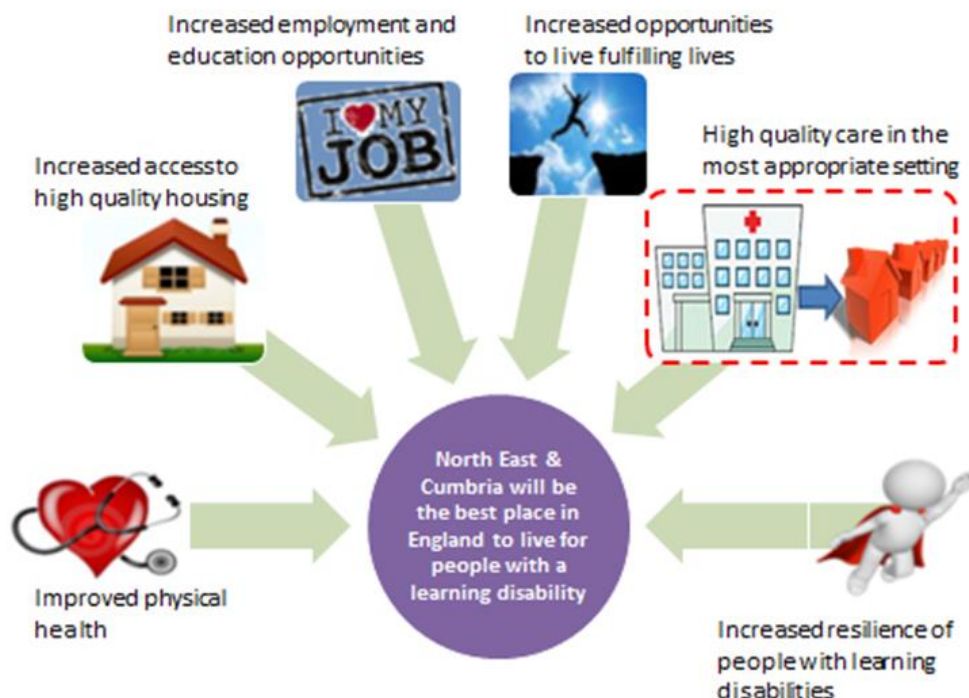
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# 1. Executive Summary

## 1.1 The Collective Ambition

Our ambition is for the North East and Cumbria to be as good as anywhere in the world to live for people with a learning disability and / or autism and a mental illness or behaviour that challenges.

This vision was developed by all stakeholders, including people with a learning disability, before Winterbourne View, the Bubb report or Fast Track transformation programmes. However, we have not moved far enough or fast enough in achieving this vision.



The transformation programme aims include:

- Less reliance on in-patient admissions, delivering a 50% reduction in admissions to inpatient learning disability services by 2020
- Developing community support and alternatives to inpatient admission
- Prevention, early identification and early intervention
- Avoidance of crisis and better management of crisis when it happens
- Better more fulfilled lives.

## 1.2 How the future will be different

By developing our community infrastructure, supporting our workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in the systematic closure of learning disability inpatient hospital beds over the next 5 years across the North East and Cumbria.



We will ensure that, everyone has a chance to live as a valuable member of their community; close to the important people in their lives and supported by those who understand and care for them. We will do this by meeting the agreed assessed needs of individuals and their carers through effective commissioning.

While the focus of our fast track plan is on reducing the number of unnecessary hospital admissions and ensuring that where these do occur they are for as short a time as possible, this should be seen in the context of our much broader system changes.

### **1.3 The collaborative approach**

We will achieve this vision by continuing to work collaboratively with partners across health, social care and the third sector to significantly strengthen support in the community for individuals and their families. We will also develop a highly skilled, confident and values-driven workforce who support people with learning disabilities.

We will use the learning from successful resettlement programmes that supported people to move into a range of community based care options during the 1990's and 2000's. This learning and the commitment from all stakeholders and our understanding of what it takes to deliver large scale transformational change will help us to deliver this plan.

As a result of the changes described in this plan:

- choice and control will be at the heart of ALL service planning and provision
- people will be identified and supported much earlier to improve their quality of life and outcomes
- care and support services will always be well coordinated, planned jointly and appropriately resourced
- people will be supported to avoid crisis and if were to occur, crisis situations will be well managed
- people will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System
- there will be a highly skilled, confident and value driven workforce who support people with learning disabilities
- people will always receive high quality, evidence based care in the most appropriate setting.

Throughout our transformation programme we are committed to robust evaluation and helping to develop the evidence base to inform future commissioning cycles and non-fast track areas.

### **Mobilise the area**

Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6% but if we include those with mild disability the prevalence may be as high as 2.5% equating to around 65,000 people.

Our plan encompasses the complex provider landscape across the North East and Cumbria. Well-established and strong NHS, local authority and independent sector provider forums in localities enable social care and voluntary sector community providers to work collaboratively.

We have mapped the current system provision across the North East and Cumbria including the local variation of different configurations of care, the wide mix of rural and urban areas of affluence alongside deprived communities, the use of services from people outside of the area and the impact of and alignment to Vanguards and Integrated Care Pilots.

A North East and Cumbria Learning Disabilities Transformation Board was already established and has been used to develop the regional plan and guide the development and implementation of locality plans. The Board is accountable to the Northern CCG Forum, North East ADASS, NHS England, carers and people with a learning disability. Local Implementation Groups will lead delivery and the Transformation Board will receive any escalated risks and issues.

There are 10 task and finish groups which will take forward the key work needed to deliver the key priorities within the plan, these include pathway development, market engagement, communication and engagement and workforce development. An implementation plan will be used to oversee the programme and track progress over the next 5 years.

The key partners who have endorsed the plan and are represented at the North East and Cumbria Learning Disabilities Transformation Board are:

- 11 Clinical Commissioning Groups in the North East and Cumbria
- North East Association of Directors of Adult Social Services representing the 12 Local Authorities in the North East
- Cumbria County Council
- NHS England Specialised Commissioning
- Provider organisations (NTW, TEWV, Cumbria Partnership, Danshell Group, social care providers)
- North East and Cumbria Learning Disability Network
- Confirm and Challenge Group (supported by Sunderland People First)
- Inclusion North
- NHS Health Education North East

### ***Understanding where you are***

A baseline assessment of needs and services has been completed and we will conduct further analysis of the data with specific quantification of how many people are in various community settings.

The system is currently performing well against national outcome measures and has surpassed the Transforming Care Discharge Ambitions discharging 61.25% of Inpatients into community settings. The Care and Treatment Review target has also been achieved.

However, the case for change lies within the current health care experience for people with learning disabilities being varied and fragmented. This will be transformed and standardised through delivery of this plan, with the highest levels of care delivered and fragmentation in the system reduced. There are a number of challenges including a lack of robust outcome measures, the length of time required to develop sustainable community-based alternatives to admission and a lack of systems to identify people at risk of poor outcomes.

### ***Develop your vision***

We have worked with all partners and stakeholders across the North East and Cumbria to identify clear aspirations for learning disability services and better outcomes for people. The North East and Cumbria will ensure that people with learning disabilities have services and support to live in their own homes and stay within them in the long term if they choose to do so. Our plan details outcomes in the areas of clinical outcomes, patient experience and sustainability.

11 principles and core standards have been developed in conjunction with all partners across health and social care in the region. This work included people with learning disabilities, their families and carers. These principles are aligned to the national model of care and provide a helpful framework to help monitor progress against our objectives.

The North East and Cumbria Transformation Board has made a commitment that people with learning disabilities, their families and carers will be truly involved in helping to develop and achieve the transformational changes.

The main outcomes for change include enhanced community based support leading to a significant reduction of people needing to be in an in-patient hospital setting. Placement breakdown will be avoided increasing stability for the person living in the home of their choice. Quality of care will be dramatically improved and individual outcomes and quality of life improved.

### ***Define your model of care***

The proposed model is based on the principles described in the national service model and is developed across the life span taking into consideration the changing needs and requirements of people with learning disabilities.

The model of care focuses on 7 key strands:

- Choice and control at the heart of ALL service provision and planning
- Systematic, early identification and intervention
- Planned, proactive and coordinated care in the community
- Effective prevention and management of Crisis
- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System

- A consistently highly skilled, confident and value driven workforce
- Equitable service provision and high quality evidence based care

Early intervention and effective crisis support delivered through enhanced home intensive support teams will be a fundamental part of the service offer within all localities across the North East and Cumbria. These integrated teams will include Specialist Learning Disability clinical capacity as part of comprehensive and well-integrated community support service.

### ***Plan for success***

A programme level implementation plan has been developed that is underpinned by locality implementation plans to ensure the agreed standards and principles are embedded throughout the North East and Cumbria. Planned changes will also be considered at a provider level, with clusters of commissioners working collaboratively to ensure optimal service configurations are achieved. Across the North East and Cumbria there are a number of different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

A communication and engagement strategy has been developed to ensure all stakeholders are informed and engaged throughout the development of plans and the delivery of the programme. This includes establishing a platform for knowledge and information exchange and a social network to keep stakeholders engaged and share actions, learning and best practice. In North East and Cumbria, there are already strong relationships between stakeholders, including people with learning disabilities, their families and carers. This has resulted in meaningful engagements resulting in excellent examples of joint working across health and social care. We will build upon this, strengthening engagement with a wider range of stakeholders including the third sector and embracing our commitment to co-production.

Workforce development is identified as a major priority for the North East and Cumbria and will ensure we have the right people with the right skills and knowledge and behaviours to deliver personalised, preventative and safe support.

### ***Transformation Funding for Learning Disability Services***

The North East and Cumbria Fast Track project plan is predicated on key financial investment from the Transformation funding being in place. The funding being requested is at a level which the Chief Finance Officers from across the region believe is prudent and will support deliverable and cost effective approaches to successfully moving the project forward. Our submission has been produced with input from all local CCGs, local authorities and other key stakeholders across the area. The approach taken to compile the Funding Requirement has been assured through existing governance arrangements and as such has been approved by the North East and Cumbria Learning Disability Transformation Board. The Funding requirement reflects both Regional and Locality based priorities and has been scrutinised to ensure that duplication is minimised, cross working is encouraged and



that the overall plan results in resources being targeted in the most appropriate way to maximise impact and best support successful project delivery.

The approval of Transitional funding will be reported back to the Transformation Board and they will receive regular monitoring reports on progress, slippage and outcomes in relation to the funding on a regular basis once it is awarded.

Our ambition across the North East and Cumbria is to reduce current beds by 52% by the end of March 2020.

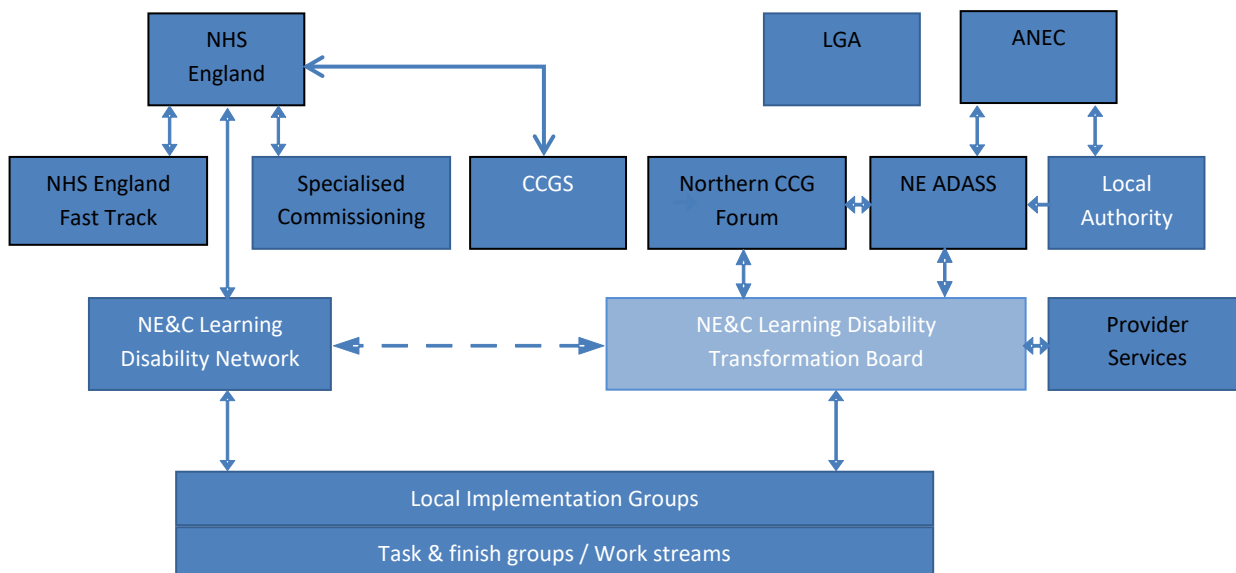
## 2. Mobilise the area

### 2.1 Governance and planning arrangements

The North East and Cumbria Learning Disabilities Transformation Board brings together the North east and Cumbria unit of planning and has been established to oversee and support transformation of Learning Disability services to help ensure the North East and Cumbria is the best place to live for people with a learning disability.

