

Dorset Transforming Care Plan (TCP) V3.0

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

The Dorset TCP consists of:

- NHS Dorset Clinical Commissioning Group (CCG)
- Bournemouth Borough Council (BBC)
- Dorset County Council (DCC)
- Borough of Poole (BoP)
- NHS England

Key partners in this plan include:

- Dorset HealthCare University NHS Foundation Trust (DHC) : provider of the health aspect of the Community Learning Disability Teams (CLDT) and Intensive Support Team (IST)
- Partnerships in Care (PiC): New residential unit with nursing in Blandford Forum, Dorset; Mild May Oaks, Hook Hampshire – Providing low secure care, assessment and treatment and complex care/rehabilitation

Dorset consists of three local authorities, (Bournemouth, Dorset and Poole) and a single Dorset-wide CCG. These organisations work closely together to commission services for people with learning disabilities and or autism and are on a journey towards more integrated commissioning, currently progressing a pooled budget for campus clients. NHS England also commissions specialist services for people with a Learning Disability.

There are no NHS or independent specialist Learning Disabilities (LD) hospitals within Dorset. Consequently, those people requiring inpatient care and treatment are placed as close to the county as possible, within facilities that are able to meet each person's individual need. However, there is a commitment to reduce the numbers of people currently in hospital and prevent further admissions where possible, whilst maintaining a model of no hospital in-patient beds within the county.

Health and Social Care assessment, support and case management is delivered through a number of integrated Health and Social Care Community Learning Disability Teams, with additional support from a specialist Intensive Support Team. These services are delivered in partnership with Dorset HealthCare University NHS Foundation Trust.

The intensive support team also outreaches undertaking reviews to help plan appropriate discharges for people currently in out of area placements. The team also in-reaches into the mental health in-patient units in Dorset to provide support and advice to people with Learning Disabilities.

Although there are some block commissioning arrangements in place, (most with a pan Dorset local authority trading company), the majority of care and support services are commissioned through a mixture of framework contracts and spot purchase arrangements. The provider market is comprised of a mixture of private and not for profit/charity based organisations.

Describe governance arrangements for this transformation programme

This programme has been integrated with the already established Pan Dorset LD Joint Commissioning Board (LDJCB), as this board already has oversight of the Dorset wide response to Winterbourne View.

The Pan Dorset LD JCB includes the relevant Strategic Directors for the three local authorities and a Deputy Director, Sally Sandcraft from within the CCG. This meeting is chaired by Jan Thurgood, Strategic Director - People Theme- Borough of Poole and the ADASS SW Regional Lead for LD. It also includes Dr Paul French the GP Commissioning Lead for LD/MH. The identified SRO, Mike Wood, Director of Service Delivery at the CCG for the Dorset TCP has now joined the board. A representative from NHS England has also now joined the board.

The Board is supported by an Officers groups consisting of LD commissioners and Operational managers across Health and Social Care.

This Board will report to the two local Health and Wellbeing Boards and Health and Social Care Overview and Scrutiny panels and Safeguarding Adults Boards as required.

Links have been made to the three local Learning Disability Partnership Boards (LDPBs) and the Pan Dorset Autism Spectrum Conditions Partnership Board, (PDASCPB).

Please refer to Governance Diagram, **Appendix 1** for further information.

Describe stakeholder engagement arrangements

In recognition that there is a broader range of stakeholders recommended within the TCP, a Pan Dorset Engagement Plan has been produced (**Appendix 2**). This outlines which stakeholders the Dorset TCP will engage with and through what mechanism including co-producing the engagement plan with service users and their carers prior to the final submission in June 2016.

However, there has been significant engagement with each local authority learning disability partnership board already. The Winterbourne View Panorama programme was aired as work on the 2012 Bournemouth and Poole Health and Social Care Commissioning Strategy for People with a Learning Disability (The Big Plan 2012-15) was in development.

The Big Plan 2012-15 was co-produced with people with a learning disability and their carers and included how the two councils would respond to this agenda. Following this Dorset County Council revised their strategy in line with Bournemouth and Poole's and ever since, Winterbourne View and now Transforming Care have been standing agenda items. This has included updates on:

- Winterbourne View Concordat
- Driving Up Quality Code (with agreement thereafter to put within local contracts)
- Getting Things Right Commissioners Tool Kit and Monitoring Tool (both adapted locally and reported to the boards)
- Quality of Life Standards (Agreement to link alongside the local Bill of Rights Charter)
- Draft and Final Service Model (with feedback sent nationally from board members)
- Building the Right Support

The '4 stage crisis model' described later in the plan was part of the original Big Plan 2012-15 and much of the work moving forward in response to this agenda links to this.

Information has been shared with the Pan Dorset Autism Spectrum Condition Partnership Board regarding the Building The Right Support programme and officers have identified people with lived experience to further engage with.

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

Two tools to help areas assess levels of co-production can be accessed [here](#) and [here](#).

Engagement with children and young people has begun, but further work and engagement is required. This plan has not been fully co-produced at this stage but work has started with our stakeholders to co-produce the model of care for Dorset and further inform the plan: please see the engagement plan. As advised above, there has been an ongoing local agenda to keep each Learning Disability Partnership Board and the Pan Dorset Autistic Spectrum Conditions Partnership Board involved in the local response to Winterbourne view.

Engagement with people with lived experience has begun with an initial session organised by Bournemouth People First and the Dorset Health Care community learning disability team, where seven previous hospital inpatients were engaged. Further engagement with this group and with other people with lived experience will be organised to take place in 2016/17, with a view to develop a co-produced TCP implementation plan.

The most recent Bournemouth and Poole, and Dorset LD commissioning strategies were co-produced and included a proposed pathway to support people in crisis (4- Stage Model **(Appendix 3)**). The LD JCB and now Dorset TCP remain committed to delivering this pathway.

