# Staffordshire and Stoke-on-Trent

## Transforming Care Partnership Plan

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<th>Version</th>
<th>Date</th>
<th>Changes</th>
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1. Mobilise Communities

Governance and Stakeholder Arrangements

1.1 Describe the Health and Care Economy Covered by the Plan

About Us

The Staffordshire area covers the populations of the City of Stoke-on-Trent and Staffordshire County.

The estimated resident population for Staffordshire and Stoke-on-Trent is 1,111,200 covering a large geographical area of 1,048 square miles.

The area is made up from a mixture of cities, towns and villages.

Key public sector Commissioners of health, care and wellbeing include the six Clinical Commissioning Groups (CCGs):

- Cannock Chase
- East Staffordshire
- North Staffordshire
- South East Staffordshire and Seisdon Peninsula
- Stafford and Surrounds
- Stoke-on-Trent

and two upper-tier local government organisations:

- Staffordshire County Council
- Stoke-on-Trent Unitary Authority

Staffordshire also has 8 District Councils:

- Cannock Chase
- East Staffordshire
- Lichfield
- Newcastle-under-Lyme
- South Staffordshire
- Stafford
- Staffordshire Moorlands
- Tamworth
Population of People with a Learning Disability

Learning Disability is one of the most common forms of disability and is a lifelong condition with a wide spectrum of need. It can be acquired before, during or soon after birth and affects an individual’s ability to learn.

There are no official statistics reporting the population with a learning disability. Various sources have been used to estimate the numbers of people with learning disabilities across Staffordshire and Stoke-on-Trent:

- The numbers of pupils in Staffordshire and Stoke-on-Trent with their primary type of need being a learning disability were: 2,210 (specific), 6,420 (moderate), 670 (severe) and 200 (profound and multiple) making up around 6% of all pupils. Around 1,170 pupils (1.1%) also have autistic spectrum disorder (January 2015).

- The number of people on GP registers for learning disabilities was 5,300 (0.5%) (2014/15). Research suggests that this underestimates the true value of the learning disabilities population across Staffordshire and Stoke-on-Trent which is estimated to be around 20,800 for adults aged 18 and over.

- The number of adults known to local authority services was circa 3000 (2014/15).

The number of people with a learning disability and/or autism aged 55 or over is estimated to increase by 26% by 2030, with a 90% increase for those aged 85+ and a 51% increase for those aged 75-84. These changes will present challenges across the health care economy as people with learning disabilities are more likely to experience age related health conditions at an earlier
stage. Meanwhile the number of people with a learning disability and/or autism aged 45-54 declines by 720 or 13% and for those aged 25-34 by 0.4%.

The number of people with a moderate or severe learning disability is estimated to increase overall by **6% from 2015 to 2030**. Again this masks an ageing population of those with a moderate or severe learning disability - numbers aged 55 or over increase by **59%**, with an 85% increase in those aged 85+ and a 47% increase for those aged 75-84.

**Appendix 1**: What is the Population of Staffordshire and Stoke-on-Trent (Office for National Statistics).

**Commissioning Arrangements in Staffordshire**

**Children’s Services**
In respect of collaborative commissioning arrangements and arrangements with Providers, the Staffordshire CCGs have Block Contracts for Children and Adolescent Mental Health Services (CAMHS) Tier 3 (community services). Tier 4 Assessment and Treatment inpatient beds are commissioned by NHS England from North Staffordshire Combined Healthcare NHS Trust within Staffordshire and other providers outside of Staffordshire.

Out of area placements are currently commissioned on a case by case basis using variable contract arrangements. Commissioners have commenced commissioning by open tender with individual packages of care commissioned through a mini-selection process which is open to existing or new providers. Work is well underway to upskill and develop the local market so that it is able to provide more specialist care and support on a consistent basis across the county.

Local, medium secure and CAMHS beds are commissioned through NHS England Specialised Commissioning (Midlands and East).

**Adult Services**
Block contracts are in place with South Staffordshire and Shropshire Healthcare NHS Foundation Trust and North Staffordshire Combined Healthcare NHS Trust for the provision of Community Learning Disability teams and Intensive Support Team (IST).

Local Authorities commission supported living services and social care services from a range of domiciliary and residential based providers. Placements can be jointly funded through a ‘split’ arrangement The Provider market is diverse and changing with voluntary, private sector and charitable organisations in the mix.

**1.2 Describe Governance Arrangements for this Transformation Programme**

The Staffordshire and Stoke-on-Trent Transforming Care Partnership encompasses the County of Staffordshire and City of Stoke on Trent. The key partners are:

- Staffordshire County Council
- Stoke-on-Trent City Council
- Stafford and Surrounds Clinical Commissioning Group (CCG)
- Cannock Chase CCG
- South East Staffordshire and Seisdon Peninsula CCG
- North Staffordshire CCG
- East Staffordshire CCG
- Stoke-on-Trent CCG
- NHS England Specialised Commissioning Teams / Hubs
- Representatives from people with learning disabilities, families and carers
- NHS England Local Area Team (North Midlands)
In line with the revised commissioning footprints, a Staffordshire and Stoke-on-Trent Transforming Care Partnership Board has been established with the Accountable Officer from Stafford and Surrounds CCG, Cannock Chase CCG and South East Staffordshire and Seisdon Peninsula CCG appointed as the Senior Responsible Officer (SRO) - Andrew Donald. The Deputy SRO, Simon Robson is the Interim Associate Director of Commissioning, Commissioning and People Directorate, Stoke-on-Trent City Council.

The Partnership and its vision has been endorsed by the Chief Officers of all CCGs and Local Authorities. This Transformation Plan has been submitted in line with NHS England timescales with the full backing of the Transforming Care Partnership Board. Consideration of the plan by the governing bodies and Council Cabinets of partner organisations is scheduled in April and May 2016, in line with the approvals timetable set out in Section 5.3 of this plan.

The Board i.e. the Leadership Team for the programme will oversee the delivery of key objectives and the achievement of outcomes as detailed in the Joint Transformation Plan and monitor the progress, risks and issues of the associated workstreams over the next three years.

The Governance structure as per the diagram has been agreed along with the Terms of Reference for the Transforming Care Partnership Board. The Terms of Reference for the Transforming Care Partnership Board are attached as “Appendix 2”.

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**Transforming Care Partnership Board**

**Membership**

- SRO/Chair (Andrew Donald – SAS/CC/SES & SP CCG)
- Deputy SRO/Chair (Simon Robson – S-O-T City Council)
- Staffordshire County Council (Helen Coombes)
- Finance Director (Paul Simpson)
- NHS Specialist Commissioning representative (Dean Robinson)
- Clinical Director (Waleed Abbas – S-O-T)
- Local Authority (County – Nichola Glover-Edge)
- Local Authority (City – Sharon Taaffe, Kevin Day)
- Stoke CCG (Kevin Day)
- Healthwatch - Patient/Career rep (Jan Sinder/Val Lewis)
- NHSE (Tracey Shaw/Tzi McCourt)
- Quality Lead (Jayne Downey)
- Children’s Senior Commissioner representative (Sheila Crosby)
- Comms & Engagement (Adele Edmondson)
- Programme Director (Rob Lusuardi)
- Programme Manager (Christine Adams)
- Project Manager (Kirsty Allsread)

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**Transforming Care Steering Group**

**Membership**

- Programme Manager (Christine Adams)
- County Council (Nichola Glover-Edge)
- Stoke CCG / City Council (Kevin Day)
- Project Manager (Kirsty Allsread)
- Design Manager – Transformation (Calum McComb)
- Senior Finance Manager – representative to be confirmed
- Senior Quality Manager – representative to be confirmed
- Project Support (Leura McGarvie)
1.3 Describe Stakeholder Engagement Arrangements

Involvement with people with complex needs and/or challenging behaviour is paramount and has always been at the heart of any development within Learning Disabilities across Health and Social Care.