The Board is accountable to the Northern CCG Forum, North East Association of Directors of Adult Social Services, NHS England, carers and people with a learning disability. It develops and monitors compliance with a regional programme plan which incorporates a detailed transition plan in line with NHS England's fast track programme and provides appropriate links to other groups and organisations across the region.

The Board identifies and communicates any impacts of service changes to the health and social care economy such as the financial impact to a commissioner or provider organisation and also identifies and shares best practice across the North East & Cumbria and the wider system. The terms of reference for the Board further details regarding programme governance are embedded below. The diagram below shows the accountability structure and workload flow for the programme.



### 2.1.1 The patient base / population we are commissioning for

The North East and Cumbria Fast Track is taking a population based approach to its transformation programme. We recognise that improving the lives and outcomes of people with learning disabilities requires a life course approach which supports the changing needs of individuals throughout their life. Stakeholders across the North East and Cumbria have agreed an ambitious and broad vision which requires focused improvement and transformation across the wider determinants of health. This transformation plan is focused on some specific areas within this broader portfolio of work which will contribute to ensuring people receive high quality, evidence based care in the most appropriate setting and increasing the number of people cared for in the community.

The North East and Cumbria has a good understanding of the current numbers of people with learning disabilities who are being supported by health or social care, including detailed information on the numbers of people currently receiving treatment and care in a learning disability inpatient setting.

The specific services described within this transformation plan are to be commissioned for people with a learning disability and / or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging, or whose behaviour can lead to contact with the criminal justice system.

Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6%, however this is likely to be a significant underestimate. Including those with mild disability the prevalence may be as high as 2.5% equating to around 65,000 people. Using the published Quality Outcome Framework prevalence (0.6%) applied to each local authority population; we can project the number of people with a learning disability for the next five years (assuming an increase of about 3% each year).

### 2.1.2 What is the provider base?

This table provides an overview of the provider landscape and the types of services provided across the North East and Cumbria:

Learning Disability Service Providers	
CCG commissioned inpatient learning disability services - Including acute assessment and treatment	Northumberland Tyne & Wear NHS Foundation Trust (NTW) Tees Esk & Wear Valleys NHS Foundation Trust (TEWV) Cumbria Partnership NHS Foundation Trust  Independent sector: Danshell Group There are very few out of area placements

<p>Services commissioned by NHS England Specialised Commissioning</p> <ul style="list-style-type: none"> <li>- Learning disability secure services</li> <li>- CAMHs Tier 4</li> <li>- Forensic community outreach</li> <li>- Complex neurodevelopmental community service</li> </ul>	<p>NTW &amp; TEWV NTW &amp; TEWV - medium and low secure services for people with a learning disability. TEWV - forensic community outreach service &amp; contract leads for prison health (includes prison health, custody diversion). Both organisations provide services as part of the Ministry of Justice (MOJ)/NHS partnership, offender personality disorder pathway. NTW Provide CAMHs into Kyoel House and Aycliffe secure children's home. NTW - provide CAMHs Tier 4 learning disability services (acute assessment unit, low and medium secure services, inpatient assessment &amp; treatment service for children and young people with a mild to moderate learning disability and /or challenging behaviour and a complex neurodevelopmental community service CNDS).</p>
<p>Community Learning Disability Services</p>	<p>NTW (Sunderland &amp; Newcastle) TEWV (Durham, Darlington, Hartlepool &amp; Stockton) Integrated teams existing in Durham in partnership with LA Cumbria Partnership (Cumbria) South Tyneside NHS Foundation Trust (South Tyneside &amp; Gateshead) Northumbria Healthcare NHS Foundation Trust (Northumberland &amp; North Tyneside)</p>
<p><b>Social Care Providers</b></p>	
<p>A wide range of independent and 3<sup>rd</sup> sector providers are commissioned across the North East &amp; Cumbria to provide supported living, accommodation, day care, respite and residential care.</p>	
<p><b>Mainstream Health Service Providers</b></p>	
<p>Primary Care Services</p>	<p>Approximately 470 GP practices Pharmacies Dental practices Optometrists</p>
<p>Community Services Secondary Care services Mental Health Services Acute Hospital Services Ambulance Services</p>	<p><b>NHS Acute Hospital services:</b></p> <ul style="list-style-type: none"> <li>- City Hospitals Sunderland NHS Foundation Trust</li> <li>- County Durham and Darlington NHS Foundation Trust</li> <li>- Cumbria Partnership NHS Foundation Trust</li> <li>- Gateshead Health NHS Foundation Trust</li> <li>- Newcastle upon Tyne Hospitals NHS Foundation Trust</li> <li>- North Cumbria University Hospital Trust</li> <li>- North Tees and Hartlepool NHS Foundation Trust</li> <li>- Northumberland, Tyne and Wear NHS Foundation Trust</li> <li>- Northumbria Healthcare NHS Foundation Trust</li> <li>- South Tees Hospitals NHS Foundation Trust</li> <li>- South Tyneside NHS Foundation Trust</li> </ul> <p>Acute Learning Disability Liaison Nurses are located within acute trusts across the region</p> <p><b>NHS Mental Health service providers:</b></p> <ul style="list-style-type: none"> <li>- NTW</li> <li>- TEWV</li> <li>- Cumbria Partnership</li> </ul> <p><b>NHS Ambulance services:</b></p> <ul style="list-style-type: none"> <li>- North East Ambulance Service NHS Foundation Trust</li> <li>- North West Ambulance Service NHS Foundation Trust</li> </ul>

### 2.1.3 What are the commissioning arrangements with providers? Are there collaborative commissioning arrangements that can support this work?

A wide range of service options are available across the North East and Cumbria. Many of these are currently based on single commissioner contracts (including block, cost per case and individualised budget arrangements) and there are a small number of localities with pooled budgets. Establishing further pooled budget arrangements, joint contracts and alternative commissioning models will be explored to support delivery of this transformation plan.

**Clinical Commissioning Groups** – The attached document provides some examples of the current commissioning arrangements in place across the North East and Cumbria and also describes some of the future plans that are in place.



4. Collaborative  
arrangements.docx

**NHS England Specialised Commissioning** – Services such as Child and Adolescent Mental Health services (CAMHs) and Adults are commissioned for patients from England. These services meet the four factors for specialised services as described in the prescribed services manual. (NHSCB 2013). The services are commissioned and contracted for using the NHS standard contract. Services are contracted on a block basis with an all-inclusive price. Currency for payment is usually by occupied bed day for inpatient services and by activity for community services. CQUIN schemes are in place for all services and monthly contract monitoring meetings are held to manage performance against the contract. Continued close collaboration is required with partners in Health and Justice commissioning and providers of custody diversion schemes as well as prison in-reach teams, the commissioners and providers of the offender personality disorder pathway which is a joint initiative between the Ministry of Justice (MoJ) and NHS England and the five police authorities across North East and Cumbria.

**Local Authorities** – A range of local commissioning arrangements exist:

- All local authorities use Direct Payments and Individual or Virtual Budget arrangements to offer people personal choice and flexibility. In most authorities such options are supported by approved provider lists or a system for accrediting providers. Many of these are now featuring joint care and health budget elements.
- Regarding provision of supported living services, accommodation and day care, most authorities have a Framework or Approved Provider mechanism in place covering provisions for different levels or types of need. Provision of highly specialised services or tailored individual packages may involve traditional tenders outside of those arrangements.
- For respite provisions, authorities use a mixture of block and spot-purchase contracts.
- Residential care is usually on a block or spot-contract basis.

Increasingly, local authorities are looking to develop collaborative agreements or strategic partnerships with providers in order to achieve more enhanced partnership working. This includes flexible services with swifter response and better value for money. A number of providers are now able to offer capital for new developments as result of backing from social investors.

**Provider geography, natural alignments and collaborative arrangements –** There are natural clusters of CCGs / Local Authorities around providers and the detailed implementation plans will address the impact and plan service changes at a provider level.

**System and Market Engagement -** Strong provider forums already exist within localities and these bring a range of social care and voluntary sector community providers together. In addition the North East and Cumbria Learning Disability Network have put the region in a strong position with well established relationships across commissioners, providers and other stakeholders. There are effective mechanisms to share best practice with strong collaborative approaches that deliver system wide change.

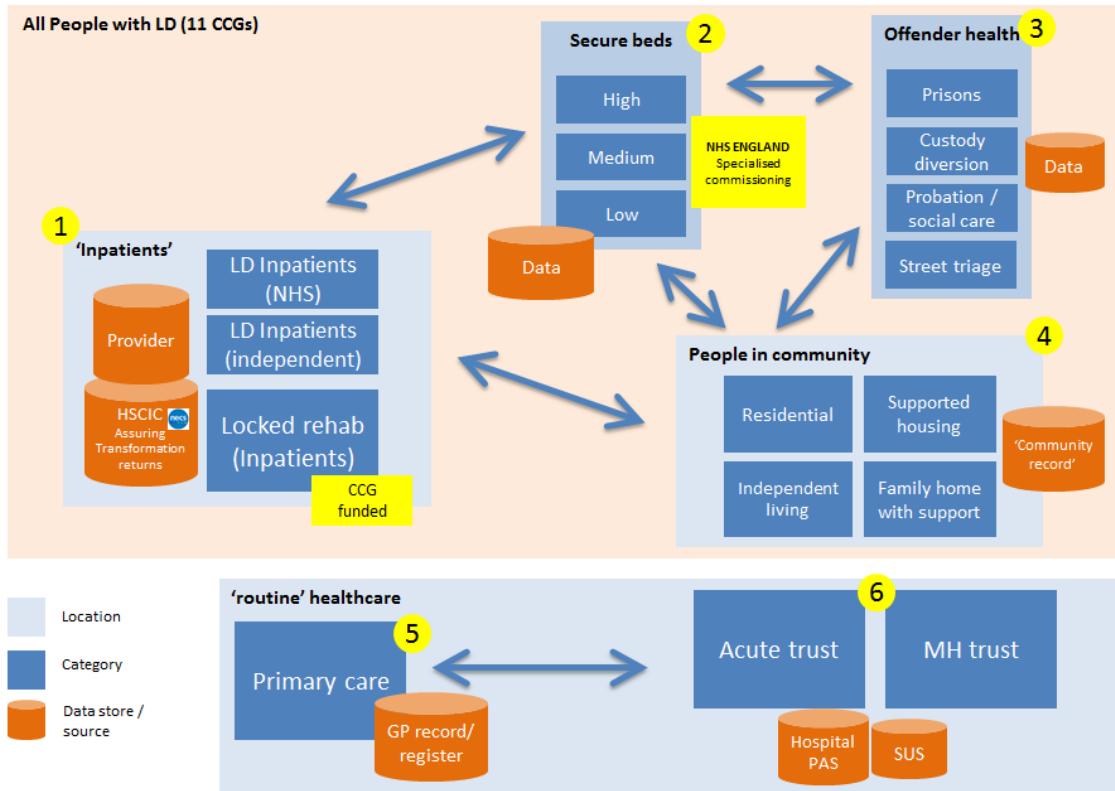
There are also opportunities to introduce new providers and new innovative ways of working to deliver improved outcomes for people with learning disabilities. A market review as part of a wider provider review would benefit the whole system approach as there are a high number of a wide range of services.

#### **2.1.4 How do flows work, and are there other complications / geographical / organisational considerations?**

The diagram below shows the flows across the system and how cohorts of people with learning disabilities move around the system.



## Learning Disabilities – system model



### Considerations

- Local variation
- Geography and deprivation
- Legacy of large institutional care facilities
- Determining ordinary residence
- People from out of area
- Commissioning of specialised services
- Distinct pathways
- Transition from children to adult services
- Data and information
- Contracts
- Vanguard and Integrated Care Pilots
- Fully considering the needs of all cohorts.

Further detail about these considerations is attached in the embedded document.



5.  
Considerations.docx

### 2.1.5 Who are the key partners to this plan and do they endorse it?

There are strong partnerships in place across the North East and Cumbria and these have enabled many of the key partners to be brought together and engaged in the

development of this plan. NHS and Local Authority commissioners and a wide range of other stakeholders have committed to delivering the new models of care and support for people with learning disabilities. This will be achieved with people with learning disabilities, their families and advocates and will be provided through more detailed co-produced plans.

The North East and Cumbria Learning Disabilities Transformation Board was recently established to oversee the development and delivery of the transformation programme across the region. This Board has endorsed the plan and during September and October formal endorsement will be sought from Health and Wellbeing Boards across the fast track area. Partners represented at the North East and Cumbria Learning Disabilities Transformation Board include:

- 11 Clinical Commissioning Groups in the North East and Cumbria
- North East Association of Directors of Adult Social Services representing the 12 Local Authorities in the North East
- Cumbria County Council
- NHS England Specialised Commissioning
- Provider organisations (NTW, TEVV, Cumbria Partnership, Danshell Group, social care providers)
- North East and Cumbria Learning Disability Network
- Confirm and Challenge Group (supported by Sunderland People First)
- Inclusion North
- NHS Health Education North East

Representation is from senior leaders from each organisation who have the authority to deliver the transformation programme.