Although there has been limited time to engage with wider stakeholders to co-produce this initial plan, this process has now started with a TCP reference group that took place in April attended by 25 stakeholders identified in the Engagement Plan. This reference group will continue to meet throughout the TCP programme in order to co-produce the planning, implementation and evaluation of the plan.

Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership

Any additional information

Please find the assumptions for the projections below:

- Secure placements: All the people are currently in medium secure and it is assumed that they will be for the next 12 months. It is expected that they will then follow the accepted care pathway, having a further 12 months in low secure before consideration for step down to CCG beds (non-secure).
 - NB. The Dorset TCP is not aware of any people who may come through the secure pathway in addition to those who have already been identified so the planning assumption has not included any additionally from secure at this point.
- Non secure – there is a strong likelihood that there will be unexpected admissions from the community although we are unable to accurately predict how many: the assumption is that there will be up to 4 unexpected admissions per year. One admission has been added each quarter over each year including 18/19 to represent this.
 - For the sake of this exercise and as a result of developing community services more, the TCP Board would not expect inpatient length of stay to exceed 12 months and the projections have been modelled on a 12 month length of stay (LoS).
 - The figures also include the potential for step down from low secure in year 3.
- Further work will be necessary to take the changing demographics and epidemiology of the population into account.
- Increase in the costs of hospital placement has been factored in at 2% per annum.

2. Understanding the status quo

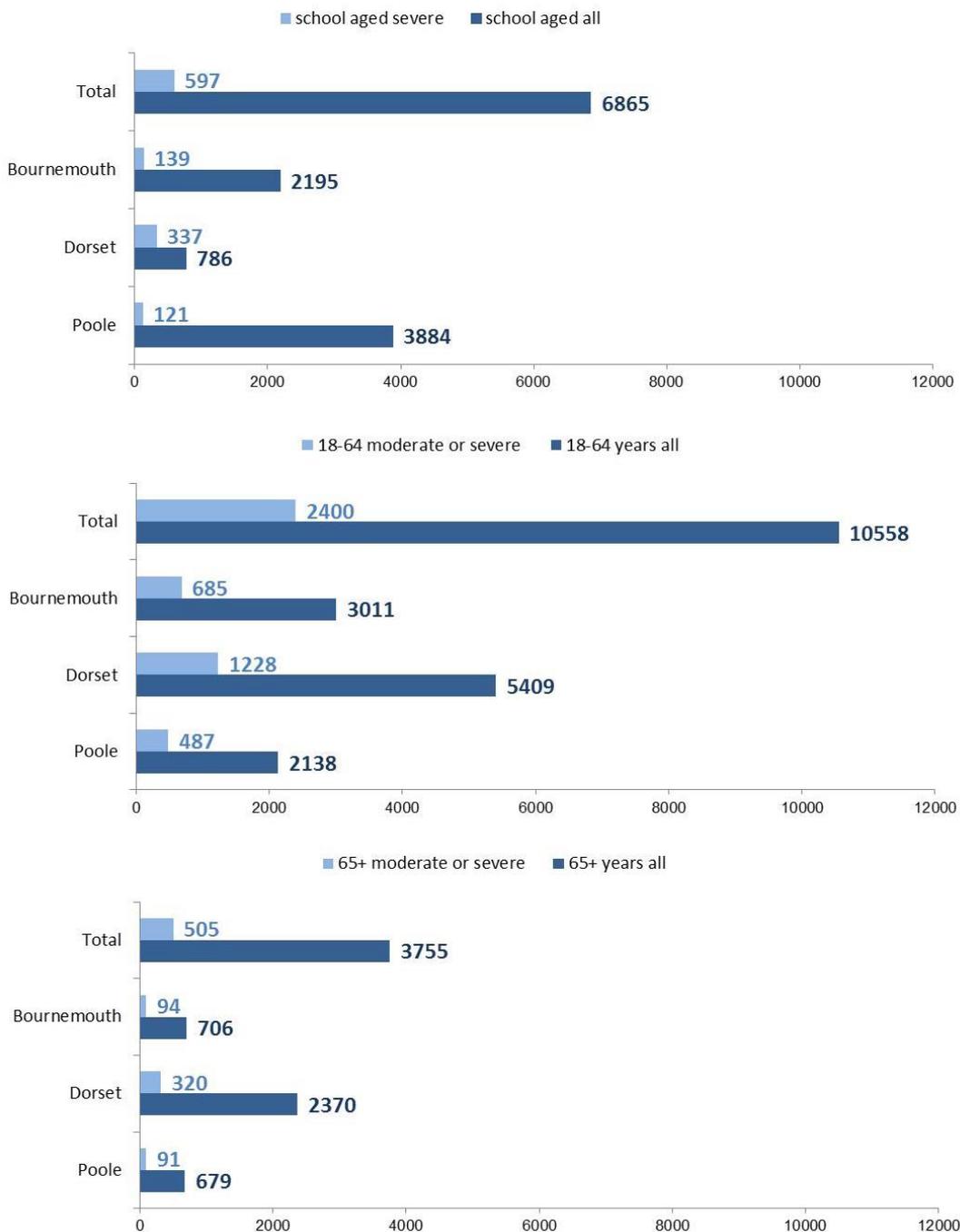
Baseline assessment of needs and services

Provide detail of the population / demographics

The total population across Dorset is 642,222 (18+ GP Registered population for Dorset TCP). The tables below show that overall; there are an estimated 17,815 people of all ages

with some degree of learning disability. Approximately 597 children and young people and 2,905 adults have a severe learning disability. As at end of 2014/15 there were a total of 3,721 people known with a learning disability to Dorset Clinical Commissioning Group (CCG) on GP Quality and Outcomes Framework registers (the Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.)