Effective engagement is fundamental to the success of the Staffordshire and Stoke-on-Trent Transforming Care programme and will be achieved through a comprehensive Communications and Engagement plan aligned to the local vision and the programme plan.

Throughout the duration of the programme to date, people with complex needs and challenging behaviour have been at the centre of developments and work has been focused with stakeholders around the current cohort to develop clear care service specifications and pen profiles to support the commissioning of appropriate community placements. A significant number of stakeholders have been involved to date on both an individual person centred and operational programme level which include:

- CCGs (local, boundary and out of area CCGs)
- Local Authorities
- NHS Specialised Commissioning
- NHS England Transforming Care Local Area Team and other area Leads
- Mental Health NHS Providers in the local area and Independent and Third Sector
- Community Providers
- NHS Acute Trusts
- Police, Probation and other criminal justice systems
- Advocacy and Peer Support Organisations
- Health Scrutiny Committees
- Carer and service user representatives/Experts by Experience
- Learning Disability Partnership Boards

The Stakeholder Communications and Engagement Plan (Appendix 6) has been developed depicting who the Stakeholder groups are to be involved, their motivations, what degree of involvement they need with the programme, and what outcomes are required for the Stakeholders as a result of the engagement.

A mapping exercise will also identify existing communications channels, networks and media that can be used to deliver the engagement. Co-production with people with learning disabilities and family carers will be routine business with information provided in Easy Read where appropriate (See Appendix 7 – Co-production Stakeholder and Engagement Model).

Local Authority Commissioners have developed robust Market Position Statements and are engaging with NHS Commissioners around the development of these and taking them forward into commissioning plans and the development of provider capability.

Other key stakeholders will include Housing, Criminal Justice and Education providers.

Individual patient engagement will at all times continue and particularly within the operational case management process.

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

The Transforming Care Partnership is committed to the principle of co-production and co-design and has developed an over-arching framework for stakeholder engagement to ensure co-production of the vision and solution designs (see Appendix 7 - High Level Co-production).
and Stakeholder Model / Framework). The Programme will also make use of the “Think Local Act Personal” tools referenced in guidance to measure success in doing so as this work progresses.

Engaging People with Learning Disabilities – What Work Have We Undertaken

The framework for engagement and co-production builds on several pieces of work that partner organisations have carried out in recent years which have involved people with a learning disability and their carers in developing local strategy and services. This plan has been produced using the vision set out in these strategies namely:

- Staffordshire County Council’s All Age Disability Strategy 2013–18 was developed through a thorough consultation and engagement process.

- Stoke on Trent City Council’s Learning Disability Strategy 2010–15 was developed in partnership with people with a learning disability, closely involving self-advocates and experts by experience in setting the Strategy’s priorities and principles.

- In 2015, the City Council commissioned Staffordshire University’s Faculty of Arts and Creative Technologies to devise an innovative consultation exercise to gather views on the future design of day services within the City. Using craft activities, video logs, strong visual aids and a mixture of large scale events, small “pop up” and one to one sessions this consultation programme was able to gather a wealth of information and ideas from people who use services and their carers.

- The Staffordshire and Stoke on Trent strategies for Emotional Wellbeing and Mental Health 0-18 includes recommendations in relation to vulnerable groups, including young people with learning disabilities. The strategy was subject to stakeholder engagement and consultation with children and young people.

Both Staffordshire and Stoke on Trent commission the REACH self-advocacy service as one way of ensuring that people with a learning disability are supported to speak up. REACH run regular Parliament meetings to discuss topics of interest and share information. REACH MPs then form a conduit to disseminate information to their communities. REACH workers also support a number of members to have roles as Experts by Experience and these Experts attend the Learning Disability Partnership Boards (one stakeholder co-chairs the Stoke Board) and have also been involved in Care & Treatment Reviews as panel members.

The Transforming Care Programme Board have agreed to commission REACH to support the development of the vision and solution design so that they are active members in the TCP development and workstream programmes. Furthermore, REACH have also supported the development of the overarching framework for co-production set out in Appendix 7.

What Have People Told Us

A cross section of customers and their families have told us they would like the following:

- Individualised community support and more flexibility of support, to learn, enjoy and achieve in life and make genuine friends.
- Reassurance that support will be made available for carers when they need a break.
- Genuine choice and control in everyday life, just like everyone else.
- Better information around the support they may be able to access.
- Individuals and families want to be genuinely involved and listened to.
- People are genuinely supported by the Council and Providers during the shift towards self-directed support.
• To have well paid work opportunities (with support where required), as opposed to minimum wage or voluntary work, with an increased disposable income.
• Support to make friends, be part of group activities and to do things together as a family.
• Support to live an ordinary life, playing and learning alongside friends within their communities.
• Support in making a smooth transition to adult life.
• Families want opportunities to carry on or return to work.
• Flexible support to respond to the fluctuating needs of illness and impairment.
• Access to personal assistants to help support with day opportunities, through personal budgets and direct payments.
• Transparency and greater understanding of what services and support cost.
• More opportunity for support during the 24 hour day including at evening time, centred around an individual's needs and preferences e.g. cinema, drama class, go to the pub, etc.
• Opportunities to try things and see what works best, with simple solutions where possible.
• Ultimate Choice and Control over how the money allocated to them is spent, and ability to choose their care and support provider and staff.
• People do not want to lose touch with their peers where building based services are re-provided and would like local opportunities to meet and socialise with others.
• Individuals wish to feel safe, free from abuse, harassment and crime and included within their community e.g. Citizenship Watch Scheme, Changing Places, increased wheelchair access and with less people abusing disabled facilities.
• Customers and their families want a voice, to be valued, to be supported in developing their confidence, self-esteem and to be seen in a positive light.
• Opportunities to make genuine connections with their communities.

Accommodation

A cross section of recent views has told us thus far that they would like the following specifically in relation to accommodation:

• Choice and control in respect of where they live and increased options in respect of the types of accommodation available.
• Genuine Choice and control over whom they live with and whether they live alone or in friendship groups, with a more reasonable amount of time to make the transition from existing accommodation setting to new.
• Support and security in respect of their accommodation choice i.e. secure tenure, with help managing money and paying bills in relation to their accommodation.
• Repairs done well and in a timely fashion by professional people.
• Accommodation that is big enough and flexible enough so they have their own space when they wish, but also access to communal space if they so wish.
• The speed of finding suitable accommodation needs to be improved with less “red tape” and fewer professionals involved in the move.
• Accommodation is accessible and adaptable so as customers age they can remain in their existing setting.
Staffordshire County Council works with the following framework for involvement with users and carers.