### 3. Understanding where you are

#### 3.1 Baseline assessment of needs and services

Information from a wide range of sources has been analysed to gain a baseline assessment of needs and services. This includes Learning Disability Self-Assessment Framework returns, Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies, Transforming Care data and HSCIC data. A baseline assessment of needs is attached.




3. Learning  
Disabilities Baseline D:

##### 3.1.1 Population / demographics

The *Draft Service Model for Commissioners* (NHS England and LGA, July 2015) identifies several cohorts of people that Fast Track plans should focus on. In order to understand these groups more fully further analysis of the North east and Cumbria data is underway. Initial analysis, as of end of June 2015, provides some insight and is displayed in the table below. The most robust data available is for inpatients (the

‘Assuring transformation’ data set). Further work needs to be done to quantify how many people are in the various community settings.

What is the cohort (setting)	How big?	Is this cohort changing?
North East & Cumbria population with a learning disability	~17,000	Likely to be an under-estimation. Likely to increase to over 20,000 by 2020.
<b>People in inpatient settings (on 31.03.15)</b> - acute admissions in learning disability units - forensic rehabilitation - others including beds for specialist neuropsychiatric conditions - acute admissions within generic mental health service - complex continuing care & rehabilitation - non secure - low secure	<b>106</b>  55 22 14 8 4 2 1	Over the last year over 50% of people with a learning disability have been discharged from inpatient settings. Plans are in place to support significant numbers of people to transfer to a community setting with appropriate support packages. Supported by the CTR process.
<b>People in secure settings (specialised commissioning)</b> - Medium secure - Low secure - CAMHs Tier 4	<b>148</b>  37 86 25	 6. What are the different cohorts- Sp
<b>People with learning disability supported in the community</b> - Residential care - Supported housing - Independent living - Family home with support - Those at risk of poor outcomes or admission	<b>TBC</b>	Further data collection/analysis is underway to gain a better understanding of people being supported in the community. To support people in a community setting and avoid unnecessary inpatient stays, preventative approaches and much earlier intervention are required. This requires systems to identify people most at risk of poor outcomes.

Further detail about inpatient cohorts can be found in the embedded baseline information and Transforming care summary.

### **How is the system currently performing against the national outcome measures?**

The North East and Cumbria has surpassed the Transforming Care Discharge Ambitions discharging 61.25% of Inpatients into community settings. The Care and Treatment Review target has also been achieved.

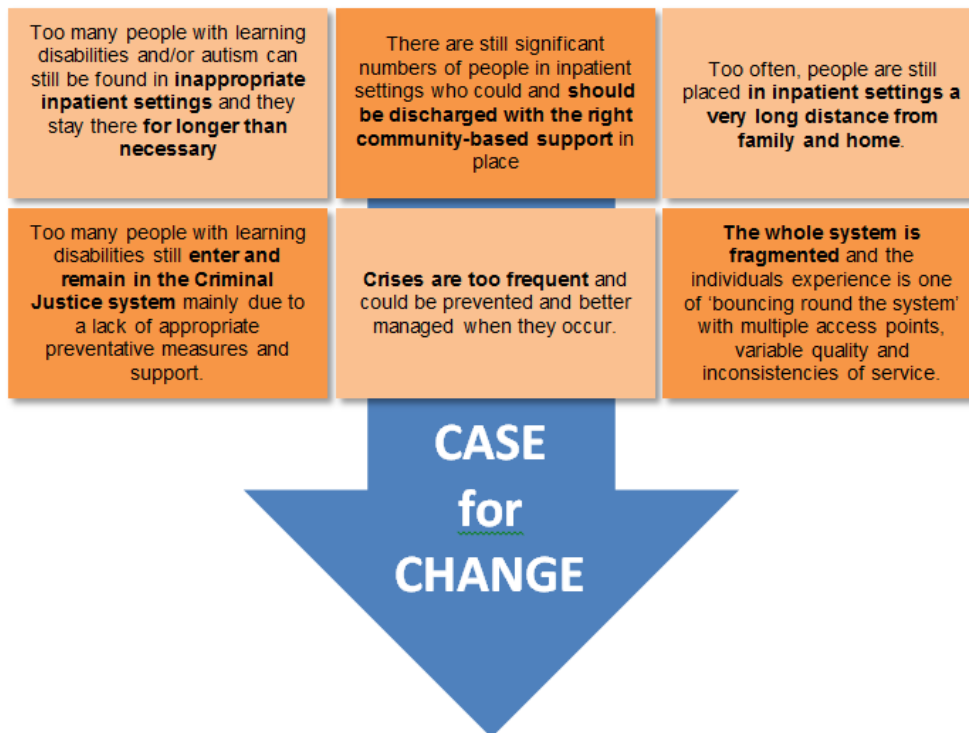
In terms of Adult Social Care, the Adult Social Care Outcomes Framework (ASCOF) measures two specific cohorts which relate directly related to people with Learning Disabilities:

- Proportion of Adults with Learning Disabilities living in stable accommodation. In 2013/14 the England average was 74.9% while the North East exceeded this at 80.6%.
- Working age people with Learning Disabilities in paid employment. The England average was 6.7% while the North East achieved 5.5% in 2013/14.

It should be noted that across the region, there are numerous locally determined performance measures and frameworks that monitor quality of life outcomes.

### 3.1.2. What is the case for change?

The current experience for people with learning disabilities in the North East and Cumbria is very varied. This is, in part, apparent by looking at the data but also by listening to the stories of service users, families, providers and commissioners. However, there are also many challenges in understanding the true picture because of a lack of consistent data across the whole system. We understand pockets of activity such as patients located in-patient settings, but on the whole we have poor visibility of what these people's needs are, how they are currently being met (or not), and what issues they are encountering.



- The available data (through the 'Assuring transformation' process) shows the people with a learning disability who are in in-patient settings. A proportion of these patients require inpatient specialist care, but many of them can be managed in the community and these individuals are being identified as part of these plans.
- We can also see from this data that there are people in these settings for very long periods of time (up to 25 years).
- There are few other clear messages directly from the data, but this is probably indicative of the immaturity of information systems to allow the monitoring of people with learning disabilities. This is a key strand of the 'case for change' borne out by the observation that systems are fragmented and quality is very variable.

- The overwhelming picture drawn from a wide range of qualitative analyses highlights the fragmentation of the system and the many ‘hand-offs’ that occur at many levels of care or support of people with learning disabilities.



8. Case for  
change.docx

### ***What are the current challenges within this baseline?***

- A clear understanding of the baseline is challenging due to a lack of shared currency and shared data sources
- A lack of robust outcome measures (possibly a knock-on effect from poor information systems) means that progress had been hard to measure and is a key element that needs to change
- The length of time required to develop sustainable community-based alternatives to admission. Particularly housing, architectural based solutions
- Financial positions of many Local Authorities and their instability to financially support major change programmes.
- A lack of systems to identify people at risk of poor outcomes
- Commissioning for specialised services is done on a system wide basis rather than sub regional basis.
- We have no control over admissions directed by the courts
- The development of custody diversion schemes has increased throughput into secure services as people are diverted into hospital
- Lack of infrastructure in the wider community to assist in safe discharge of people with history of offending behaviours
- Availability of suitable premises and skilled providers
- The need to make sure that patients don't experience increased restrictions by being placed in community settings
- The impact of the North East and Cumbria Transformation plan on other areas of the country. The North east and Cumbria are major importers of patients requiring treatment from other areas in England
- Also see section 3.1.4.

### ***How can the baseline be improved?***

- Choice and control at the heart of ALL service provision and planning
- Systematic early identification and intervention for those people at risk of poor outcomes
- Planned, proactive and coordinated care in the community
- Effective Prevention and Management of Crisis
- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System
- A Consistently Highly skilled, confident and value driven workforce
- Dedicated funding
- Equitable service provision and high quality evidence based care
- Specific focus areas:
  - A standardised minimum data set across all providers to allow regular reporting of performance and activity



- An agreed set of outcome measures to allow benchmarking and tracking of performance
- Agreeing thresholds for admission and for those people that do require an inpatient stay improve the whole pathway from preadmission to post discharge
- Providing treatments tailored to individual need rather than a programmatic approach
- Implementing the *North East and Cumbria Service and Care Principles and Standards*
- Changing the approach to how and where treatments can be delivered
- Transferring prisoners back to prison on successful completion of treatment
- Enhancing the function and delivery of the forensic outreach model and rolling it out across the North East and Cumbria
- Developing a menu of skilled providers

## 4. Develop your vision

### 4.1 Vision, Strategy and outcomes

Our vision is for the North East and Cumbria to be the best place in England to live for a person with a learning disability and / or autism and a mental illness or behaviour that challenges.

Our vision is holistic, recognising the importance of a range of factors that encompass the wider determinants of health, on an individual's overall quality of life and outcomes. The vision requires system wide transformational change that cuts across traditional organisational boundaries and spans the entire life course.

This plan touches on all of the 'drivers' associated with achieving a good quality of life and outcomes, however it does not profess to include the strategic approach and delivery plans for all of these areas and must be seen as part of a broader set of strategies, approaches and plans that are in place across the North East and Cumbria to improve the lives of people with learning disabilities.

We will achieve our vision by working collaboratively with partners across health, social care and the third sector to strengthen support in the community for individuals and their families. We will develop a highly skilled, confident and value driven workforce who care and support people with learning disabilities. This will reduce reliance on the use of in-patient beds and/or breakdowns in someone's care setting and support people much earlier to improve their quality of life and outcomes.

#### 4.1.1 What are your aspirations for Learning Disability services and outcomes?

The North East and Cumbria will lead the way in achieving positive health and social care outcomes for people with learning disabilities using an inclusive and

collaborative approach to address barriers to inclusion. Building on person centred values, future pathways will focus on supporting people within their own community and reducing reliance on inpatient services.

Specialist services will help prevent problems from arising in the first place, help to support an individual to use mainstream services and or participate in their local community e.g. employment, education, housing, friendships, relationship, leisure etc. People with learning disabilities who only have a mental health need will use mainstream mental health services. We will ensure that we make the most appropriate help available in a timely manner.

As a result of the changes described in this plan:

- choice and control will be at the heart of ALL service provision and planning
- people will be identified and supported much earlier to improve their quality of life and outcomes
- care and support services will always be well coordinated, planned jointly and appropriately resourced
- people will be supported to avoid crisis and if they do occur, crisis situations will be well managed
- people will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System
- there will be a highly skilled, confident and value driven workforce who support people with learning disabilities
- people will always receive high quality, evidence based care in the most appropriate setting.

### **Personal experience**

People with learning disabilities will live in their own home, in their local community supported by people who know them well. If in a staff supported living arrangement their staff team will be the right people, with the right values, knowledge, skill and competence to support them. People with learning disabilities and their families will know what support is available to them, have advocacy and support when they need it and will always receive well-coordinated, planned care. Community based care and support will help support families of people with learning disabilities to maintain close relationships and links with their relatives and avoid people being supported a long way from home. This will provide greater opportunities for enriched relationships with family members. People with learning disabilities will also have increased opportunities to live fulfilled lives.

The regional ADASS learning disability work stream has informed local authority commissioning. A wide range of new accommodation options is being developed across the region, including individual service design, small-scale and bespoke developments, property refurbishments and larger scale core and cluster models. Capital funding for housing delivery is being drawn in from the Homes and Community Agency, from social investors, private capital and from providers using their own assets to fund new developments. The preferred model of support is independent supported living, which offers the highest level of security of tenure appropriate for any tenant. Where there is a need for specialist residential care, for

example where high levels of restrictive practice are required, local authorities are actively engaging with the provider market to ensure that high quality service options will be available locally.

To embed this work, across the region local authority housing strategies are being refreshed to reflect the requirements of the Transformation agenda, with a number of authorities establishing “complex needs” housing task groups within that work. Such partnership working and progress on housing strategy implementation is reported to local Health and Wellbeing Boards.

### **Health outcomes for individuals**

The evidence shows that having a learning disability increases the likelihood of developing physical and mental health problems. We want to ensure that services support people and their families to:

1. Maintain good physical and mental health wellbeing
2. Know when mental health and behavioural issues are developing at the earliest point and get the right support
3. Reduce (50%) the in inappropriate use of psychotropic medication
4. Respond to and promote indicators of good physical health including obesity, immunisation, diabetes, dental health. We would be looking to support reduction in A&E attendance and increased uptake of NHS cancer screening.