Population Estimates by Age Group



Taken from Pan Dorset LD JSNA 2015 Source: PANSI and POPPI 2014 estimates derived from

Emerson et al. Available at www.pansi.org.uk and www.poppi.org.uk. School aged estimates based on Census 2011 information.

Commissioners have been working with operational teams across Dorset to produce the Pan Dorset Transforming Care Risk of Admission and Placement Monitoring Tool. This tool tracks all known people within adult services, including those in transition that may be at risk of placement breakdown and/or hospital admission due to any one, or more, of the behaviour groupings identified within the national service model.

There are currently 132 people being monitored using the tool, of which 64 are rated amber or red for risk of a hospital admission, (further work currently underway to verify exact number for final submission and to standardise the risk ratings across the three local authorities).

The tool has been extended to include information regarding young people in transition, but has not been completed yet. This will include those in an out of area specialist educational residential unit by final submission.

This monitoring tool currently only monitors adults with a learning disability primary diagnosis. Further work is required to extend this to include people with autism who do not have a learning disability.

We intend to further breakdown those being monitored into the five cohort categories below:

- Children, young people or adults with a learning disability and/or autism who have a mental health such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Adults with a learning disability and/or autism who have a mental health condition or

display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Analysis of inpatient usage by people from Transforming Care Partnership

All inpatient admission flows are out of Dorset as we do not have any in-patient beds in the county.

2013/2014

- Seven non secure in-patients: one of whom was discharged within the year to Hampshire (Patient choice – no links with Dorset) and one moved to secure bed
- Of the seven non secure inpatients, five were admissions from the community - and 2 stepped down from secure (NHSE)
- The discharged patients had a LoS of 162 weeks

2014/2015

- 12 non-secure in-patients, three of whom were discharged within the year, of which two were discharged to Dorset and one to Northampton (Patient choice – developed social networks in Northampton).
- Five patients were carried over from 2013/2014
- Seven new admissions: four from community and three stepped down from secure (NHSE)
- Discharged patients had LoS of 104 weeks

2015/2016 @31.03.2016

- 16 in-patients (six of these patients are step down from NHS England commissioned services)
- Three patients carried over from 2013/2014
- Six patients carried over from 2014/2015
- Seven new admissions – four from community and three stepped down from secure (NHSE)
- Four discharged patients had LoS of 39 weeks, One patient was discharged to Hampshire (patients' family choice) and three were discharged to community placements in Dorset.

Describe the current system

The Pan Dorset Emergency Support Pathway for people with Learning Disability in Crisis has been developed to, wherever possible, support people either at home or as close to home

as possible (**Appendix 3**).

The pathway consists of four levels, some of which are already in place and working well. It is acknowledged that further development is still required.

Level 1 – Intensive Support Team (IST)

The Intensive Support Team provide this service and work across the pathway to ideally support people to remain in their own homes wherever possible, or by providing in-reach support. This is delivered by DHC. This service has been reviewed and is working effectively in helping to maintain people in the community and supports the current below average inpatient population per capita. It is not currently a 24/7 service, (in line with national service model aspirations), but works from 8am – 8pm, seven days a week. The Dorset TCP continues to monitor the need to extend beyond these core service hours.

Level 2 – Short Term Crisis Bed with 24hr support

It is recognised that at times it is not always possible or appropriate to support a person at home. Level 2 includes options for commissioning ‘crisis beds’ for people who need to be temporarily supported away from their home. This will be delivered through existing services, such as respite services. There are now two crisis beds available in Dorset, with a further two in development. Bournemouth and Poole crisis bed service is awaiting planning approval. The IST staff provide in-reach support and providers within local frameworks provide the care and support. However, it is recognised that further work is needed to ensure a responsive and cohesive service and engagement with providers will be undertaken under this programme.

Level 3 – Mental Health Inpatient Assessment

The development of the Intensive Support Team has improved links with local MH inpatient assessment units resulting in an improved experience for individuals with a learning disability who also have significant mental health needs. Dorset HealthCare NHS Foundation Trust is using the revised Green Light toolkit to audit and monitor its mental health in patient services.

Level 4 – Alternative Specialist Placement

This continues to be only considered as a last resort option and staff within the Intensive Support Team and Community Learning Disability Teams are jointly responsible for prioritising the earliest return to local authority area. All placements are monitored by the LD JCB.

New options for placement in county

The Dorset TCP are currently having provisional discussions with a specialist provider regarding additional viable alternatives to inpatient care for the Dorset wide LD population, in line with our commitment to a ‘no hospital in-patient bed’ model for Dorset. The Dorset TCP is seeking financial support from the Transforming Care programme to support this work. (Please refer to Transformation Funding Tab in the Transforming Care Activity and Finance Template).

All people who come into contact with this pathway will be included on the Pan Dorset Transforming Care Risk of Admission and Placement Monitoring Tool. Further work is planned to look at key indicators to ensure all these people are receiving person centred support, advocacy if required and responsive services in line with the national service model; for example individual crisis plans. These will be monitored against national and locally agreed outcome measures.

Wider Community Support

The system described above is just one part of a much wider support system for people with a learning disability and or autism. The diagram below is taken from The Big Plan 2012-15 and illustrates the wider community. Examples of some of the services available are listed below, although these are not exhaustive.



Services work by surrounding and supporting the person and their family and carers.