**Key Themes from the Feedback from Parents and Carers include:**

**A Child Centred Approach to Understanding Needs** -
- The needs of children, disabled children and those with long term medical conditions, needs more recognition.
- The need to consider social and communication ability as well as academic progress.
- All Teachers and Support Staff working with the child need to be aware of their needs and provide consistent support.
- Behaviour needs to have more recognition.

**Clarity and Consistency of Support, Monitoring and Progress** -
- What support will be available to those children and young people without a Statement or Education Health & Care (EHC) Plan? Clarify “Special Educational Needs (SEN) Support” – in a clear framework, or “standard” of the support that can be expected.
- Be clear and transparent about what *must* be done.
- Monitoring, early identification, clear funding arrangements should be clarified in the Code of Practice. Monitor progress - regularly and early action if no progress.
- Individual Education Plans are vital, parents *must* be central to this. Meetings focus on needs of the child, not funding.
**Parent/Carer Involvement** -
- A framework is needed to identify that parents *must* be involved at every stage
- Parent/carer forums need to have a stronger and more strategic voice – in LA, NHS and CCGs.
- Co-produce the changes with parents in real partnership

**Information, Advice and Guidance** -
- A “single point of access” is important but people need to know what support is available – work with Parent Partnership Service and Parents to design this.
- Factual, impartial advice and appropriate legal expertise will be needed. It is not just about a web based service – face to face is important.
- Think about expanding PPS to act as a “hub” for the Local Offer – parent trust it
- Some parents don’t know where to start to get information whereas sometimes there is information overload

**Person-Centred Integrated Education, Health and Care Plans** -
- Face to face is vital, need to trust the co-ordination, real people to speak to
- Could parent advocates be trained and commissioned to support other parents
- Need more local decision making, consistent working across all Districts
- Team around the child, work as equals with shared goals – consistent support

**Moving Forward through Co-Production**

We will only get this right if we listen to and act upon the views and experiences of the experts, the Children and Young People, their parents and professionals who support them. Children and Young People and their parents have given a very clear message. They want to work with us as partners, they want good information to empower them to have real choice and control over how their needs are met, and robust monitoring to pick up when things aren’t improving so that prompt action can be taken to put things right.

We will work together to take this forward in partnership, we will do things differently by developing a new approach that works for the Children and Young People of Staffordshire.

A full Communication and Engagement plan for the Transforming Care Partnership’s work has been developed to ensure that the Partnership achieves its goal of co-producing future commissioning intentions and service models. This plan will make use of existing links that commissioners have with stakeholders including:

- Learning Disability Partnership Boards (LDPBs) in Staffordshire and Stoke on Trent
- The REACH self-advocacy groups and People’s Parliaments that are already established in the Transforming Care Partnership (TCP) area
- Existing parent carer and young people’s forums across the area
2. Understanding the Status Quo
Baseline Assessment of Needs and Services

2.1 Provide Detail of the Population / Demographics

The following information has been drawn from a number of data sources.

There are currently 14,500 people living in Staffordshire with a diagnosis of LD and 6,600 with ASD. It is estimated that 3-5,000 have a dual diagnosis.

These individuals are living longer and therefore require input from “traditional services” and may have other conditions with which they may require support.

Children and Young People with Learning Disabilities

The school census collects data on young people with special educational needs and disability (SEND). Based on the latest data (January 2015):

- 14% of pupils in schools in Staffordshire and Stoke-on-Trent have identified special educational needs (equating to 23,200 pupils).
- 3% of pupils in schools in Staffordshire and Stoke-on-Trent have statements or education, health and care (EHC) plan (equating to 4,800 pupils).
- The numbers of pupils with their primary type of need being a learning disability were: 2,210 (specific), 6,420 (moderate), 670 (severe) and 200 (profound and multiple). The total makes up around 6% of all pupils across Staffordshire and Stoke-on-Trent which is higher than the national average of 5%. Around 1,170 pupils (1.1%) also have autistic spectrum disorder which is similar to the England average (also 1.1%).

Adults with Learning Disabilities

The number of people recorded on a disease register (Quality Outcomes Framework register) as having a learning disability was around 5,300 in 2014/15 with the recorded prevalence (0.5%) being slightly higher than the national average (0.4%) (Table 1).

Estimated numbers and projections of Staffordshire and Stoke-on-Trent residents with learning disabilities are shown in Table 2. These expected numbers suggest that there are significant numbers of people undiagnosed or unrecorded on GP disease registers across Staffordshire and Stoke-on-Trent.

Table 1: Recorded prevalence of learning disabilities by CCG, 2014/15

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<th>Number on register</th>
<th>Recorded prevalence</th>
<th>Statistical difference to England</th>
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<tr>
<td>Cannock Chase</td>
<td>638</td>
<td>0.5%</td>
<td>Higher</td>
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<tr>
<td>East Staffordshire</td>
<td>671</td>
<td>0.5%</td>
<td>Higher</td>
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<td>North Staffordshire</td>
<td>888</td>
<td>0.4%</td>
<td>Lower</td>
</tr>
<tr>
<td>South East Staffordshire and Seisdon Peninsula</td>
<td>863</td>
<td>0.4%</td>
<td>Lower</td>
</tr>
<tr>
<td>Stafford and Surrounds</td>
<td>444</td>
<td>0.3%</td>
<td>Lower</td>
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<tr>
<td>Stoke-on-Trent</td>
<td>1,820</td>
<td>0.6%</td>
<td>Higher</td>
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<td>Staffordshire and Stoke-on-Trent CCGs</td>
<td>5,324</td>
<td>0.5%</td>
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<td>West Midlands</td>
<td>28,408</td>
<td>0.5%</td>
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<td>England</td>
<td>252,446</td>
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Source: Quality and Outcomes Framework (QOF) for April 2014 - March 2015, GPES and CQRS database - 2014/15 data extracted 10th July 2015, Copyright © 2015, Health and Social Care Information Centre. All rights reserved
The number of people known to adult social care was circa 3000 across Staffordshire and Stoke-on-Trent which is slightly lower than the numbers of people estimated with moderate or severe learning disability and likely to be in receipt of services (4,320 people).