### **Specialist Learning Disability services**

While our ambition is for people to access mainstream services we also need to ensure that when a person needs specialist learning disability services these are clearly defined and provided by skilled and competent staff who are flexible and respond quickly to need. Care will be provided in a community setting by multidisciplinary teams the key components of this are described in the diagram below. We recognise that there is an ongoing need for access to specialist inpatient services for a small number of people with Learning Disability and/or Autism who have a mental health condition or display behaviour that challenges, however the admission would be part of the wider community pathway and the focus would be to return people to their home as soon as possible.

## People Living and Supported to Live in the Community



- ✓ Holistic multi-disciplinary assessments.
- ✓ Individual person centred plans that support across the life course and inform ISDs
- ✓ Prevention and early intervention to increase people's quality of life and prevent the need for more intensive support in the future.
- ✓ Core services respond to meet people's needs.
- ✓ Specialist services respond quickly as required with the aim of maximising independence and quality of life.
- ✓ In reach and integrated approach.
- ✓ Care provided in or as close to the individuals home as possible. Home includes residential care, supported living and independent living.

### Sustainability

This model will be sustained as a result of people living fulfilled lives and participating in their local community (a society that enables participation will inevitably have a healthier population reducing reliance on health and social care services). By ensuring people have their physical health care needs met fully there will likely be a reduction of behavioural issues that require significant intervention. We also know that having a learning disability increases the risk of developing ways of responding that others find challenging.

A key part of our aspiration is the need to invest in the skills of the local community to ensure that the people within it feel competent, confident and supported to meet the needs of complex people who present with challenging behaviour. This will be delivered through skills training and proactive prevention but also through timely access to support when needed. This will help to keep people within their communities and prevent unnecessary hospital admissions.

### 4.1.2 What principles are you adopting and how will you know if you have succeeded?

The North East and Cumbria Transformation Programme have agreed to adopt the principles outlined in the *National Service Model* but have also collectively developed

11 regional standards and principles. There has been multi organisational partner agreement to adopt these standards and principles, which are closely aligned to the standards outlined within the national model of care.



Principles and Care Standards.pdf

The embedded document demonstrates how each of the North East and Cumbria learning disability standards and principles aligns to those within the national model of care and demonstrates our metrics for measuring success.



10. NE&C Principles & Standards aligned t

### 4.1.3 What outcomes will change and what will the change be?

The outcomes that will change as a result of this transformation programme can be grouped into four broad categories:

- **Reduced reliance on inpatient care**
- **Improved quality of care**
- **Improved quality of life**
- **Improved service user experience**

We will see a significant reduction in people needing to be in an in-patient hospital setting and placement breakdowns, ensuring stability for a person living in their home of choice. In addition improvements will be seen across a wide range of other measures.

<b><i>What outcomes will change?</i></b>	<b><i>What will the change be? / comments</i></b>
<b>Reduced reliance on inpatient care</b> <ul style="list-style-type: none"> <li>- Reduced admissions to inpatient learning disability services</li> <li>- Reduced learning disability inpatient beds</li> <li>- Reduction in Length of Stay</li>   <li>- Increased use of individual budgets</li> </ul>	50% reduction in admissions to inpatient learning disability services    28 days / in line with MHA for Mental health admission Year on year increase
<b>Improved quality of care</b> <ul style="list-style-type: none"> <li>- <i>North East &amp; Cumbria Care Principles and Standards</i> contain a variety of quality measures across key aspects of specialist and mainstream care</li> <li>- Improved individual clinical outcomes</li> </ul>	See NE&C Care Principles and Standards   Further work required to agree individual



<ul style="list-style-type: none"> <li>- Compliance with pre-admission and discharge best practice processes/CTRs</li> <li>- Frequency and quality of care reviews</li> <li>- Medicines optimisation</li> <li>- Compliance with NHS Improvement and CQC learning disability targets/standards</li> </ul> <p>Primary care outcomes</p> <ul style="list-style-type: none"> <li>- Continue year-on-year increase in % of people with health checks and health action plans</li> <li>- Increased uptake of screening and immunisations</li> <li>- Improved management of long term conditions (including diabetes and epilepsy management)</li> <li>- Improvements in healthy lifestyle indicators (e.g. smoking status, BMI, etc.)</li> </ul> <p>Secondary/Acute care outcomes:</p> <ul style="list-style-type: none"> <li>- Reduced A&amp;E attendances</li> <li>- Reduced avoidable emergency admissions</li> </ul>	<p>clinical outcome measures</p> <p>Regular review of current treatments / prescribing in line with best evidence</p> <p>Further work is being completed to establish all baselines and ensure trajectories are also broken down to CCG/LA level to ensure that quality of care is improved across all areas in the North East and Cumbria</p>
<p><b>Improved quality of life</b></p> <ul style="list-style-type: none"> <li>- Reduction in avoidable and premature deaths</li> <li>- Increased placement stability - reduction in unplanned respite</li> <li>- Improved safeguarding outcomes</li> <li>- Number and % of people in settled and secure accommodation of their choice</li> <li>- Number and % of adults in employment</li> <li>- Individual measures of improved quality of life</li> <li>- Reduction in placement breakdown</li> </ul>	<p>NE&amp;C Learning Disability Network working alongside the National Mortality Review Body to test processes</p> <p>Year on year improvement &amp; equity across localities (ASCOF measures)</p> <p>Outcomes star / eHEF / Transforming Care: Quality of care measures</p>
<p><b>Improved service user experience</b></p> <ul style="list-style-type: none"> <li>- SAF measures</li> <li>- Feedback from Patient forums</li> <li>- Individual provider surveys, exit questionnaires and feedback</li> <li>- Adherence to quality checker standards</li> <li>- Increase in reasonable adjustments:             <ul style="list-style-type: none"> <li>o Improved accessibility of information</li> <li>o Increased length of time for appointments</li> <li>o Flagging systems for people with additional needs</li> </ul> </li> </ul>	<p><i>SAF – provides a highly inclusive mechanism to measure improvement/change</i></p> <p>Across health and social care</p>
<p>Other measures to show that the new system has been successfully implemented</p> <ul style="list-style-type: none"> <li>- Workforce competence in PBS</li> <li>- Reduction in unplanned respite – development of respite options in the community</li> <li>- Access to Learning disability awareness training</li> <li>- Access to parenting programmes</li> </ul>	

A number of outcome measures have been trialled or are in development across the North East and Cumbria on a small scale:

- eHEF - while this framework measures outcome activity and improvement in service provision/lifestyle it does not identify other influencing factors, such as mental health on physical health outcomes. We would like to explore the options of developing this more widely to see if is sensitive to outcomes at an individual level. While we recognise that it is not intended to replace existing outcome tools for specific settings or for specific interventions; it does provide a clear and transparent overarching framework to look at planning around social, biological, behavioural, communication and service related factors and include those involved with an individual. This would be particularly helpful with commissioning and service provision and across health and social care settings.
- Joint work with Bangor University to look at Quality of Life measures linked to Positive Behavioural Support and workforce development
- Outcome Star - Work has already been undertaken with TEWV looking at this personalised outcome measurement tool. The use of such a tool supports integration with mainstream mental health services
- Education, Health and Care Plans for children and young people with Special Educational Needs- we need to ensure that we build on and enhance the information and outcomes contained in these plans as children and young people transition in to adulthood
- Assessment tools for service providers to ensure that they are providing quality services – this is an area that we need to work on collectively going forward and would link with the work around contracting and developing the provider market.

The North East and Cumbria has been actively involved in the Learning Disabilities Currency Development Project which aims to describe the needs of patients requiring input from NHS funded specialist health services traditionally labelled as "adult learning disability services". The first phase of data collection led to the development of nine learning disabilities-related needs groupings based on complexities in physical health, challenging behaviour, autism and level of learning disability. Approximately 25% of people with a learning disability were allocated to existing mental health and dementia needs groupings. The second phase of data collection and analysis will help understand how these needs groupings are used in practice (e.g. how service provision varies on the basis of need). There are also plans to use the data from the groupings to inform implementation of the national learning disabilities service model and workforce development (in collaboration with the Transforming Care Programme and Health Education England).

The North East and Cumbria Fast Track has linked with NHS England to consider further development of outcome measures around treatments in line with the developing evidence base. We are excited about the work being proposed by the Transforming Care: Quality of Care Measures and will be identifying key individuals from across North East and Cumbria who can will be involved and contribute to this work.

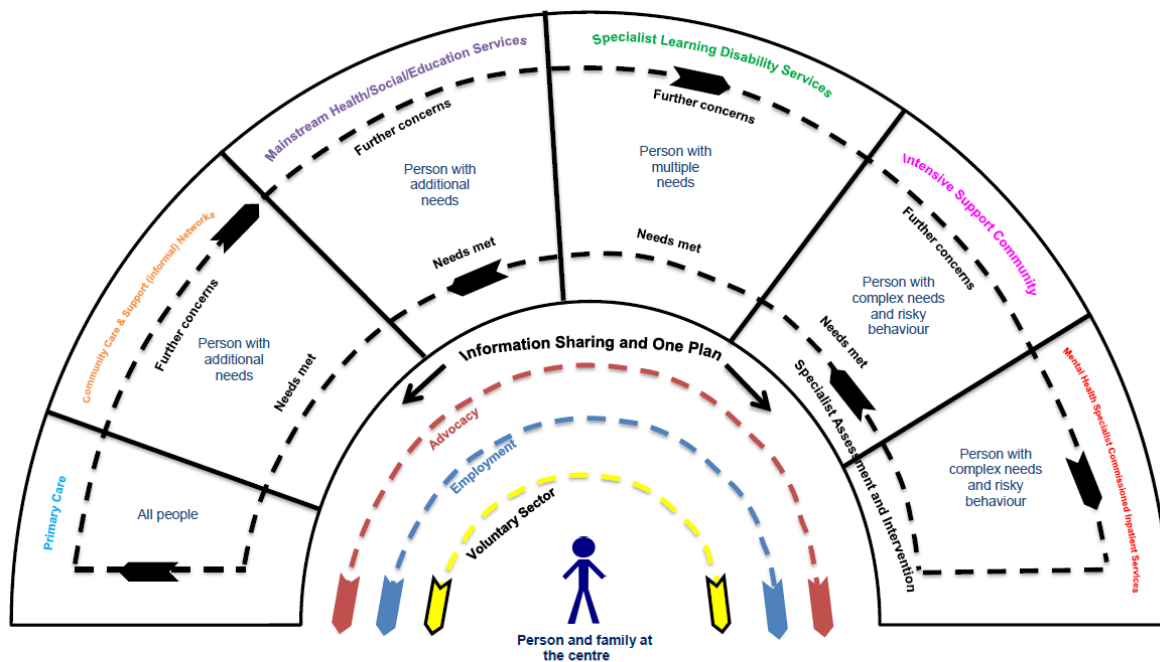
## 5. Define your model of care

### 5.1 Proposed service changes

#### 5.1.1 What will your future system look like?

The proposed model is based on the principles described in the national service model and is developed across the life span taking into consideration the changing needs and requirements of people with learning disabilities. Key themes for implementing the Transformation Programme:

- **Choice and control at the heart of ALL service provision and planning**
- **Systematic Early Identification and Intervention**
- **Planned, proactive and coordinated care in the community**
- **Effective Prevention and Management of Crisis**
- **Helping people to stay out of trouble and supporting people who enter the Criminal Justice System**
- **A Consistently Highly skilled, confident and value driven workforce**
- **Equitable service provision and high quality evidence based care in the most appropriate setting**



**North East & Cumbria Standards and Principles**  
**National Service Model**

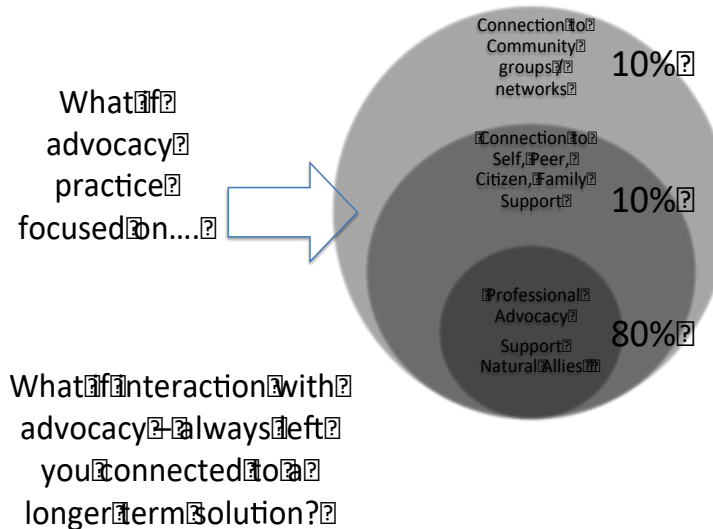
#### **Choice and control at the heart of ALL service provision and planning**

This includes a new model for the way advocacy support is commissioned and developed. Improved systems and mechanisms to enable choice and control such as personal budgets and access to accessible information.