Other Specialist Services

- Community Adult Asperger's Service
- Custody Liaison and Diversion Service
- Street Triage Team
- CMHT's (Note to wider Acute Care Pathway)
- Supported Employment Services

Care and Support Services

- Residential Care
- Care and Support Providers (LD and Autism Specialist)
- Housing Related Support and Floating Support
- Shared Lives
- Key Ring schemes
- Direct Payment Support Services

- Short Break Providers
- Independent Day Opportunity Providers (more than 58 supporting people with LD and 22 supporting people with autism across the county) and Building Based Day Services

Information Advice and Advocacy

- My Life My Care information website
- Specialist Statutory and non-statutory advocacy
- Peer Advocacy

The Community

- Friendship Clubs
- Independent LD Social Clubs
- People First Dorset
- Dorset Advocacy
- Bournemouth People First
- Poole Forum
- Dorset Adult Asperger's Service
- The Big Night Out
- Award winning Safe Place Scheme
- Changing Places
- Voluntary support schemes
- Volunteering opportunities

The Learning Disability **Experts by Experience** programme has recently been commissioned by Dorset CCG. The provider is mobilised and operational from April 1st 2016.

The aim of 'Learning Disability Experts by Experience' is to ensure insight from service users perspective is used to provide assurance and improve the quality of services.

The service will:

- Improve awareness and confidence of primary care in the management of people with a learning disability.
- Provide a service user perspective and insight on the quality of services.
- Assure commissioners that local health services are meeting the needs of individuals with a learning disability.
- Support providers' to improve services for people with a learning disability.
- Improve health outcomes for the local population with a learning disability

The principle objectives of the service will be to:

- Support commissioners to meet obligations and recommendations associated with:
 - a) Confidential Inquiry into Premature Deaths of people with learning disabilities
 - b) Transforming care: A national response to Winterbourne View Hospital

- Improve the quality of health services provided to people with a learning disability.
- Improve the uptake of annual health checks amongst the learning disability population.
- Support an improvement in local Joint Annual Health and Social Care Self-Assessment ratings

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

There are no NHS/independent specialist LD hospitals within the county. Dorset HealthCare NHS Foundation Trust does have some estates, but none currently directly for people with a learning disability. DHC do provide estates for the CLDTs and IST and wider mental health services.

Within the Dorset TCP there is a range of housing solutions to meet the needs of this population. Further work on this is needed to give a summary on housing position and challenges locally in terms of housing cost.

ASCOF LD Accommodation info 2014/15

Type	Bmth	Poole	Dorset
<i>Settled accommodation for adults age 18-64</i>			606
Owner occupier or shared ownership schemes	5	6	5
ALMO, Registered Social Landlord or HA tenants	21	13	131
Tenants of private landlords	12	3	26
Settled mainstream housing with family and friends	105	106	289
Supported accommodation	48	49	138
Shared Lives Scheme	22	21	15
Living in approved premises for offenders	0	0	0
Sheltered housing	0	2	2
In mobile accommodation from Gypsy/Roma and Traveller Communities	0	0	0

Type	Bmth	Poole	Dorset
<i>Unsettled Accommodation for adults age 18-64</i>			125
Registered care homes	101	36	90
Unsettled accommodation was unknown	2	7	23
Sleeping rough	0	0	0
In night shelters	0	0	0
Refuges	0	0	0

Temporary accommodation	0	0	1
Staying with family/friends as a short-term guest	3	0	5
In acute/long-term healthcare	0	0	2
In registered nursing homes	1	0	2
In prison/young offenders institutes	0	0	0
In other temporary accommodation.	10	0	2

All three local authorities have a mixture of supported accommodation options. This includes 1 and 2 bed units in cluster groupings. Many of these are a legacy from the campus re-provision work as well as more recent developments on smaller accommodation options to meet needs of more complex people. We need to further develop bespoke housing options to meet the needs of the small number of current inpatients that will be returning to the area in the future.

Alongside these units are a larger number of units of accommodation based within houses of multiple accommodations, (HMOs). These tend to be used by people with less complex needs and are less suitable for people covered by this agenda.

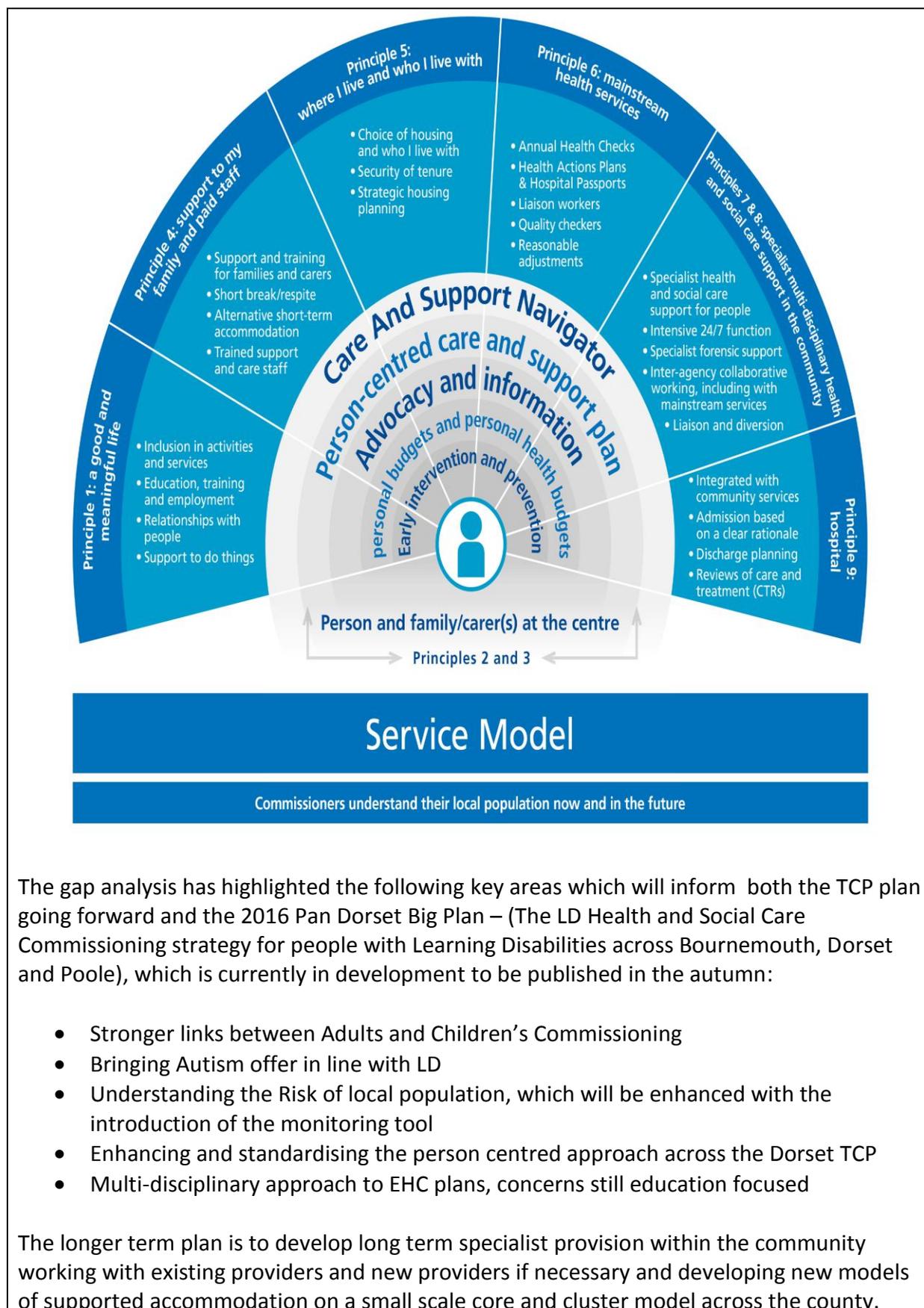
All three authorities have a network of private rented accommodation providers which do provide housing for some of the people we have identified within this agenda.