Table 2: Estimates of Adults with Learning Disabilities, 2015-2030

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<td>16,470</td>
<td>16,740</td>
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<td>Moderate or severe learning disability (likely to be in receipt of services)</td>
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<td>3,350</td>
<td>3,370</td>
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<tr>
<td>Severe learning disability (adults aged 18-64) (likely to be in receipt of services)</td>
<td>740</td>
<td>730</td>
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<td>Moderate or severe learning disability and be living with a parent (adults aged 18-64)</td>
<td>1,010</td>
<td>980</td>
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<td>Learning disability, predicted to display challenging behaviour (adults aged 18-64)</td>
<td>230</td>
<td>230</td>
<td>230</td>
<td>220</td>
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<tr>
<td>Down’s syndrome</td>
<td>330</td>
<td>320</td>
<td>320</td>
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<tr>
<td>Autistic spectrum conditions</td>
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<td>6,990</td>
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<td><strong>Stoke-on-Trent</strong></td>
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<tr>
<td>Learning disability</td>
<td>4,650</td>
<td>4,690</td>
<td>4,740</td>
<td>4,830</td>
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<tr>
<td>Moderate or severe learning disability (likely to be in receipt of services)</td>
<td>980</td>
<td>980</td>
<td>980</td>
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<tr>
<td>Severe learning disability (adults aged 18-64) (likely to be in receipt of services)</td>
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<td>Moderate or severe learning disability and be living with a parent (adults aged 18-64)</td>
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<td>Down’s syndrome</td>
<td>100</td>
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<tr>
<td>Autistic spectrum conditions</td>
<td>1,960</td>
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<td><strong>Staffordshire and Stoke-on-Trent</strong></td>
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<td>Learning disability</td>
<td>20,810</td>
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<td>Moderate or severe learning disability (likely to be in receipt of services)</td>
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<td>Severe learning disability (adults aged 18-64) (likely to be in receipt of services)</td>
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<td>Down’s syndrome</td>
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<tr>
<td>Autistic spectrum conditions</td>
<td>8,790</td>
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Note: Numbers may not add up due to rounding

Source: Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI)

Health and Wellbeing Outcomes

People with learning disabilities face challenges and prejudice every day, for example research suggests:

- National estimates suggest 7% of adults with a learning disability are parents. Half of all families with children with a learning disability live in poverty.

- Less than one in five people with a learning disability work, although at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most only work part-time and are low paid. Based on 2014/15 data the proportion who were in paid employment in Staffordshire was 3% which is lower than the England average of 6%. The proportion of adults with learning disabilities in paid employment in Stoke-on-Trent was similar to the national figure at 6.3%.
• Just one in three people with a learning disability take part in some form of education or training.

• The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. **Fewer adults with learning disabilities in Staffordshire and Stoke-on-Trent live in their own home or with their family (52% and 67% respectively compared to national average of 73%).**

• At least half of all adults with a learning disability live in the family home - meaning that many don’t get the same chances as other people to gain independence, learn key skills and make choices about their own lives.

• Less than a third of people with a learning disability have some choice of who they live with, and less than half have some choice over where they live.

• People with a learning disability are 58 times more likely to die aged under 50 than other people.

• Around seven in ten families caring for someone with profound and multiple learning disabilities have reached or come close to ‘breaking point’ because of a lack of short break services.

**What Else Do We Know?**

In Staffordshire we have the following:

• 13,079 Children on SEND support
• 2,586 Children in a special school/pupil referral unit
• 316 Other local authority pupils in our special schools
• 3,469 Children with a statement of educational needs
• 350 Children with an education health and care plan and of those we have 135 children in an out of county independent and non-maintained placement which is an 11% increase
• 199 Children in receipt of Direct Payments with a Learning disability or Autism;

**National Service Model Client Groups (October 2015)**

The National Service Model is about the following groups of people:

• Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.

• 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.

This is not an exhaustive list. These groupings cannot cover the complexities of every individual, nor all the causes of certain behaviours. Individuals do not 'slot neatly' into any single grouping – they overlap, people's needs change over time, and often a large part of the challenge for local services will be to understand what combination of factors lies behind an individual's behaviour.

These groupings are a means of demonstrating the range and complexity of the group described within the service model and some common themes and needs that will require consideration by commissioners.

We have outlined in the next sections of the plan the mix of services we have within the County and out of area for these Cohorts.

### 2.2 Analysis of Inpatient Usage by People from Transforming Care Partnership

#### Patient Flows

At the time of this report there are 37 adult inpatient learning disability and/or autism inpatient beds commissioned by the Transforming Care Partnership area. This includes locked rehabilitation and assessment and treatment beds commissioned by CCGs. There are 17 individuals in low and medium secure beds which are commissioned by NHS England.

There are 15 CAMHS Tier 4 beds at the Darwin Unit in North Staffordshire although these are not specifically for individuals with a Learning Disability (LD).

Specialist in patient services for young people with a learning disability is provided by Birmingham and Solihull Mental Health Trust. There are also units in Staffordshire including Huntercombe which provide Tier 4 CAMHS beds but these are not specifically for LD patients.

The Activity Data templates submitted with this plan set out the current numbers of inpatients (including NHS England and CCG commissioned in-patients) and the trajectories to support the Resettlement Programme. It is worth noting that the target and trajectories submitted with the previous version of the Plan were based on the total population of Staffordshire and Stoke of 1.1 million rather than GP registered population. The trajectories have now been updated to reflect this as requested.

#### Commissioning Challenges

As Staffordshire is a large county, there are a number of cross boundary issues with commissioning challenges which complicate the patient flows notably:

- Staffordshire has significant patient flows into the Birmingham and the Black Country area from South Staffordshire.
There are patients who are registered out of area but live in Staffordshire and vice versa.

There are no inpatient services provided by the local NHS Foundation Trust for patients with learning disabilities in South Staffordshire.

There are 3 significant Independent Hospitals in Staffordshire (Ashley House, Market Drayton; The Woodhouse, Cheadle; John Munroe, Leek. Two of these have historically been an importer of patients from other areas.

There is not an integrated Health and Social Care team managing the flow of patients across Staffordshire and the cohort are managed in separate ways across North and South Staffordshire.

The North Staffordshire CCGs are working with the Provider in North Staffordshire to reduce the inpatient Assessment and Treatment bed base by 5 from 11 to 6. In line with Commissioner requirements the proposals to change the service are being developed and reviewed.

Some patient flows have been caused by lack of suitable services within the area for patients with complex needs.

2.3 Describe the Current System

NHS Service Provision

The four South Staffordshire CCGs (East Staffordshire CCG, Cannock Chase CCG, South East Staffordshire & Seisdon Peninsula and Stafford and Surrounds CCG) commission from the local NHS Foundation Trust – South Staffordshire and Shropshire Healthcare NHS Foundation Trust. This is a very large provider of acute mental health, community mental health and learning disability services. The Trust has an Intensive Support team and Community Learning Disability Teams, Children’s Learning Disability provision and CAMHS services.

North Staffordshire and Stoke on Trent CCGs commission services from North Staffordshire Combined Healthcare NHS Trust including Intensive Support Team, Community Teams and Assessment and Treatment inpatient beds for the population of North Staffordshire and Stoke on Trent CCGs. There is a CAMHS disability and nursing team, specialist ASD diagnostic service and 6 beds for respite care at Dragon Square learning disability community unit.

Both local NHS Providers have been actively engaged in the use of the Health Equalities Framework (HEF) and are exploring the options of developing this further with social care colleagues. The HEF provides a clear and transparent overarching framework to look at planning around social, behavioural, communication and service related factors on a person centred basis.

CCGs also commission individual “spot placements” for people with learning disabilities, complex needs and challenging behaviours from Independent Hospital Providers the main ones being from: Lighthouse; Huntercombe; Cambian Care.