Having worked with people with Learning Disabilities, family carers, commissioners and providers in health & social care and advocacy providers, we now have a model that changes the way advocacy support is commissioned and developed. The new model includes:

- **Rethinking Advocacy Commissioning** - to take into account preventative aspects of supporting local communities and the need to invest in people's capital to invest in a longer term vision of individual autonomy in all aspects of people's lives as well as fulfilling statutory advocacy requirements.
- **Rethinking the practice of Professional Advocates** - to rethink how professional advocates practice to ensure they contribute to building people's capital. There are various ways that we could do this including:
  - Developing and investing in natural allies
  - Standard and routine connection to long term preventative approaches
  - Building and investing in people's capital

For example, using funding allocated which would ordinarily fund a Professional Advocate whilst utilising that money differently i.e. to support 80% of a Professional Advocate model and the other 20 percent to support the development of self or citizen advocacy.



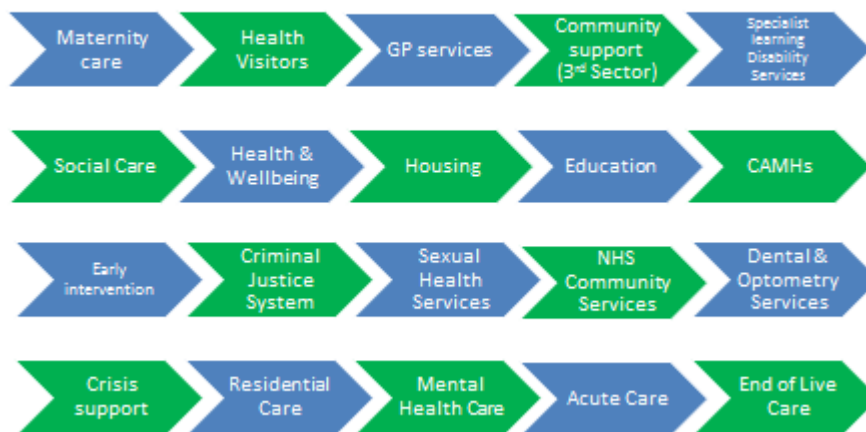
**Personal budgets** - By extending the use of personal health and social care budgets and supporting people to use and manage these effectively, people will have increased choice and control over all aspects of their life. To support the increased use of personal health budgets systems need to be easy to use and people need good information and will have access to independent advocacy and advice. Many of these support requirements are detailed in the 2014 Care Act.

### Systematic Early Identification and Intervention

- New systems will be developed to use information from health (information from a wide range of sources, primary care, maternity services, community

- services, secondary care), social care, schools, criminal justice system) to systematically identify those people at risk of poor outcomes.
- A risk stratification tool will be part of the system to help community based multidisciplinary teams to prioritise the people who require targeted interventions.
  - Proactive, preventative, individualised care will be provided by multi-disciplinary teams. Holistic assessments will be undertaken which will result in a co-produced personalised plan. These holistic assessments and preventative plans will consider all of the wider determinants of health impacting upon the individual.
  - Families are part of the workforce development strategy to ensure that they are also upskilled in Positive Behaviour Support and opportunities for family leadership. This will also raise expectations and hold the system to account.
  - Personal budgets will be utilised to provide a wider range of short breaks to both people with a learning disability and families.

## Life Span Approach



### Planned, proactive and coordinated care in the community

- Everyone will have a co-produced person centred care and support plan (for children and young people with special education needs this will be an Education, Health and Care plan).
- Care coordinators will be assigned to every individual
- Multidisciplinary community teams will support people with learning disabilities of all ages in the community. These teams will support people on two pathways of care: Targeted early intervention and crisis avoidance and management
- Robust mechanisms will be in place to monitor adherence to the plan
- Pre-admission checks and CTRs are the norm for people as part of an appropriate escalating response which is mobilised to support the individual. In response to increasing complexity a multi-disciplinary CTR should be undertaken in the community. A physical and mental health assessment should be included to provide an holistic assessment for the individual to minimise the need for admission.





- If on discussion within the MDT it is agreed that it is in the individuals best interests that an admission is appropriate then the MDT are responsible for setting goals for admission and discharge. The person will be at the heart of the decision making process alongside input from families and carers as appropriate.
- People with learning disabilities will be living in their local community in housing of their choosing and with people they want to live with
- Physical health needs will be robustly met through reasonably adjusted health and social care services. We will continue to increase year on year uptake of annual health checks for all people aged 14 years and above
- Early indications of deteriorating mental health or behaviour labelled as challenging will be identified very quickly and specialist health learning disability providers will scaffold social care providers to appropriately support people until stability is achieved.
- Joint health and social care commissioning arrangements will be used, pooling of budgets and joint personal budgets will ensure the system can provide flexibility to respond during times of instability in the person's mental/physical health enabling them to remain in their own home as far as possible.
- Resettlement plans for long stay patients (forensic or health based). Care packages will be person centred and delivered in line with the agreed service standards.

## Effective Prevention and Management of Crisis

The intensive response to crisis and alternative to admission pathway is a relatively new model in some areas across the North East and Cumbria Fast Track and further work is required to test out, evaluate and refine it. Our model builds upon the Mental Health Crisis Care Concordat.

People will have access to intensive 24/7 multi-disciplinary health and social care support to help prevent family or support package breakdown. It is suggested that as an alternative to admission there are broadly 4 types of 'crisis' response required for those people known to services in addition to the support they would be receiving from the local community teams.

1. The social care placement is breaking down due to staffing issues/burnout etc. previously this has often resulted in an admission as a place of respite/safety. In this situation we would be advocating the release of unqualified but PBS trained staff to support short term while the provider resolves the staffing situation. May be additional 12 or 24 hour support required for 7 days max. A co-produced crisis contingency plan will be agreed with the provider when the service is commissioned.
2. The person's behaviour is deteriorating and staff are struggling to manage the situation. Under direction of qualified staff, unqualified experienced PBS trained staff would be deployed to check that the care plan/behaviour support plan was being adhered to and would provide advice/ guidance and modelling as per the behaviour support plan. This may last up to 4 weeks 24/7 similar to crisis home treatment teams. Further support and training may be provided by the wider multi-disciplinary team as required.
3. The individual's presentation has changed significantly and they are at risk of harming themselves or others e.g. physical health decline/ change to environment. An assessment is required in situ where qualified staff are deployed to carry out observations and assessments within the patient's own environment (assuming that is possible in multi-occupancy tenancies and they are safe). This may last up to 4 weeks 24/7 similar to crisis home treatment teams. Clinical leadership and decision making are key and daily review by senior staff will take place with senior staff contactable 8-8 or 24/7 to provide support guidance and direction. The agreed treatment plan would be overseen by person who is agreed as the most suitable to lead the assessment process (for example Consultant Psychiatrist and psychologist oversight where appropriate).
4. As in 3 but the risk is too high to the person, health staff and /or the person's staff in their home environment and this cannot be safely managed in any community setting and therefore requires access to specific intervention in an inpatient setting
  - a. There are safeguarding issues that cannot be safely managed. This could be around other residents who may be vulnerable adults or it could be that there are children or other vulnerable family members in the household
  - b. There are specific historical risks in the community that mean that it is unsafe to treat them at home

- c. It is not possible to implement assessment/treatment without causing significant distress/disruption/intrusion to others who share the home with the patient
- d. There are legal implications that prevent treatment of this kind being quickly implemented within the home.

For scenarios 1 & 2 the team working with the individual need to put in place positive behaviour and crisis response plans, including detailed challenging behaviour escalation response and emergency management plans that do not focus solely on moving the person elsewhere. The plans will also need to support access when times get hard, and staying in the community setting is not possible, to short term flexible extra practical assistance and a wider spectrum of support resources (with pathways that reduce the length of time people spend in in-patient settings and better manage crises).

## Helping people to stay out of trouble and supporting people who enter the Criminal Justice System



### 11. Specialised Commissioning Fast Track

This strand of the model focuses on:

- The need for brief admissions in the early stages of treatment
- Reduced in-patient beds
- Reduced in-patient length of stay
- Better service level discharge planning
- Working with a different community client group
- Enhanced Community Services offering new community treatment and care packages delivered by an enhanced forensic community outreach team who provide:
  - Comprehensive and rapid assessment (given risks managing in the community), encompassing:
    - Offending and criminogenic need
    - Mental disorder / comorbidity
    - Risk assessment
  - Active community offender treatment
    - Offender treatment programmes
    - Mental disorder / comorbidity
    - Trauma support
  - Addressing social, educational and vocational needs
  - Direct input to support crisis
  - Support and training of adult learning disability and/or AMH teams
  - Primary and secondary prevention
  - Intense home support e.g. if sudden increase in risk and/or reduced ability of home staff to support the service user
  - Promoting resilience in service users and/or carers (family or paid)
  - Complex case management
- CTO recall

- Flexible range of providers of housing and social care support in the community
- More robust transfer pathways
- Prevention:
  - Secondary prevention – identifying those near to offending / reoffending and doing intensive support work.
  - Primary prevention – for example working in to schools etc. alongside CAMHs identifying those at particular risk. Access to a range mainstream preventative services such as drug and alcohol services.

**A Consistently Highly skilled, confident and value driven workforce**

Positive Behavioural Support will underpin all care and support services - The health and social care workforce will demonstrate competence in positive behavioural support at all levels of organisations measured through the use of the PBS competency framework and contractual arrangements.

PBS training will also be offered to families as part of the early intervention approach. The model will be delivered through the workforce proposals which are described in more detailed on the attached document.

**Equitable service provision and high quality evidence based care in the most appropriate setting**

All organisations and will adopt the 11 North East and Cumbria principles and care standards which describe the standards and the metrics that will be developed to ensure delivery & measure success. These standards are aligned to the national model and will ensure that care and support is delivered and monitored consistently to the highest levels of quality. Medicines optimisation is also included in the North East and Cumbria care principles and standards and is described in more detail in the enablers section below.



9. NEC Principles and care standards 28081


The table in the attached document begins to describe how care will be different and what we will measure in relation to each standard.

Key components of our model to ensure that people with learning disabilities can access reasonably adjusted mainstream NHS services:

- Every Acute Hospital Trust has a learning disability liaison nurse that delivers strategic and direct support
- Learning disability primary care liaison is available across the region and will be further enhanced
- Health ‘Quality Checkers’ have also been trained in all localities and this will continue to be strengthened
- Mainstream and green light toolkit

What enablers need to be in place for this system to operate?

Estates	Community based facilities need to be identified
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	<p>and commissioned for assessment, support and development of individual treatment plans.</p> <p>Quality of housing that is flexible to meet individual requirements. Recognising that buildings need to have the potential to be adapted based on the changing need of individuals.</p> <p>They need to be positioned in the community in a place that the individual can access local facilities and become part of the community.</p>
IT	<p>Information Sharing protocols in place and being followed, to allow the sharing of information between organisations providing the different Tiers of service, to support service delivery to individuals and future service planning.</p> <p>New information system / database.</p>
Finances and Commissioning Arrangements	<p>Processes in place to enable joint CCG and Local Authority commissioning, including pooled budgets and risk share arrangements to facilitate commissioning of joint care packages. Financial and Resource agreements in place to facilitate the transition of clients from inpatient to community support. A high quality of information is needed to enable commissioning decisions to be made.</p>
Workforce	<p>See specific workforce section.</p>
System to systematically identify and stratify at risk population	<p>System in place to use data from multiple health and social care records to identify and risk stratify those people most at risk of poor outcomes.</p>
Outcomes framework	<p>A shared outcomes framework will be adopted to measure system and individual outcomes.</p>
Agreed areas for improvement for the use of medicines in people with learning disabilities	<p>The Local Professional Pharmacy Networks (Northumberland, Tyne and Wear LPN, Durham, Darlington and Tees LPN and Cumbria LPN) have agreed to work collaboratively to undertake analysis and identify areas for improvement (recommendation 3 of NHS Improving Quality Winterbourne Medicines programme) in relation to use of medication by people with learning disabilities and behaviour that challenges.</p> <p style="text-align: center;">               13. Use of medicines.docx         </p>



<p>Reasonable Adjustments to mainstream services</p>	<p>All people who have learning disability will receive the majority of their care from universal services, with reasonable adjustments. To this end all providers of mainstream health and social care services must understand the variable and varying needs of this group, to communicate well with this population and their carers, and to provide care that is co-ordinated with other agencies.</p>
<p>Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks</p>	<p>Work with CQC to ensure the new models of care and provision will meet the required inspection frameworks. People will be supported in safe places that enable them to thrive and maximise opportunities through flexible and resilient models supported by relevant CQC regulations.</p>

### 5.1.2 How will this be different for people with a learning disability and their families

#### North East & Cumbria will be the best place in England for people with learning disabilities to live- individual/family perspective

##### Current State

- Limited resources across the board
- Left feeling like they are holding and co-ordinating things
- Poor access and support out of 9-5 hours- want somebody there
- No alternatives to admission- hospital or out of area
- Leads to placement breakdown
- Limited access to training and support
- Multiple care plans and meetings
- Not very responsive so things become crises- arranged too late
- Variable intervention

##### Early intervention future state

The new model of service delivery ensures that the whole system works to support the individual and their family. To ensure this there is a specific focus on early intervention in a child or young person's life. Offering individualised interventions and a response at the earliest opportunity when a person has an emerging need relating to their health and wellbeing.