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

The primary aim is to avoid hospital admission, unless absolutely necessary. Any admission must be determined by a Gateway Care and Treatment Review (pre-admission CTR/Blue Light Meeting).

Of equal importance is to repatriate current inpatients and develop services to enable them to be maintained and supported effectively in the community in the long term, in a sustainable manner.

This can only be achieved through a whole system preventative approach within LD and autism services. The Dorset TCP is committed to aligning its services with the national service model and a gap analysis has been completed:



The gap analysis has highlighted the following key areas which will inform both the TCP plan going forward and the 2016 Pan Dorset Big Plan – (The LD Health and Social Care Commissioning strategy for people with Learning Disabilities across Bournemouth, Dorset and Poole), which is currently in development to be published in the autumn:

- Stronger links between Adults and Children’s Commissioning
- Bringing Autism offer in line with LD
- Understanding the Risk of local population, which will be enhanced with the introduction of the monitoring tool
- Enhancing and standardising the person centred approach across the Dorset TCP
- Multi-disciplinary approach to EHC plans, concerns still education focused

The longer term plan is to develop long term specialist provision within the community working with existing providers and new providers if necessary and developing new models of supported accommodation on a small scale core and cluster model across the county.

There is a need to formalise a consistent pan—Dorset single, person-centred planning approach. This is not without its complications when working with a diverse provider market. The Social Care Assessment process has been updated in each area in order to comply with the Care Act 2014. Each person is placed at the centre of the process and services are designed around them. This process includes the person and their circle of support as much as possible. Advocacy arrangements are in place across each authority in order to comply with Care Act throughout the assessment, planning and review process.

There is a focus on outcome based support planning and authorities are trialling Individual Service funds, alongside more traditional managed accounts and direct payments.

Each independent provider has its own PCP tools and this is often part of their uniqueness. However, as part of this agenda the Dorset TCP want to agree with providers and local community learning disability teams an agreed set standards that aligns to the 'Driving up Quality Code' in respect to person centred planning. This would include standards in respect to accessibility in line with the Accessible Information Standard.

There is more work required regarding the wider workforce with recognised issues including:

- Skilled providers who can work with people with a learning disability and a forensic history
- Rural challenges in wider Dorset
- Some recruitment issues for some providers across the LD sector
- Availability of qualified SW staff in areas of Dorset
- Ensuring all staff are competently trained in line with nice standards
- Offering similar training and support opportunities to personal assistants and shared lives carers who are working with this cohort

Please complete the 2015/16 (current state) section of the 'Finance and Activity' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

Assumptions

- Average cost for medium secure beds: £480.00 OBD (before CQUIN) – source NHS England finance
- Average cost for low secure beds 2015/16: £536.12 OBD (before CQUIN) and for 2016/17: £457.49 plus 2% inflationary uplift thereafter year on year.
- Information on people identified within the community who are at risk of admission is taken from the revised TCP Risk of Admission and Placement Monitoring Tool. Further work is needed to cross examine the criteria across the three LA's when using the tool to ensure consistency in approach.
- The discharge target of four inpatients per annum assumes that these patients were not previously receiving section 117 packages of support.
- Dorset County Council information on Local Authority funded packages of support for former

inpatients is only from the last three years based on the inpatient list but will be developed further as teams investigate individual cases.

- Currently none of the joint NHS/local government funded S117 cases are on the inpatient list from the last 3 years but this information will be developed as individual cases are examined and identified as being former inpatients.
- For local authority funded packages of support in community settings for other people at risk of admission – more work will be carried out on a case by case basis to move more people from this row to other parts of the spreadsheet, and will be able to refine the numbers based on a more comprehensive assessment of risk. This is all DCC only funded people on the risk register, including those assessed as Green for overall risk.
- It has been assumed that none of the people included in the finance and activity annexe will pass away in the next three years.
- The number of people who are inpatients in the 2015/16 year has been finalised with actual figures as of the 23.02.2016.
- For forecasted figures it has been assumed that inpatients will be discharged to a Dorset county community based step-down provision (Level 2c in the pathway) or equivalent and costs have been forecasted based on this (£330 spot purchase cost per bed day).