Local Authority Service Provision

Within Staffordshire County Council Independent Futures is the commissioned social work service and there is a single point of access for people aged 16 and over, called ‘Staffordshire Cares’ which refers into a Supporting Independence Service (SIS) and to meet eligible need. A range of supports are currently commissioned by Staffordshire County Council and these include:

- residential and nursing care,
• supported living arrangements,
• day opportunities,
• domiciliary care,
• shared lives,
• respite care,
• advocacy and
• carers hub.

For people aged under 16 years Staffordshire County Council commission Families First social work function and undertakes early help assessments to determine appropriate subsequent interventions and care pathway. The range of services commissioned include:

• residential placements,
• specialist fostering and adoption placements,
• aiming high activities and a range of specialist support services for children and young people with special educational needs and disability.

Staffordshire County Council has a Section 75 contractual arrangement with North Staffordshire Combined Healthcare NHS Trust and South Staffordshire and Shropshire Foundation Trust for adult mental health social care. Stoke on Trent City Council also has a Section 75 Agreement with North Staffordshire Combined Healthcare NHS Trust for the delivery of adult mental health social care.

The Local Authority has three Disability Resource Centres that offer respite and crisis accommodation for families with children with disabilities and challenging behaviour. In addition to this, bed based Respite/Crisis intervention is also available at Woodland View (10 beds), Silverbirch (5 beds). There is also a resource available in the North of the County for those 18 years and over.

Staffordshire County Council has a countywide All Age Disability Strategy, ‘Living My Life My Way’ 2013 – 2018, which sets out the vision for housing for disabled residents. However, while this does outline the strategy for those with lower level needs via supporting housing arrangements, it does require further development to include housing options for the Transforming Care Cohort; therefore this will be reviewed and integrated into the TCP plan.

Local Authorities commission supported living services and social care services from a range of domiciliary and residential based providers. Placements can be jointly funded through a 'split' arrangement. The Provider market is diverse and changing with voluntary, private sector and charitable organisations in the mix.

Local Authorities are currently implementing a fully operational Countywide assessment and diagnostic service for adults with Autism, and will use 2016 as a learning phase to accurately develop data regarding demand and onward referral to inform future commissioning and service provision.

For young people who have mental health autism or behavioural issues that are either causal to or result from low level offending behaviour, we have a Staffordshire County wide (excluding Stoke on Trent) specialist treatment and therapeutic service “known as 10-19”, which is delivered by Midlands Psychology, who are specialists in conditions that relate to offending behaviour.

In relation to short breaks for disabled children, all services have been reviewed under the Aiming High Programme and are currently out to tender and provision will be finalised under the revised model of support for April 2017 onwards and in line with the TCP plan.
Generic Provision – Advocacy and Carers

CCGs commission advocacy services from ASIST, and Staffordshire County Council and Stoke on Trent City Council have jointly commissioned advocacy services from National Youth Advocacy Services, for the following cohorts: Looked After Children, Children with emotional wellbeing/mental health issues (Staffordshire only), children subject to a child protection plan, children & young people with learning disabilities, children and young people with Special Educational Needs and Disabilities (SEND; up to 25 years)
An All Age Carers Hub model has been commissioned by Stoke on Trent City Council, Staffordshire County Council and all CCGs to meet the needs of both young and adult carers. This service was implemented on the 1st April 2015, and is delivered by People Plus.

Moving Forward with Commissioning Arrangements

In addition to the assurances already in plan, Staffordshire is working towards the development of integrated commissioning and pooled budgets for people with learning disabilities and/or autism. We are actively jointly working to influence the Independent Sector market to develop appropriate and timely services for this cohort rather than on a population basis.

The current system is not being monitored against the national outcome measures however; the TCP plan will be in-line with the new guidance more robust and aligned to new objectives.

Self-Directed Support

By 1st April 2016 Personal Health Budgets (PHBs) will be available to those with learning disability and/or autism, and personal budgets are already on offer for social care spend.

Children in receipt of Direct Payments with a Learning Disability or Autism:

<table>
<thead>
<tr>
<th>Age Today</th>
<th>Children/YP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<td>5</td>
<td>6</td>
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<td>17</td>
<td>19</td>
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<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>199</td>
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</table>

Current Position in CCGs

Staffordshire, Stoke and Shropshire CCGs has been working with as a consortia of 7 CCG’s to develop its systems and processes for PHB’s as well as to develop its local offer. This consortia is supported by a dedicated PHB implementation manager, PHB nursing staff and an administrator, and as far as possible has developed a uniform approach to the roll out
and management of PHB. The costs of this arrangement are met by the 7 CCG’s in the consortia; currently the CCGs contribute approximately £25,000 per CCG per annum. This will obviously need to increase as PHB numbers increase.

Currently PHB’s are offered to the following groups, managed via the CHC team:

- All patients in receipt of domiciliary care packages under CHC
- Children in receipt of CHC / jointly agreed (with local authority) packages
- Children with Special Educational Needs or Disabilities
- Patients in receipt of joint health and social care that have gone through CHC but have not met the fully funded criteria.
- Learning Disability patients in receipt of joint health and social care packages that have gone through CHC but have not met the fully funded CHC criteria.

NHSE have confirmed that this meets the planning guidance requirements for PHB implementation as of 1 April 2016.