##### Early intervention requires:

- Timely/ access 24/7
  - 'Hands on' response if required
  - Skilled and experienced workforce
  - Clarity of what will happen and what people will do and the anticipated outcomes
  - Positive partnerships with people families and paid carers
  - Collaborative working with all partners
  - Positive alternatives to hospital

## Peter's Story

Peter is 28 years old and has significant learning disabilities and some physical health problems. He had a difficult upbringing with a number of failed school placements due to challenging behaviours and a series of support workers with no continuity. Since leaving college at 23 he has had limited daily activities and stays at home with his mum. He is on a lot of medication from the GP which he has always been on but mum is not sure what it is for. Mum and Peter have recently moved into the area and have not been known to services locally.

Mum has started to see her GP quite regularly as she is finding it increasingly difficult to cope with Peter and is finding his behaviours more challenging and limiting what she can do as she is socially isolated and has minimal support. Peter has not been to the GP, he has just received repeat prescriptions since the move. He has always struggled to go to the GP.

Peter's mum really loves him and has always cared for him however she is at the end of her tether and worries about what will happen to Peter. She worries that he will hurt her or himself and end up in hospital and not come home. She is desperate for advice and information and to be told how she can help. She wants to be included and to be heard.

### Request for help

Mum is given advice and support while Peter is at school  
She has a named person that she can contact who knows her and Peter well  
If they are not there she knows she can ring a number for help **24/7**  
Peter and his mum are offered a range of services and choose ones that seem to meet their needs best  
Mum is also offered some training so she can understand why Peter is behaving the way he is. It also looks at general strategies to help manage Peter's behavior  
Peter finds these meetings very hard so his mum will meet with his nurse or social worker and try and get Peter's views or ideas.  
An advocate is not needed at the moment

### Assessment

It is not always appropriate for mum and Peter to go out together and Peter needs his own space. Some support is identified for Peter via social care and he is involved in selecting & choosing the staff who will work with him  
Peter is prone to periods when he feels very unwell and will 'lash' out when mum asks him to do things. Previously he has had a medication increase to help but the team would like to work with mum and Peter to see if there is anything else they can do  
This forms part of the co-produced care plan, which includes funding and was agreed by all, including Peter

### Plan

Peter will receive treatment in line with NICE guidance or good practice guidance to support his behavior and also for his moods  
He is supported to go to his GP and 'well man' clinics.  
He receives a treatment package tailored to his needs including support from the local pharmacist to look at all his medication  
Peter and his mum will have access to social care to help them with social issues  
Peter or his Mum can request a **Review** at any point

### Managing crisis

As part of the care plan all have agreed what is best to help Peter '**stay well**'  
The crisis contingency plan has been used once. Mum phoned out of hours and while the person on the phone did not know Peter they had all the information to hand so could get some additional support from the social care provider which allowed mum to stay at a new friend's house giving Peter and his staff some space which allowed things to calm down. Previously Peter might have had to go in to hospital  
Peter's **GP** will also receive a copy of this plan along with any early warning signs and initial management plan  
Copies will also be made available to relevant people in Peter's care plan with his agreement if possible

### 5.1.3 How will this be different for staff and providers

- Joint planning, decision making and allocation of resources
- Ease of access to a range of professionals and specialist support when they need it 24/7
- Being part of a multi-disciplinary team focused around the needs of individuals
- Clarity on roles and responsibilities
- Shared values and philosophy with the multi-disciplinary team supporting an individual
- Effective signposting
- Long term commitment to support people safely in their own homes
- Supporting from a range of sources
- Skilled, supported, and resilient workforce

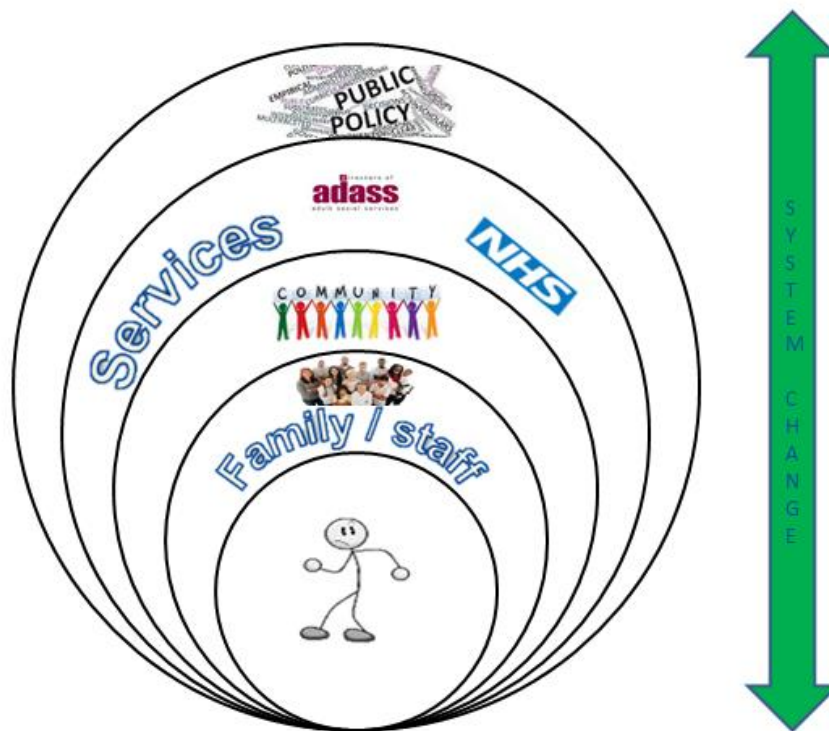
#### North East & Cumbria will be the best place in England for people with learning disabilities to live- Social care provider perspective

Current State	Future State
<ul style="list-style-type: none"> <li>• Crisis/ Duty team not knowing the person they are dealing with.</li> <li>• No out of hours MDT access</li> <li>• Need one plan not multiples</li> <li>• Limited long term involvement</li> <li>• Poor decision making – someone needs to take the lead.</li> <li>• Limited access to training and support</li> <li>• Not knowing where to go for help when things</li> <li>• Not being listened too, thinking the provider wants extra hours just to increase business and not for the needs of the individual.</li> </ul>	<p>The change in model will ensure the following for social care providers:</p> <ul style="list-style-type: none"> <li>• Crisis contingency plans available to crisis teams (Plan on a page)</li> <li>• Ease of access to flexible specialist support when they need it 24/7</li> <li>• Effective signposting</li> <li>• Long term commitment to support people safely in their own homes</li> <li>• Support from a range of sources</li> <li>• Skilled and supported/ resilient workforce</li> <li>• Shared values and philosophy within community services</li> <li>• Joint decision making and Trust in the allocation of resources</li> </ul>

## 5.2 Strategic alignment

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

This plan has been developed based on the regional vision and local strategies in line with national guidance.



The North East and Cumbria principles and standards have a focus on early intervention and this is embedded throughout our plans. These address the recommendations made within the “Winterbourne View: Time for Change”, recommendations by Sir Stephen Bubb in “Winterbourne View-Time is Running Out” and other published national guidance.

We have worked with our locality Clinical Commissioning Groups and Local Authorities to develop targeted local plans. This ensures alignment with our regional model of care and the service recommendations outlined within the NHS England National Service Model.

Crisis support is another main focus within our plan. We have developed a regional principle to improve this area of health care to ensure every locality in the North East and Cumbria has a 24/7 community based admission avoidance and crisis intervention service. This aligns with the standard within the NHS England National Service Model of access to specialist Health and Social Care support in the community. There is also alignment to the Mental Health Crisis Care Concordat.

Our regional plan specifies commissioning intentions that will deliver enhanced development of the workforce. This will provide improved support for people with learning disabilities, which aligns to guidance published by NHS England – Ensuring Quality Services regarding the provision of accredited training that is up to date with best practice.

An important aspect of our regional plan and commissioning intentions is that of joint NHS and social care planning is to be undertaken for every individual with joint funding mechanisms in place. This is to commission individualised packages of care

and support. This addresses recommendations in the Sir Bubb report and the Transforming Care Concordat.

Our plan addresses recommendations in the Sir Bubb report relating to advocacy, wherein we will ensure the provision of advocacy services for people and their families in their community and within services.

We will continue to align our plans with the development of joint health and wellbeing strategies, housing strategies, development of vanguard models of care and local mental health strategies. We will utilise joint strategic needs assessments and local and national tools to inform future plan developments.



14. Key policy and guidance references.

### 5.2.2 What will these changes depend on from other strategies / plans?

Strategies / Plans	Dependencies
<p><b><i>Transforming Care</i></b></p> <ul style="list-style-type: none"> <li>• Empowering individuals</li> <li>• Right care in the right place</li> <li>• Regulation and inspection</li> <li>• Workforce</li> <li>• Data and information</li> </ul>	<p>Changes will depend on continue to ensure that the appropriate steps are in place to deliver transforming care.</p> <p>Embedding of the new approach to Care and Treatment reviews as standard will support ensuring that we develop services in the right place at the right time. This will ensure that patients who are admitted to hospital are there for only the time required before returning home.</p> <p>Upskilling and improvement in training for providers of care to people who have a learning disability so high quality care in the NE&amp;C is the standard.</p> <p>Ensuring that there is effective and secure multi agency data sharing arrangements and that these are in place.</p>



<p><b>NE&amp;C CCG 5 year Plans – Common Characteristics</b></p> <ul style="list-style-type: none"> <li>• People directing elements of their care</li> <li>• Primary care at the centre</li> <li>• Deliver the needs of our population in an integrated way</li> <li>• Access to services 7 days per week</li> <li>• Closer working with providers</li> <li>• Winterbourne View</li> <li>• New models of care</li> </ul>	<p><b>People directing elements of their care</b> - People will be involved as much as they want to be in every decision about their care, what care they want and how and where they want it delivered. Patient choice will direct how we continue to commission services in the future.</p> <p><b>Primary Care at the centre</b> - Primary care will be at the heart of the community, coordinating peoples care. Every contact will count.</p> <p><b>Deliver the needs of our population in an integrated way</b> - Deliver the needs of the population in an integrated way with a credible alternative to hospital care, with a focus on wrap around support. Requirement for proactive and flexible community provision.</p> <p><b>Access to services 7 days per week</b> –Access seven days a week to the most appropriate urgent and emergency care, with Primary Care at the centre. Matching capacity to demand.</p> <p><b>Closer working with providers</b> - Work with providers closely to innovate and develop new ways of working to ensure the adoption of seven day clinical quality standards and the development of efficient and productive services.</p> <p><b>Winterbourne View</b> – Time is Running Out, Sir BUBB report (6 month independent review of the Transforming Care and Commissioning Steering Group</p> <p><b>Vanguards &amp; Integrated Care Pilots</b> - Proposed changes to the way health and social care will operate will have an impact on the commissioning of services for people with a learning disability. As the locality plans for transforming learning disability services are further developed alignment to Vanguards and Integrated Care Pilots will be included and learning shared.</p>
<p><b>Better Care Fund</b></p>	<p>By April 2020, it is expected that after 5 years of investment from the BCF there is to be improvements in care and outcomes and these will be felt by users across the health and social care community. Impact on funds being transferred to local authorities to manage budgets, especially with schemes and projects which are under way with BCF funding and to ensure they continue and are sustainable.</p>
<p><b>Joint Health and Social Care</b></p>	<p>Actions and improvements as directed from the self-</p>

<p><b>Self- Assessment Framework (JHASC SAF)</b></p>	<p>assessment to support and enable people who have a learning disability to:</p> <ul style="list-style-type: none"> <li>• Stay healthy</li> <li>• Keep safe and</li> <li>• Live well</li> </ul> <p>A key element of the self-assessment identified was the need to improve access to general practice and update of annual health checks.</p>
<p><b>Draft Service Model for Commissioners</b></p>	<p>The guidance will be seen as the go to guidance as will incorporate all NICE guidance going forward and this will need to be factored into changes we will make in the NE&amp;C.</p> <p>The 9 standards of ‘what good services look like’. The NE&amp;C regional standards are aligned to these so we can work towards ‘what good looks like’.</p> <p>The development and implementation of joint commissioning teams and arrangements (e.g. through S75 pooled fund arrangements) to pool skills and resources to develop high quality coordinated services.</p>
<p><b>Mencap - Death by Indifference</b></p>	<p>Ensuring that all sections of the health and social care services have awareness of learning disabilities especially:</p> <ul style="list-style-type: none"> <li>• Capacity and ability to consent</li> <li>• Key role of carers in interpreting distress cues</li> <li>• Consult and involve families throughout</li> <li>• To be more suspicious when investigating potential health problems to ensure the person receives the correct care and treatment</li> </ul> <p>This needs to be at the centre of the patients care and adjustments made to ensure that the person who has a learning disability receives the same high standard of care.</p>
<p><b>NICE Guidelines</b></p> <p><a href="#">Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges</a> (NG11)</p> <p>Challenging Behaviour and Learning Disabilities Overview (Pathway)</p>	<p>Current guidelines focus on general principles to which NE&amp;C plans are aligned and depend on key steps occurring:</p> <ul style="list-style-type: none"> <li>• Partnership working</li> <li>• Understanding the individual and their specific needs</li> <li>• Organise</li> <li>• Deliver</li> <li>• Promotion of annual health checks</li> <li>• Support for families and carers</li> <li>• Training for staff</li> </ul>