Further work is needed to complete the financial data for the wider cohort of people at risk of admission across the three authorities. This will be available before final submission in June.

3. Develop your vision for the future

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

The Pan Dorset TCP is committed to supporting wherever possible the aspirations of local people with a learning disability contained within the Pan Dorset Bill of Rights Charter (**Appendix 4**).

The Dorset TCP also recognises and supports the aspirations within Building the Right Support in respect to:

- *Improved quality of care*
- *Improved quality of life*
- *Reduced reliance on inpatient services*

Dorset TCP is committed to supporting people either at home, or as close to home as possible and maintaining a 'no inpatient bed' service model within Dorset.

Work has now started on a new strategy for 2016 and beyond. The proposed Big Plan 2016-2020 will now be a pan-Dorset Health and Social Care strategy, in recognition of the amount

of joint working across the county in this area.

The emerging priorities from the early engagement to date show that the issues of health care and choices in housing remain a priority for people with a learning disability, their carers and professionals working in this area.

A wider priority identified is around how we support people with a learning disability to having meaningful lives within their community, including access to social, leisure, education and work opportunities.

These priorities need to be considered alongside wider management of the market both from the quality of care and value for money perspectives, as well as responding to the national Transforming Care agenda.

As part of the wider engagement plan described earlier, further work will be carried out to reaffirm the TCP's aspirations for 2018/19, which will in turn be built into the Big Plan 2016-20.

How will improvement against each of these domains be measured?

Key Indicators

- Reduction in use of inpatient beds
- Reduction in the use of the MH Act 1983
- HEF individual outcome monitoring from June 2016
- Services are already measured in respect to ASCOF and the take up of Personal Budgets and Direct Payments, this will be extended to monitor the take up of Personal Health Budgets.
- Monitor assessment and support plans to ensure they have been co-produced with the person, their circle of support and advocates as necessary, through operational case auditing and by adding this to the local TC risk of admission and placement monitoring tool. One of the monitoring processes is through the Care and Treatment Review process.

We will also discuss the opportunity for the Experts by Experience Programme to undertake quality checking of new services as they are implemented. We will carry out a review of indicators following establishing a baseline in 2016/17.

Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.

- Positive Behavioural Support to be intrinsic within assessment, support planning and interventions
- Crisis Support Plans for those whose behaviours challenge
- Person-Centred Care and Support

- Maximising Choice and Control
- Supporting a meaningful life
- Promoting Community Inclusion
- Supporting families and informal carers
- Staff that are well trained and competent to support people

Again these will be finalised with wider stakeholders as part of the engagement plan and further consideration around Government response to 'No Voice unheard and no right ignored' and the Mazars Report into Southern Health.

Please complete the Year 1, Year 2 and Year 3 sections of the 'Finance and Activity' tab and the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

Further work with stakeholders and the TCP Board need to take place over year 2 and 3 planning assumptions within the Finance and Activity schedule. Year one is based on current working knowledge and data.

4.Implementation planning

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

Overview of your new model of care

Further work is needed to enhance the current four stage crisis model, (Appendix 3) to link it to:

- Children's Commissioning to reduce out of area educational/residential placements
- Building relationships with specialist providers (pan Dorset)
- Specialist provider market development aligned with effective Housing Options (Pan Dorset)
- Integrating our commissioning approach for Care and Support services.
- Reducing reliance on Residential Care in favour of more person centred packages.

What new services will you commission?

Within the 4 stage model of care, the following services will be commissioned. Steps 2b and 2c will be commissioned from April 2016 when the new facility is due to be opened – this has enabled the reduction in inpatient to be front loaded in the financial annex.

1. Level 2: Short Term Low Level Crisis Accommodation (Bournemouth and Poole x 2 bed and DCC x 2 bed)
2. Level 2b: Intensive crisis management service in specialist residential service with nursing care (step up from the community). The length of stay will be dependent on the

individuals' needs. From initial scoping of people currently living in the community, seven are highly likely to benefit and need this service in the next year. LoS has been identified as up to 6 weeks for three of the potential services users and between 3-6 months for another four but this will be dependent on the assessment at the time.

3. Level 2c: Step down from inpatient care: This would be specialist residential service with nursing care and LoS would be expected to be in the region of 12 months, but this would be based on assessed need. Discharge planning into the community would start on admission. There are currently four people who are identified as being potentially suitable for step down support of this kind.

- Additional psychiatric in-reach will also be commissioned to support 2a and 2c.

The Dorset TCP would welcome working with the commissioners in the wider region to increase our collective buying power in both inpatient and step down provision. Initial discussions on 9 February identified a common understanding and wish to work together in this manner in the near future and we would look to progress this in 2016/17.

The longer term aim will be to develop more accommodation in the community to help minimise the need for inpatient admission and use of the MHA.

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

1. To commission 50% below the recommended inpatient beds per whole population by the end of year 3 (This would mean a local target of 6 CCG commissioned beds for Dorset)
2. To work with NHS England to agree a target which continues to maintain low levels of NHS England commissioned secure inpatient beds (currently stands at 4 inpatients = 23% of the 2019 planning assumption).
3. To reduce the number of people living in long term residential care across Dorset.

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

1. Review and modernise Supported Living contracts across Poole (in-house services), Bournemouth (Housing Related Support Services), and Dorset (combining former supporting people contracts under the wider LD framework to ensure consistency of service delivery to be introduced from June 2016 and completed by August 2017).