Current State of Bed Provision

Adults

TCP inpatient population in beds in footprint

<table>
<thead>
<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE?</th>
<th>Type of bed</th>
<th>No of beds</th>
<th>No of beds commissioned or contracted by TCP</th>
<th>No of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harplands Hospital</td>
<td>CCG</td>
<td>Assessment &amp; Treatment</td>
<td>11</td>
<td>11</td>
<td>6</td>
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<tr>
<td>Harplands Hospital</td>
<td>CCG</td>
<td>Mental Health Ward</td>
<td>n/a</td>
<td>n/a patient of CCG mental health block contract</td>
<td>1</td>
<td></td>
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<tr>
<td>Woodhouse Hospital – Lighthouse Healthcare</td>
<td>CCG</td>
<td>Acute admission bed, specialised LD</td>
<td>34</td>
<td>Spot purchased</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ashley House – Huntercombe Group</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>46</td>
<td>Spot purchased</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ellesmere House</td>
<td>NHSE</td>
<td>Medium and Low Secure</td>
<td>12</td>
<td>Spot purchased</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Woodhouse Hospital – Lighthouse Care</td>
<td>NHSE</td>
<td>Low secure</td>
<td>34</td>
<td>Spot purchased</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Ashley House – Huntercombe Group</td>
<td>NHSE</td>
<td>Low Secure</td>
<td>46</td>
<td>Spot purchased</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Unit (NHS)</td>
<td>Unit (Non NHS)</td>
<td>CCG or NHSE?</td>
<td>Type of bed</td>
<td>No of beds currently in use by TCP</td>
<td></td>
<td></td>
</tr>
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<td>-----------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Field House Hospital – Lighthouse Healthcare</td>
<td>CCG</td>
<td>Acute admission bed, specialised LD</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklands Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cedar Vale Hospital – Danshell Group</td>
<td>CCG</td>
<td>Acute admission bed, specialised LD</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Manor Hospital – Cambian</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambian Cedars</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambian Elms</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>2</td>
<td></td>
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<td></td>
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<tr>
<td>Danshell Group Wast Hills</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>John Munroe Hospital</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Andrews Northampton</td>
<td>CCG</td>
<td>Other beds</td>
<td>1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Newton House</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Suttons Drive</td>
<td>CCG</td>
<td>Forensic Rehab bed</td>
<td>1</td>
<td></td>
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<tr>
<td>Huntercombe Oldbury</td>
<td>CCG</td>
<td>Complex continuing care and rehabilitation beds</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklands Hospital</td>
<td>NHSE</td>
<td>Medium and Low Secure</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Andrews - Northants</td>
<td>NHSE</td>
<td>Medium Secure</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rampton Hospital</td>
<td>NHSE</td>
<td>High Secure</td>
<td>1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Priory Group – Chadwick Lodge</td>
<td>NHSE</td>
<td>Low Secure</td>
<td>1</td>
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<tr>
<td>St John’s House</td>
<td>NHSE</td>
<td>Medium Secure</td>
<td>2</td>
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<tr>
<td>Arbury Court</td>
<td>NHSE</td>
<td>Low Secure</td>
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<tr>
<td>Kneesworth House</td>
<td>NHSE</td>
<td>Medium Secure</td>
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<tr>
<td>St Andrews Nottingham</td>
<td>NHSE</td>
<td>Medium Secure</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>Kemple View</td>
<td>NHSE</td>
<td>Low Secure</td>
<td>1</td>
<td></td>
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<tr>
<td>Cheswold Park</td>
<td>NHSE</td>
<td>Medium Secure</td>
<td>1</td>
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<td></td>
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<tr>
<td>The Redwoods Centre</td>
<td>NHSE</td>
<td>Low Secure</td>
<td>1</td>
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<td></td>
</tr>
</tbody>
</table>

Children’s’

TCP inpatient population in beds in footprint

<table>
<thead>
<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE?</th>
<th>Type of bed</th>
<th>No of beds commissioned or contracted by TCP</th>
<th>No of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntercombe, Staffordshire</td>
<td>NHSE</td>
<td>CAMHS Tier 4</td>
<td>Spot purchased</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

TCP inpatient population in beds outside footprint (out of area)

<table>
<thead>
<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE?</th>
<th>Type of bed</th>
<th>No of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Hospitals Bury</td>
<td>NHSE</td>
<td>CAMHS Tier 4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>St Andrew’s Northampton</td>
<td>NHSE</td>
<td>CAMHS Tier 4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Calverton Hill</td>
<td>NHSE</td>
<td>CAMHS Tier 4</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

2.4 What Does the Current Estate Look Like? What Are The Key Estates Challenges, Including in Relation to Housing for Individuals?

Neither the CCGs nor Local Authorities involved in the Transforming Care Partnership own or directly control a significant amount of estate that provides long term accommodation for adults with a learning disability. Estate listed below is therefore generally either short term, respite accommodation or used to provide day services.

Council’s

Staffordshire County Council estate currently consists of:

**Adults:**
- 7 Complex needs day opportunities services
- 1 Respite Unit
- 2 In house residential care homes

**Children's:**
- 2 in house residential care units
- 1 respite unit

Stoke on Trent City Council’s estate currently consists of:

**Adults:**
- 1 Respite/Short Break Unit
- 2 day opportunity services for people with complex needs
- 1 building housing an Employment and Training Service and Person Centred Planning (PCP) Suite
- 2 day opportunity services for people with moderate needs

**Children's:**
- 10 small group homes for 20 children in care.
- 6 bedded internal weekend respite home 'Wood View' with a mix of complex, behaviour and physical needs. This respite unit offers respite for up to 24 Children and Young People (CYP) on rota.

This estate is currently felt to be fit for purpose. Stoke on Trent City Council has recently invested in the refurbishment of the Waterside Day Service which supports people with complex and/or sensory needs. The City Council is also currently refurbishing The Meadows short break service. After an investment of approximately £2.5m The Meadows will re-open in the summer of 2016 providing a 12 bedded modern short break service personalised around the needs of the individual and their family.

**CCG's**

Following transfers of commissioning responsibility for a range of LD provision from the NHS to social care and closure of services such as NHS Campus schemes there is very little NHS controlled estate used to provide services for people with a learning disability in this area.

CCGs in North Staffordshire and Stoke on Trent jointly commission an 11 bedded in-patient service provided by our local NHS Provider Trust. 5 beds are designated as Assessment & Treatment beds and 6 as medium stay beds with a focus on rehabilitation. The two units are next door to each other and located in the grounds of the Harplands Hospital, which is the mental health hospital for the area. (It should be noted that the NHS does have an interest in this property and the TCP understands that this is held by NHS England)

It is planned to redesign this building in 2016 in order to provide a more flexible environment which will support a revised service specification issued by local commissioners for future assessment and treatment services. Building changes will:

- Reduce beds provided from 11 to 6.
- Provide each patient with more individual space and their own facilities.
- Reduce risks to patients that may currently arise from patients having to share much of the communal space at the service.
- Aid staff in managing and supporting patients with differing needs within the Unit, enabling a more personalised support programme to be implemented for each patient.
• Provide an environment that is more conducive to a patient’s recovery and rehabilitation.
• North Staffordshire and Stoke CCGs jointly commission a 6 bedded in-patient respite service for children with disabilities. It is a community based facility located at Dragon Square in Chesterton.

Other NHS Estate

South Staffordshire and Shropshire NHS Foundation Trust operate the Ellesmere Unit in Stafford. Ellesmere is a 12 bedded Medium/Low Secure Unit accommodating 12 men of working age. Beds at Ellesmere are commissioned by NHS England Specialised Commissioning and are not used by local CCGs. Ellesmere is a modern, purpose built facility and so is considered fit for purpose. At the time of writing, NHS England has 5 patients who originate from the Staffordshire and Stoke on Trent areas placed at Ellesmere.

Challenges With The Current Estate

Most placements for people with a learning disability and complex needs are provided through accommodation owned by independent providers or landlords. Although generally there is an adequate supply of accommodation in the TCP area, there are a number of challenges with the current situation:

• Both Stoke on Trent and Staffordshire have a large number of people with a learning disability living in “Group Supported Living” schemes where 3 – 5 people share a house. Whilst this can work well for some people, the model does rely heavily on finding potential tenants who are compatible to live together and then who have made a positive choice to do so. It can also tie the provision of support to particular properties which limits the choice offered to individuals and means that the accommodation offer lacks the flexibility that commissioners would want.

• A number of independent providers have either undertaken new developments in the TCP area recently or have expressed interest in doing so. Whilst this investment and expansion of the choice available is welcome, there have been difficulties in co-ordinating these approaches and ensuring that what is being built matches the needs of the LD population locally. For example some companies have built new accommodation without any reference to commissioners resulting in buildings that do not really meet local requirements. There have also been cases where several new services have opened in close geographical proximity which has then posed a challenge to existing community support such as CLDTs and District Nursing teams where capacity can become stretched.