<p><u>Proposed Guidelines</u></p> <p><i>Challenging Behaviour and Learning Disabilities (October 2015)</i></p> <p><i>Mental Health in people who have a Learning Disability (September 2016)</i></p>	<p>There are several guidelines being prepared which will need to be reviewed when published in the future to ensure the NE&amp;C continue to provide effective services to continue to meet the needs of our population.</p>
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## 6 Plan for success

### 6.1 Workforce, Education and Training Considerations

#### 6.1.1 What are the programmes of change to deliver this new model?

The system-wide transformational change described in this plan requires a robust programme approach to support delivery. The implementation plans are working documents and are being further developed and refined. The following task and finish groups have been identified to take forward the key areas of change:

- IT (Data sharing agreements between health and social care, summary plan for people developed (systems in place to flag and share summary information about individuals between services) and create a system to systematically identify and stratify at risk population)
- Finances and Contracting Arrangements (agreed decision making and specifications)
- Workforce Development (competence framework, Workforce Hub)
- Medicines Optimisation - agreed areas for improvement for the use of medicines in people with learning disabilities
- Market engagement
- Outcomes framework (implementation of standards)
- Pathway development:
  - Early intervention (assessment and care planning)
  - Crisis response (assessment and care planning)
  - Preventing admission (and re-admission)
  - Facilitating timely discharge
  - Children and Young people including transition services
- Rethinking advocacy
- Reasonable Adjustments to mainstream services
- Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks.

Some of the high level milestones are described in the attached documents.



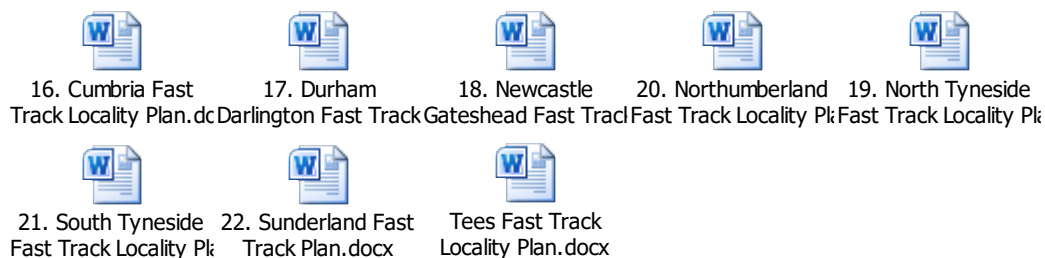
15. Implementation plan Learning Disability



15a. Route Map - Fast Track C and NE.

Each Clinical Commissioning Group and Local Authority in the North East and Cumbria have developed locality implementation plans identifying key actions required to deliver the vision and embed the care principles and standards. Each locality plan closely aligns to the collective principles and standards of the programme and sets out the following:

- What needs to be in place in the locality to deliver the model of care and ensure the North East and Cumbria service and care principles and standards are achieved
- Identification of risks and issues with mitigation plans
- Details of any assumptions and dependencies
- Stakeholder engagement plans
- Proposals for investment



Planned changes will also be considered at a provider level, with clusters of commissioners working collaboratively to ensure optimal service configurations are achieved.

New services will be designed as part of the shift of services to a community setting. The stage of development of these services varies across the region depending on historical commissioning of services. Areas are sharing best practice and learning across the region and adopting best practice seen nationally. Community based service will see the greatest change as set out in the local implementation plans.

New capacity will be required within the community setting; a high level of this is expected to come from existing capacity within the inpatient services shifted to community based settings. Delivery of local plans will need to be supported by robust HR processes to identify staffing requirements and ensure appropriate staff engagement to realign resources. Cultural change needs to be managed with staff within the provider organisations. Capability changes will be needed to reskill and retrain staff and support them taking on new roles as necessary. See the workforce section (7.2) for further details.

Process changes (e.g. pathways) will need to be undertaken to ensure services are designed with the individual at the heart of the pathways. Lean methodology will be one of the tools used to facilitate this. Pathways will be standard where possible providing a single, transparent pathway between all providers. All providers, individuals and their families will understand the pathway and be involved in the design process. The pathways identified for development are as set out above.

System and IT changes will be needed to support the implementation of the new services. Data sharing agreements between health and social care will be developed to ensure key elements of the individuals care are appropriately captured and shared to improve the delivery of their care and outcomes for them as individuals. A summary plan will be created and agreed to share information within the whole system so that staff can proactively manage the care for the patient using accurate and timely information from other partners.

As part of the initial scoping work for the Transformation programme a Driver Diagram was created to help understand the current system and how it needs to be developed to deliver the vision. The diagram is attached below for reference.



24. Driver diagram  
scoping work.pptx

### **6.1.2 Who is leading the delivery of each of these programmes, and what is the supporting team and governance to deliver it?**

#### ***Key leads / accountabilities, Resourcing and Programme governance***

Key accountable leads (as detailed in the locality plans) have been identified for each locality, CCG and Local Authority to provide the main point of contact for their organisation throughout the development and implementation of the programme. The document below sets out the Programme organisation and Structure that includes the key leads roles and responsibilities. The Programme Governance structure and Transformation Programme Board Terms of Reference are presented in section 3.1.

NHS North of England Commissioning Support Unit has provided support to the North East and Cumbria Fast Track throughout the development of their transformation plan. This has included support on:

- Data analysis, intelligence and modelling
- Establishing robust programme structures and establishing a Programme Management Office
- Supporting the North East and Cumbria Learning Disabilities Transformation Board
- Communication and stakeholder engagement
- Sharing best practice and lessons learned
- Supporting development of Service and Care Standards
- Developing funding and commissioning options

### **6.1.3 What are the risks, assumptions, issues and dependencies?**

#### ***Are there any material assumptions not already captured elsewhere?***

The attached document provides a list of assumptions that underpin the plan and delivery.





25.  
Assumptions.docx



25a.Trajectory  
Rationale\_v2.0(23.05)

### 6.1.3.a Key Dependencies

#### ***Organisations that are not part of this unit of planning?***

There are other partner agencies that need to be more involved in discussions and they will be included within the stakeholder engagement plan:

- Criminal justice system as we recognise that they will need to be involved in the transfer of people being placed in the community. Need to be aware that there will be some people living in the community that may need additional support and resource.
- Primary care as there will be individuals being supported in the community accessing mainstream services. Raise awareness of the individuals and their circumstances. They may need more intensive support and care management.
- Police so that we raise awareness of the individuals living in the community and provide additional education to the workforce. Police could potential be involved in MDT discussions.
- Council services to raise awareness with them that include housing and leisure providers to ensure people are supported to access services.

#### ***External policies / external changes?***

Interdependences have been described throughout this plan. The Transformation Board are sighted on these and actions to ensure these are factored into local developments.

The shift of responsibilities from NHS England to CCGs needs to be understood and factored into commissioning arrangements. NHS England and all CCGs are represented within the governance structures for the programme of work.

Education and Health Care plans need to be considered as they are created for individuals and the links with the teams managing people from children to adult services.

### 6.1.3.b Key Risks

All local plans include the risks and issues that have been identified to date. These and Programme level risks and issues are included within the attached log below. A key risk and concern is that an individual that has been supported in an inpatient setting and moved to a community setting may become more vulnerable. There is a potential higher risk to the individual and people in the community if they are not supported and care for effectively. The mitigation to this is to ensure the individuals do have robust care plans and that they have access to early intervention and a responsive crisis service within the community.

A risk that has been identified is that current providers of inpatient facilities may not be viable with the reduction of beds that are being planned for. There will be a shift of people who step down from specialist commissioned services into mainstream inpatient facilities and community based services. This additional demand will create additional pressures on services that will need to be considered and managed as part of the change programme.

Having high quality service providers that meet the standards and expectations of what a good service looks is a challenge/risk that a number of organisations have identified. The planned market engagement and provider development will address this but the pace of change needs to be timely enough to respond to the demands on community based services.

The attached risk and issues log has the following sections identified within in to ensure all of these elements have been considered and mitigating actions detailed to address these:

- Reputational
- Legal
- Safety
- Financial
- Programme Delivery



26. Learning Disabilities Risks and I

### 6.1.3.c Key Enablers for Success

As set out in section 6.1.1 there are a number of enablers that need to be in place for the system to deliver high quality services:

- Estates
- IT
- Finances and Commissioning Arrangements
- Workforce
- System to systematically identify and stratify at risk population
- Outcomes framework
- Agreed areas for improvement for the use of medicines in people with learning disabilities
- Reasonable Adjustments to mainstream services
- Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks

#### ***Requirements for procurement of new services?***

Some services will be commissioned by existing providers. There will be some elements of the service that will need to be procured.

Individual Service Designs will need to be responsive to meet the individual packages of care within tight timeframes. The plan is to commission with a range of high quality providers so that they can be utilised as individual plans identify the services of specific provider services are required.

There needs to be reasonable adjustments to mainstream services so that individuals are supported to live successfully in the community.

### ***Workforce development and organisational development?***

The workforce needs to be fit for practice and purpose with integrated care models understood by all grades of staff across the disciplines. Local plans also include elements of the developments needed for the local workforce.

## ***6.2 Workforce, Education and Training Considerations***

### **6.2.1 Question A**

***Does the plan require reconfiguration of existing workforce where provider(s) are remaining the same?***

The workforce development plan recognises the need for reconfiguration of services and the development of new and existing staff within existing provider organisations. Workforce development is identified as a major priority and key theme for the north east and Cumbria. The learning disability sector across the region is in agreement about the need to develop capacity and competence in local services. Workforce development within the Transformation Programme will ensure we have the right people with the right skills and knowledge and behaviours to deliver personalised, preventative and safe support.

### ***Which providers will need to reconfigure the existing workforce:***

The main commissioned NHS providers and others that are locally commissioned will be reconfiguring their workforce:

- Northumberland, Tyne and Wear NHS FT
- Tees Esk and Wear Valley NHS FT
- Cumbria Partnership NHS Trust
- South Tyneside NHS FT
- Northumbria Healthcare NHS FT
- Social Care providers in the community (independent and voluntary)

As part of the market development we will engage with wider provider organisations such as those within the independent, voluntary and private sectors.

***Does the implementation plan specify competency frameworks to be deployed in support of workforce reconfiguration? Please Identify.***

See embedded Workforce Development Plan.

Health and social care workforce commissioning will influence and shape the labour market including co-producing commissioning plans that are clear about financial investment and disinvestment, take into account the needs of different providers and are rooted in Positive Behavioural Support as a central thread. Developing innovative joint commissioning practice will be required to encourage providers to pool resources, work collaboratively and find creative solutions to learning and competency development.

Commissioners are key in articulating the workforce requirements within service specifications, and including metrics and specific funding for workforce development within contracts. The North East and Cumbria will ensure robust contract management to support providers deliver a workforce with the right people with the right skills, values, culture and knowledge and behaviours to deliver personalised, preventative and safe support.

***Does the implementation plan address Positive Behaviour Support/positive and safe related education and training needs?***

Across health and social care, statutory and the independent sector the workforce plan specifies: the use of the Positive Behavioural Support Competency Framework that will underpin the development of the North East and Cumbria Positive Behavioural Support Hub; The North East and Cumbria PBS Hub will be co-ordinated, planned, network for the development and delivery of accredited training and bring together local expertise to develop full range of training, supervision and coaching for front line staff, their supervisors, managers and families. The plan states that initial scoping work will be carried out by a local university to undertake action research approach to scope, develop, test, implement and analyse the results of a mapping exercise of workforce development against regionally agreed PBS knowledge, skill and competencies required for all levels of staff.

The scoping work will identify the needs of the existing a future workforce including different roles not currently available. There will be a requirement to develop new education and training across the health and social care workforce. Health Education North East has agreed to lead this workforce development steering group supported by key stakeholders from across the system.

***Does the implementation plan identify how Training Needs Analysis will be undertaken and how results will be employed to support effective education and training commissioning?***

The initial scoping work will identify needs. This will be undertaken by a local University.

***Does the implementation plan identify employment of apprenticeships, assistant practitioners, advanced practitioners and/or physician associates?***

Once the scoping work has been completed this will identify the workforce requirements and the skill mix of staff needed to deliver the plans.