This is essentially around ensuring that these services are working in an outcome focused way and are commissioned to meet future needs which include being able to support people with more complex needs in their own accommodation.

2. Further work will be undertaken with the community learning disability teams and local providers across Dorset to develop a standardised approach to person centred support

planning.

3. Further workforce development as described earlier.

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

NHS Dorset CCG offers Personal Health Budgets (PHB) locally for people who are CHC eligible and it is our intention to extend access to PHBs in 2016/17. The CCG are currently on the PHB development programme run by NHS England to develop a local offer. The current number of PHBs are outlined below:

- Currently there are 28 children who receive CHC who have a PHB
- 52 adults who receive CHC have had a PHB since July 2014. Of the 52 adults, there are 36 adults with a learning disability who have a PHB.

The three local authorities will continue to ensure Personal Budgets are provided to all who are eligible for services under the Care Act and continue to encourage uptake of personal budgets.

A high proportion of LD inpatients are discharged to the community on Section 117 arrangements. There is a Pan Dorset Section 117 funding agreement in place which supports effective discharge planning and ensuring delays are avoided.

What will care pathways look like?

The crisis pathway described earlier is just one part of the pathway and is the reactive part of a wider care pathway.

The ultimate aspiration would be to have a single all age care pathway for people with LD across the county and further work to develop this is required on this in 2016/17.

There is an established pan-Dorset pathway already in place for people with autism/Asperger's who do not have a learning disability which describes how they can access diagnosis and post diagnosis support, including access to social care and wider community resources.

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

All three authorities have Transitional Operational Groups in place that oversee the transition of young people into adulthood, with dedicated Transitions Workers to support young people and their families. Transition planning starts at age 14. All three authorities are updating their Transition protocols currently.

NHS Dorset CCG have developed a protocol to ensure that children who are eligible for Continuing Healthcare Funding are supported through the process of applying for adult continuing health care funding with clear timescales regarding the process. Further work is needed to link this to arrangements for micro commissioning care and support.

Transitional arrangements are in place in Dorset for young people who are section 117 entitled, to ensure a smooth pathway into adult services where ongoing treatment is required. This avoids destabilisation of the support arrangements in place. Discussions are in hand to extend this across Bournemouth and Poole.

There is a Pan Dorset project led by the CCG and the LAs that has led to the redesign of a new Development and Behaviour pathway for CYP (including ASD and ADHD). There has been involvement from parents and carers and professionals across services (both health and LA) and a project group is now leading the implementation. One of the key workstreams is transition and the project will bring together children and adult arenas (both commissioners and providers to develop effective approaches)

This project is part of the transformation agenda and links into the current project to develop Integrated Community Health Services. The local CAMHS service already has a team that specifically works with CYP with a LD and mental health issue or challenging behaviour. Effective links are in place within the current provider to ensure that effective transition takes place between mental health services.

The implementation of the SEND reforms is a statutory requirement for all our provider organisations. Significant work has been undertaken through the local partnership of the CCG, the three LAs and the providers to recognise their roles and responsibilities and start to embed them into practice. A pan Dorset Local Offer is in place about health provision as well as a Designated Medical Officer role for SEND to provide clinical leadership and support to clinicians and health services in the implementation of the reforms as well as to inform commissioning plans.

The introduction of EHC plans will require health services to support YP with a Plan up to the age of 25 (where they stay in education). This means that services/support must be in place to meet the needs and outcomes identified in the Plan. It may also require adult services to work in a more holistic way to work with the YP and their families to meet their health needs in the context of the social care and educational needs.

The CCG recognises its responsibility to jointly commission support where appropriate with the LA. A process is in place to enable individual health needs outside of current core commissioned provision to be identified and requests to be made for additional commissioning arrangements.

There is a high prevalence of SEN among LAC. Where an EHCP is agreed, it will stay in place until the age of 25 to ensure continued effective support to LAC and care leavers. This is

recognised within our local LAC model and pathways. Further work will be undertaken to ensure effective transition into adult health services where needed.

How will you commission services differently?

Work is underway to introduce pooled budgets for 117 remaining people that transferred out of long term hospital accommodation into the community (Campus closure). This will be in place from 1 April 2016 and will be the test bed for future pooling for the wider LD population.

Wider work is planned to explore an integrated commissioning approach for LD services across the three authorities and CCG, in line with the pooled budget agenda.

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

As described earlier there are no inpatient facilities within the Dorset TCP area that could support this.

There is the need for future capital investment to ensure there is sufficient housing stock available across the county to support the proposed model of care and this will be scoped under the appropriate work stream in the plan.

Alongside service redesign (e.g. investing in prevention/early intervention/community services); transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?

Due to the small number of people this represents within the Dorset TCP, the approach to resettling will be on an individual basis. The majority of these patients have a history of offending which makes resettling within the community challenging from both a housing and support perspective.

There are currently twelve people placed in an out of area specialist LD inpatient placement funded by the NHS Dorset CCG.

- 3 have been an inpatient over 5 years:
- 4 have been an inpatient between 3- 5 years
- 3 have been an inpatient between 1- 3 years
- 2 have been an inpatient less than 12 months

Of the seven people currently inpatient for more than three years:

- Plans were in place to discharge 2 patients back into the community before 31 March 2016, subject to Ministry of Justice approval but this did not happen as MoJ approval not given as yet.

- We are identifying a suitable housing option for one of the patients, but this is challenging due to their offending profile and this is subsequently delaying discharge
- 4 patients remain suitably placed at this time with no plan for discharge due to their ongoing clinical needs and risk profile.

There are 4 people in NHS commissioned medium secure inpatient beds. CTRs have confirmed the ongoing appropriateness of these placements. One of these has been receiving in-patient care for over 5 years.