• Commissioners are aware that a number of potential housing models and solutions are not fully developed across the TCP area. For example, not all parts of the area have Adult Placement Schemes, Keyring schemes of Hub and Spoke models of accommodation available.

• A further challenge is that people with a learning disability and their carers do not have knowledge of the various housing options that might be available and so do not always make use of things that might be available such as existing mainstream Extra Care services.
Whilst estate used to provide accommodation for people with LD in the TCP area is by and large currently felt to be fit for purpose, commissioners are aware that an aging population of people with LD will bring further challenges over the next 5 – 10 years as age related issues affect people alongside their learning disability. For example, a high percentage of shared accommodation is 2 story rather than ground floor. New build developments, such as those commissioned to re-provide NHS Campus accommodation, have made provision by being designed to be adaptable for physical disability from the outset and the lessons learned locally from undertaking these developments can be applied to the Transforming Care cohort of service users.

Meeting the Challenges to 2019

An estates review is required so that the TCP fully understands the extent of the current estate used to accommodate people with a learning disability (both owned by statutory and independent bodies) and to assess it’s limitations and gaps. This review will form part of the work of the Integrated Commissioning workstream.

The Transforming Care Partnership recognises that there are gaps in the existing estate. From CTR’s Commissioners have identified the following gaps:

- Short term and crisis accommodation
- Step down accommodation for people with a forensic history
- Accommodation designed to be autism friendly
- Accommodation suitable for young people coming through transition with complex needs.

The Communications and Engagement plan (Appendix 6) includes plans which will engage with health and social care providers. It is acknowledged that existing local housing strategies do not always reference the needs of the learning disability population and work will be undertaken through the Integrated Commissioning workstream overseen by the Transforming Care Partnership Board (Section 4.1 of this Plan) to ensure that District and Unitary Authorities will incorporate these needs in to future strategies.

Commissioners have developed links with a number of Registered Social Landlords already support people with a learning disability or mental health issue across the TCP area and these include:

- Sanctuary Housing Association
- Staffordshire Housing Association
- Stafford and Rural Homes
- The Riverside Group
- Brighter Futures

These and other RSLs will be invited to participate in the various visioning and engagement events outlined in this Plan along with colleagues from District Councils and the Housing Directorate of Stoke on Trent City Council.

The key to meeting these challenges is to work with people with a learning disability and their carers to co-produce future models of care offered to them where estates and where people live is a key component. Commissioners are also committed to further market engagement work as part of the work of the Partnership and this needs to include providers of accommodation as well as those who offer care and support services.
The TCP is committed to ensuring that appropriate accommodation is available to support the individual needs of each person on the current Transforming Care register and for people with a learning disability or autism who will require support in the future. Through use of Framework procurement processes we aim to work with providers of care and accommodation to design long term, settled services which are flexible in order to meet future needs of each person.

Where supported living options are proposed to support an individual, the NDTi’s “Real Tenancy Test” will be used to ensure that people with a learning disability have true choice and control over where they live, who they live with and who comes into their home.

2.5 What is the Case for Change? How Can the Current Model of Care be Improved?

National Must Do’s for 2016/17 – 2020/21:

- “Deliver” actions set out in local plans to transform care for people with learning disabilities including implementing enhanced community provision, reducing in patient capacity and rolling out care and treatment reviews in line with published policy.
- As part of the Transforming Care programme, how will your area ensure that people with learning disabilities are, wherever possible, supported at home rather than in hospital?
  How far are you closing out dated in-patient beds and reinvesting in continuing learning disability support.

“The Government’s Mandate 2016/17”
Mental health, learning disabilities and autism:
Overall 20:20 goal: to close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole.

2016/17 Deliverables
Increase in people with learning disabilities / autism being cared for by community not inpatient services, including implementing the 2016/17 actions for transforming care.

The Case for Change across Stoke-on-Trent and Staffordshire reflects the content of these national documents and the work to remodel care and support for those with learning disabilities commenced locally in 2011 with the publication of reports by the National Development Team for Inclusion (NTDi) on local provision.

There is further work to be undertaken to improve the current model of services including the implementation of Personal Health Budgets. Every CCG is required to develop a wider local offer for Personal Health Budgets by April 2016 as outlined in the NHS Mandate and Five Year Forward View.

The newly established Staffordshire and Stoke-on-Trent Transforming Care Partnership provides an opportunity to enable a consistent Staffordshire wide approach to addressing the needs of the learning disability and autism population across the whole life course. Adopting early identification, integrated case management, individualised person centred planning, early intervention, positive behavioural support approached, community based support services, short term intensive support and respite care facilities will enhance the overall approach.

The case for change is closely aligned to the principles set out within the new model of care.
The case for change commenced four years ago in Staffordshire when the health and social care economies of Staffordshire and Stoke commissioned a review of specialist health adult learning disability services (with a specific focus on people with complex needs and challenging behaviour) from the National Development Team for Inclusion (NDTi). Commissioners recognised the need for a review of the strategic approach to these services. The brief was to review current services against policy and best practice models and provide recommendations for future services to previous Primary Care Trusts, now CCGs.

The NDTi Report’s Recommendations included points about future integration of health and social care services and that ‘a substantial and medium term programme of organisational change’ was essential if local services were to deliver policy expectations and avoid increasing costs, ensuring high quality services for the future.

The review and subsequent report also identified three major issues to be addressed as a priority:
- strategic vision and direction;
- evidence based practice;
- Service model.

Since publication of the report a significant development programme has been put in place with new services commissioned including the development of Intensive Support Services, monitoring and reporting processes implemented and in South Staffordshire dramatically reducing the number of hospital beds from 8 to nil.

There are still a number of challenges in the system which are:
- Transitions – can be problematic i.e. from children’s services to adults; hospitals to community and from one Provider to another
- Lack of integration in systems, partnerships and funding leading to delayed decisions and people getting stuck in the system
- Sometimes a lack of networking across the system to wrap care around people and reports of arguments between agencies and refusals to accept cases e.g. Autism.
- Widespread recognition that those with a learning disability and/or autism and challenging behaviours are not best served by long term hospitalisation
- Population increases will put pressure on in patient capacity
- The ageing population of those with a learning disability and/or autism requires more proactive support in later life. Their care needs to focus on keeping people healthy and well in the community, and maintain their independence.
- Current commissioning activity is undertaken in silos and is often reactive which therefore means that we lose the whole system efficiency.
- The Care Act has introduced new duties and responsibilities for local authorities around information, advice and support for those with learning disabilities and/or autism. Existing capability needs to be built on to ensure that people receive the right information at the right time, and the information and advice is able to be understood.
- As for nationally there is a lack of whole system awareness and working – whether a service is forensic or not is a real dividing line, as it is across the country.
- There is no current ability to influence inpatient beds being commissioned in Staffordshire and Stoke on Trent residents.