***Does the implementation plan require the development of any new roles to support the new delivery model?***

Once the scoping work has been completed this will identify the workforce requirements and the skill mix of staff needed to deliver the plans.

***Is there a requirement to develop new education and training to support deployment of new roles? Please specify.***

Please refer to the following Workforce Development Plan for details of the above:



12. Workforce  
Development Plan.do

### 6.2.2 Question B

Please refer to the Workforce Development Plan as above.

It is to be expected that workforce commissioning will need to influence and shape the labour market including co-producing commissioning plans that are clear about financial investment and disinvestment, take into account the needs of different providers and are rooted in Positive Behavioural Support as a central thread.

Developing innovative joint commissioning practice will be required to encourage providers to pool resources, work collaboratively and find creative solutions to learning and competency development. Commissioners are key in articulating the workforce requirements within service specifications, and including metrics and specific funding for workforce development within contracts. The scoping work to be undertaken will provide the capacity and capability across all providers to identify workforce, education and training needs. The nationally agreed Positive Behaviour Support Competency Framework will be deployed in our workforce development plans. We are investigating the advantages using the PBS competency framework to enable expansion of initiatives to incorporate broader workforce development programme similar to the same developed by Health Education West Midlands.

Learning disability leadership programme: The North East and Cumbria will proactively develop leaders who have both the skills and ambition to lead today and in the future across the health and social care systems especially with a focus on transforming services to redress the poor outcomes that continue to occur for many people with a learning disability.

The aim of the programme is to identify as a minimum, learning opportunities for 15 senior leaders and provide a comprehensive leadership joint health and social care development programme. An additional aim is to identify learning opportunities for at least 5 family carers within the cohort. Nominations will be encouraged from senior commissioners from a range of backgrounds across Local Government and the NHS who have experience and passion about learning disability.

### 6.2.3 Question C

- What is the estimate of costs for workforce, education and training elements within answers to Question A?



- What is the estimate of costs for workforce, education and training elements within answers to Question B?
- What is the estimate of total costs for workforce, education and training elements within answers to Question A and B?

£188,938 is sought from Transformation Programme budget to resource the following:

- PBS Training delivery team £101,500
- Workforce development in dentistry £17,438
- Learning disability leadership programme £70,000

Match funding arrangements are in place with Health Education North East who are fully supportive of the proposals and have agreed to lead the workforce development task and finish group. HENE has committed £100,000 initially to provide resource for the scoping work (£30,000) and a contribution (£70,000) to the Learning Disability Leadership Programme.

The leadership Programme will cost £200,000 in total so discussions are underway to source funding from Health Education England, North East Leadership Academy and Academic Health Science Network for the outstanding resource required for the Leadership Programme which is £60,000.

## 6.2.4 Stakeholder Engagement

### Who has a stake in this plan?

The key stakeholders that have been identified and we are actively working with include: the 13 Local Authorities across the North East and Cumbria, 11 Clinical Commissioning Groups across the North East and Cumbria, the North East and Cumbria Learning Disability Network, NHS England Specialised Commissioning, the NHS service providers including primary care, community services, acute care, specialist learning disability service providers, North of England Commissioning Support (NECS), people with learning disabilities, carers and their families, the voluntary and community sector, NHS England Learning Disability Transformation Team, wider stakeholders such as public health and the criminal justice system, private providers of services for people with learning disabilities and regulators.

The embedded diagram shows all stakeholders involved in the development and delivery of the programme at a high level.



27. Stakeholders  
with key roles and res:

People, Families & allies will contribute to the development of the Transforming Care plans, actions & changes including the integration of the broader issues for people with learning disabilities in the North East & Cumbria.

As in section 7.1.3a there are some stakeholders we need to further engage with such as the criminal justice system, children's services, primary care and wider council services to ensure they are involved in developing services and/or aware of the impact they will have on individuals.

A Confirm and Challenge Group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A representative from the Confirm and Challenge Group attends the Transformation Programme Board, supported by Inclusion North. The role of the group is to make sure stakeholders have a way of working with local people on plans, decisions and checking, share the easy to understand information and make sure there are local updates and base their work on what people and families say is important.

This will be achieved by working with a small group of self-advocates & families with an interest in or experience of the issues to:

- Provide a confirm & challenge function to the regional group – offering solutions, ideas & questions
- Get to grips with the issues – understanding it and preparing for work with colleagues at the regional groups
- Identifying those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support.
- Agreeing one or two outcome measures from the regional groups' priorities that the group can create information on to help local leaders
- Linking to local & national ideas or debates
- Follow up actions agreed with the group between meeting
- Support the members to design (& then implement) a way of sharing their learning & work with other self-advocate & family leaders

We are in the process of establishing a working group relating to specialist services to begin this work programme and there is a well-established secure services forum to which representatives of all the key stakeholders are invited.

To make the plan work, the involvement of service users and carers will be essential. We already have good links with the national service user group and the service user group at TEWV have been leading on a number of national service user led initiatives like 'My shared pathway' which is a collaborative approach to care planning incorporating the implementation of service user audits of CPA processes. We would wish to continue with this relationship and would do this via the vehicle of the national recovery and outcomes group.

Please see embedded the communication and engagement plan. The easy read summary of the plan has been uploaded separately.



28. Fast track  
learning disabilities tr:

### How have they been involved?

There have been many stakeholder involved in the production of this plan. Preceding the Fast-Track work, for over 3-years, the regional Learning Disabilities Network, Local Authorities and Clinical Commissioning Groups with partners have been active in the North east and Cumbria. There have been a number of working groups including the Learning Disability Clinical Leads Forum that includes Local Authority and senior health colleagues working together on a wide range of service issues including post-Winterbourne / Transformation activity.

This work has fed directly into the regional ADASS learning disability work stream, chaired by Lesley Jeavons (Deputy SRO for the Fast track area), which features identified representatives from each Local Authority. Consequently, Local Authority representation and participation has been significant in a number of planning workshops and seminars which have informed the Fast Track plan, playing a key role in relation to provider engagement and market management.

A number of engagement events have taken place as the vision and plan have been developed. A wide range of stakeholders were involved in a region-wide event in April which set the vision for transforming learning disabilities across the North East and Cumbria.

At the event and subsequently, stakeholder representatives have considered the evidence of key issues identified by people and families about local services to inform their transformation work. This includes work on advocacy in the North East and nationally (as previously stated). This work is informing locality plans in each area. This includes:

- issues identified by the North East Partnership between 2012 to date;
- themes of feedback around rights of people and their families connected to housing, choice and security of tenure in the Bubb report;
- the key points raised at the national event hosted by Change In the North East (a joint consultation event with people and families on the Green Paper);
- feedback from local groups and providers' involvement of groups in their localities;
- the kind of support, models and rights people expect being fed back through local reference groups linked to providers in and across the localities.

There has also been feedback from some people in the North east on Finding Common Purpose. <http://www.local.gov.uk/web/lq-procurement/health-and-social-care>.

The Confirm and Challenge Group has set principles they believe all stakeholders should adopt as part of the Transformation Programme and also recommended ways of working in a report to the Transformation Board as embedded in the next section.

The development of this plan has required a range of experience, expertise and skills including a breadth of clinical and social care expertise from across the system, to challenge and refine the model of care and pathways. Even wider engagement and involvement is required to develop the detailed plans that support this transformation programme and the involvement of service users and carers will be essential. Particular areas of focus for further engagement activity include, the Criminal Justice System, housing, children and young people’s commissioners and providers, Healthwatch, public health and education.

**How will they be involved in the future?**

A wide range of stakeholders are represented on the Transformation Board. Further work is currently being undertaken to complete the detailed mapping of stakeholders for each area as part of the region-wide strategy for communications and engagement and a specific recommendation from the Confirm and Challenge Group.

Further work is needed to clarify future governance arrangements with all stakeholders to ensure they all know what the approach is going to be to oversee the delivery of the Transformation Programme. The processes for decision making regionally and locally need to be explicitly understood and embedded.

There needs to be engagement of wider commissioning and provider teams not just the stakeholders who have already been working to produce the current plans. The clear rationale for service change needs to be communicated and the ‘What’s In It For Me’ framework will be a good tool to build on the process of further engaging with stakeholders.

Co-production of the plans is important to all key stakeholders. A group of people with learning disabilities and family representatives supporting the transformation board work will provide ‘confirm and challenge’ support (the Confirm and Challenge Group who will report to the Transformation Board). They have recommended that detailed stakeholder mapping is shared for each of the localities and the Confirm and Challenge Group will, in turn, connect with other groups across the region (see embedded document ‘working with people recommendations’).

The North East and Cumbria are committed to engaging with people with Learning Disabilities and their families as detailed in the attached document that the Transformation Board are fully supportive of:



30. Working with  
people recommendati

The communication and engagement strategy and plan is being developed at a North East and Cumbria-wide level and will be aligned to each locality, and to national communications.

The communications lead will be part of the national communications group. These activities will make sure that the Transformation Programme Board can continue to

gain the commitment for change and transformation. It is designed to sustain the commitment of key stakeholders and to drive the transformation of the care for local people, their carers and families with experience of learning disabilities. It will be tested with the Confirm and Challenge Group, which underpins the co-production approach.

A cascade communications approach will be used to align key messages through existing communications channels through each stakeholder organisation in accessible and easy read formats and align these with local engagement plans. There will be a regular process of review through a transformation programme communications and engagement 'virtual' sub group and the Confirm and Challenge Group led by the project manager and the communications and engagement support.

We will plan, and track, all communication and engagement to make sure that it is supportive and timely, avoiding information overload for stakeholders, at the same time continually/ regularly reviewing the level of engagement.

An iterative process will be used undertaken by a communications and engagement sub- group of the transformation board. Plans and delivery will be monitored to gauge the effectiveness of messages with the Transformation Board and the Confirm and Challenge Group, as well in each locality with key stakeholders.

The general approach will be to gather input, develop the strategy and plan and execute it with the co-production of people with learning disabilities, through North East and Cumbria representatives supported by Inclusion North and through each of the localities.

We have already started to consider what works best for each of the localities as part of the stakeholder mapping and will build on this feedback. As part of the stakeholder mapping we are currently in an inquiry phase the "inquiry phase" to develop a community of practice; alongside what we already know. Through this we will be able to identify our audience, purpose, goals, and vision for this community and our strategy for communicating with it. Key stakeholders on the Transformation Board and wider are being asked about gaps (is everyone involved who should be) and key issues (learning and best practice, tasks, gaps, specific and recommended communications channels).

This community of practice will provide the shared context and support key messages, enable dialogue, stimulate learning between stakeholders as part of the Transformation Programme, capture and diffuse existing knowledge to help people improve their practice, introduce collaborative processes to groups and organisations, generally helping people organise around purposeful actions that deliver tangible results to transform local services.

A confirm and challenge group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A confirm and



challenge checklist as below has been developed to help support the development and delivery of the Fast Track plan and this will be used throughout implementation by all partners in the programme.



31. Confirm and challenge checklist.doc

## 7 Financials

### 7.1 What investment is required and what are the programme costs of delivery?

The North East and Cumbria Region are requesting Transformation funding of £2,710,900. The funding requirement is made up of a revenue requirement of £2,240,900 and a capital requirement of £470,000.

In summary the Transformation funding will be used as follows:

Key area of Required Funding	Required Revenue £	Required Capital £	Total £
Strengthening and Developing Community Support	1,031,500		1,031,500
Workforce Development	256,400		256,400
Market Development and stimulation	44,500		44,500
Transitional placements/ emergency capacity and support for partial closures	623,500		623,500
Modifications, Refurbishments/ Capital works/ and provision of specialist Equipment		470,000	470,000
Project support and Development	135,000		135,000
Support to VCS and Community Groups	50,000		50,000
Rethinking Advocacy	100,000		100,000
<b>Totals</b>	<b>2,240,900</b>	<b>470,000</b>	<b>2,710,900</b>

### Match Funding – Our Local Buy In - £2.711m

The North East and Cumbria Clinical Commissioning Groups and key stakeholders can demonstrate a serious commitment to transforming Learning Disability services

having committed to investing over £2.711m between them in new or improved Learning Disability services in the 2015/16 financial year.

Key elements of this investment include

- £1.4m investment in a new service to support ADHD and ASD across Northumberland and Tyne and Wear commissioned from Northumberland Tyne and Wear Mental Healthcare Trust
- £800k investment in community services to improve provision for Learning disabilities across Teesside and Durham areas
- £150k investment in Advocacy, Co-production of plans and Carers support
- HENE have also committed £160k of funding to support and match fund workforce development included within the Transitional bid.

The region believes that if funding is approved for the bid it will:-

- Be deliverable in the timescales
- Support the development of a sustainable model to drive forward the Transformation of Learning Difficulty services
- Allow the shift in service delivery to become a reality
- Ultimately support the ambition and aims of the Region

Further detailed analysis and modelling is underway to develop the underpinning financial model, complete the NHS England finance template and further describe the planning assumptions. A summary of the initial working assumptions is included in Section 6.1.3.