In total there are 4 Dorset patients across secure and non-secure in-patient provision who are 'dowry eligible'.

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

This draft plan has already acknowledged that further work is required to ensure alignment with children's commissioning and the local roll out of education, health and care plans before the final submission in June. The wider engagement plan proposed outlines the key children's commissioning officers within the proposed reference group.

As part of the CCGs sustainability and transformation plans we will look to align the learning disabilities work stream with other work streams. We will be undertaking a review of the dementia pathway in 2016/17 and will link this with the TCP.

Lead officers for the Dorset TCP plan are also involved in other key local programmes of work that are already supporting a collective system response:

- Pan Dorset Autism Spectrum Conditions Strategy: the action plan has been updated in line with the revised statutory guidance
- Pan Dorset MH Crisis Concordat Plan: this is linked to a whole system review of the MH Acute Care Pathway, currently underway. The mental health needs of people with LD and or autism and a serious mental illness are within the scope of this review
- Integrated Commissioning and Personal Health Budgets local offer (as described earlier)

The Dorset TCP would welcome working with the commissioners in the wider region to increase our collective buying power in both inpatient and step down provision. Initial discussions on 9 February identified a common understanding and wish to work together in this manner in the near future and we would look to progress this in 2016/17.

Any additional information

5.Delivery

Plans need to include key milestone dates and a risk register (see Appendix 5)

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

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Work Streams</div>					
Co- production and Engagement	Workforce Development	PHB Offer Development	Stage 2b and 2c procurement and contracting	Stage 2a funding and development	Med/ Long term estates & community provision development
<p>Who is leading the delivery of each of these programmes, and what is the supporting team.</p> <p>Commissioning</p> <ul style="list-style-type: none"> • Alex Geen – Senior Programme Lead, Mental Health and Learning Disabilities (DCCG): Engagement Lead/ PHB Offer development lead/ Joint health workforce development lead • Jo O’Connell - Principal Officer Joint Commissioning (LD) (BoP & BBC): Stage 2 Funding and Development Lead/ Joint workforce development lead • Chris Watson - Joint Commissioning Manager - Learning Disabilities & Mental Health (DCC): Med/ Long term estates & community provision development lead/ Joint workforce development lead • Phil Murphy – Specialist Services Commissioning Manager (DCCG): Step 2b and 2c procurement and contracting lead <p>Supporting delivery of work streams</p> <ul style="list-style-type: none"> • Gary Billen - Specialist Service Manager, Children’s and Adult Learning Disability Services (DHUFT) • Kim Hill - Operations Director – South, Partnerships in Care • Vanessa Read: Deputy Director of Nursing, Dorset CCG • Chrissie Price: Finance, Dorset CCG • Kath Florey-Saunders: Head of Mental Health and Learning Disabilities, Dorset CCG • Derek Hardy: Dorset County Council • Phil Hornsby: Borough of Poole • Neil Goddard: Bournemouth Borough Council <p>The TCP Board will play a key role in influencing the wider community to drive forward these developments</p>					
<p>What are the key milestones – including milestones for when particular services will open/close?</p> <p>See Appendix 2: Co-production and engagement plan.</p> <p>See Appendix 5: Workstreams and Milestones.</p>					

What are the risks, assumptions, issues and dependencies?

- Assumptions have been put in the plan under any other information – this is primarily linked to how figures have been forecasted.
- Assumption: match funding will be granted to assist in the implementation of this direct alternative to inpatient care.
- Assumption: all data requested is available within the time scales of the planning round
- Assumption: Market capacity can be developed to support longer term options for people with forensic and/or highly complex support needs
- Assumption: CLDT staff have capacity and operational support to introduce Health Equalities Framework to monitor improvements for this cohort
- Assumption: Necessary funds available to implement the wider service model across the three LA's due to impact of Comprehensive Service Review
- Dependency: engagement with service user and carer to ensure that the potential new service is delivered in an environment that has taken their views into consideration
- Dependency: The potential provider is able to mobilise effectively in early 2016/17, including CQC registration which has been applied for.
- Dependency: Privacy Impact and Equality Impact Assessments will need to take place on any new service proposal

What risk mitigations do you have in place?

Risk	Risk Type	Mitigation
<i>Funding not available</i>	<i>Financial</i>	<i>Reduce block arrangement</i>
<i>Alternative option to inpatient care is not able to be delivered in 2016/17</i>	<i>Delivery</i>	<i>Look at alternative straight to community options</i>
<i>Availability of Suitable Housing Options</i>	<i>Delivery, reputational</i>	<i>Explore alternative capital investment opportunities to develop specialist housing</i>
<i>Market capacity to support highly complex people</i>	<i>Delivery, reputational, safety</i>	<i>Work with pan Dorset providers to identify and support key providers to develop necessary skills. Consider specialist framework for forensic LD providers.</i>
<i>Capacity on teams to introduce HEF</i>	<i>Delivery,</i>	<i>Focus roll out initially on those identified on the local monitoring tool</i>
<i>Impact of CSR on aspiration to</i>	<i>Financial, delivery,</i>	<i>Work with local stakeholders</i>

<i>implement the wider 'Service Model'</i>	<i>reputational</i>	<i>including people with LD/autism to agree priorities as necessary.</i>
<i>Workforce – availability and competency</i>	<i>Delivery, staff</i>	<i>Ongoing work with well-established provider forums. Looking at sector training opportunities with Skills for Care. Linking with local university and principal SW work programme.</i>
Any additional information		
6.Finances		
Please complete the activity and finance template to set this out (attached as an annex).		
End of planning template		

Appendix 1: Governance Structure

Appendix 2: Draft Co-Production and Engagement Plan

Appendix 3: 4 Stage Model

Appendix 4: Bill of Rights Charter

Appendix 5: Workstreams and milestones

--