Appendix 3 provides a high level gap analysis of the assessment against the national learning disability service model.
Independent Advocacy and Support to Communicate

One of our key **ambitions** is to ensure Commissioners and Providers fully conform to the Accessible Information Standard, and this will be monitored through procurement and contract management.

Advocacy will become a much more important part of the support provided to those with a learning disability and/or autism, focusing on outcomes which are how advocacy services are already commissioned.

**Going Forward to 2019**

The Staffordshire and Stoke-on-Trent Transforming Care Partnership is on the journey to develop further services, embed processes, shape the provider market and ensure sustainability for the future.

To achieve the right model of care the Partnership recognises that there is more work needed to be put into place to develop:

- A system wide approach across specialised and CCG commissioning, health and social care and other services e.g. housing, for those in Staffordshire and Stoke on Trent with a learning disability and/or autism and challengingbehaviours.

- Care and support services need to be redesigned to minimise inpatient care to when it is the best place for the person concerned e.g. crisis prevention, respite or assessment when community provision not possible, or when it is mandated by the courts.

- A ‘whole life’ preventative approach needed for care and support with a much greater emphasis of addressing or reducing the impact of challenging behaviours from a young age.

- Greater collaborative working is needed at a national level to influence the use of beds in Staffordshire and Stoke on Trent.

- Significant market development and provider liaison is required to achieve the changes required by building the skills and capacity in the market, and to avoid destabilisation.

- Reduce the reliance on inpatient care through person centred care

- Transfer care into a community setting that offers high quality and safe services.

- Develop the right workforces who have the necessary skills and knowledge across patient pathways to support clients in the community.

- Improve integration and communication across the system and for organisations, professionals and teams to work better together to ensure that the care that is commissioned and provided is centred around the individual but also that consideration is given to the families and carers who provide a vital service to support people keeping and staying well.
3. Develop Your Vision For The Future

3.1 Vision, Strategy and Outcomes

Our vision is that people living in the right place with the appropriate support to maximise their independence at the right cost underpinned by a local housing offer that prevents, reduces or delays needs and costs.

This will be achieved by:
- Developing an integrated commissioning model
- Creating a menu of options to enable and create choice and control
- Ensuring a whole life approach
- A fundamental shift in the market
- Linking in national models of good practice.

![Vision & Ambition](image)

3.2 Describe Your Aspirations For 2018/19.

**Vision**

The vision for this TCP area identifies how we wish to commission and provide services in future to ensure people with learning disabilities and/or autism are supported and their needs are met in their local community wherever possible.

**Ambition**

Our ambition is to shift away from the historical focus on meeting current Health and Social Care needs to the creation of a system that builds personal independence and resilience from birth onwards through the use of resources across Education, Housing, Health and Social Care.

As Commissioners of services for the most vulnerable we will utilise funding effectively to provide the right support, in the right place at the right time:

- **The Best Start in Life** – we will work with parents and carers to make sure that each child is safe, supported and cared for whilst being able to take managed risks, develop a positive self-image and become physically healthy and emotionally resilient. We want to make sure that there is early help for parents with a disabled baby or toddler. We want to make sure the right help is available, for example good quality child care that is stimulating, safe and encourages development of early milestones.

- **Lifelong Learning** – we will ensure that education, lifelong learning and skills development is purposeful and results in meaningful opportunities for disabled people that enable them to take their place as full citizens.

- **Choice and Control** – we will ensure that disabled people of all ages are able to control the way in which they are supported to live fulfilling lives.
• **Community Opportunities** – we will ensure that disabled people of all ages have equal access to the whole range of universal services and community opportunities.

• **Good Health** – we will improve health outcomes (both physical and emotional wellbeing) and reduce health inequalities for disabled people of all ages.

• **A strong voice for disabled people & their families** – we will move from listening to disabled people and their families to valuing and supporting their right to be in charge of how their support is planned and delivered.

• **Staying Safe** – we will enable all disabled people to live safer lives and will protect the most vulnerable.

Promoting prevention and early intervention with reduced admissions to hospital, care and support will:

- Improve quality of care
- Improve quality of life
- Reduce reliance on in patient services
- Aim to be closer to home
- In line with best practices of care
- Personal and responsive to individual needs
- Ensure value for money

**PROJECTED END STATE: ADULTS**

<table>
<thead>
<tr>
<th>TCP inpatient in beds in footprint</th>
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<tbody>
<tr>
<td><strong>Unit (NHS)</strong></td>
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<tr>
<td>Harplands Hospital</td>
</tr>
<tr>
<td>Harplands Hospital</td>
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<tr>
<td>Huntercombe Group</td>
</tr>
<tr>
<td>Ellesmere House</td>
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<tr>
<td>Lighthouse Healthcare</td>
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## TCP inpatient population in beds outside footprint (out of area)

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<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE</th>
<th>Type of Bed</th>
<th>No of Beds Currently in use by TCP</th>
<th>No of Beds for Future Use (2019)</th>
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</thead>
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<tr>
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<td>Cedars / Elms</td>
<td>CCG</td>
<td>Acute admission bed, specialised LD</td>
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<td>3</td>
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<tr>
<td>Brooklands</td>
<td></td>
<td>CCG</td>
<td>Acute admission bed, specialised LD</td>
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<td>2</td>
</tr>
<tr>
<td>St Andrews Healthcare</td>
<td>Nottingham and Northampton</td>
<td>NHSE</td>
<td>Acute admission bed, specialised LD</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Brooklands</td>
<td></td>
<td>NHSE</td>
<td>Acute admission bed, specialised LD</td>
<td>6</td>
<td>4</td>
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</tbody>
</table>

### PROJECTED END STATE: CHILDREN

## TCP inpatient in beds in footprint

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<th>Unit (Non NHS)</th>
<th>CCG or NHSE</th>
<th>Type of Bed</th>
<th>No of Beds</th>
<th>No of Beds Commissioned / Contracted by TCP</th>
<th>No of Beds Currently in Use by TCP</th>
<th>No of Beds for Future Use (2019)</th>
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## TCP inpatient population in beds outside footprint (out of area)

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<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE</th>
<th>Type of Bed</th>
<th>No of Beds Currently in use by TCP</th>
<th>No of Beds for Future Use (2019)</th>
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<tbody>
<tr>
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<td>Northampton</td>
<td>NHSE</td>
<td>CAMHS</td>
<td>2</td>
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</tr>
</tbody>
</table>
3.3 How Will Improvement Against Each of These Domains be Measured?

Outcomes

The expected outcomes for services as a result of the Transformation programme are:

- More people with learning disability will be supported to live in the community at home
- The frequency of people displaying behaviours that challenge will be reduced as will the severity of episodes
- People with a learning disability and/or autism who display challenging behaviours will be kept safe in their communities wherever possible
- Fewer people will be admitted to secure hospitals and inpatient beds
- Delayed discharges will be minimised
- People with a learning disability and/or autism will have a projected length of stay recorded when they are initially admitted to hospital
- Any hospital stays will be closer to the individual’s home and support networks
- There will be fewer inpatient beds commissioned for Staffordshire population
- People with a learning disability and/or autism who display challenging behaviours will enjoy an improved quality of care and improved quality of life.
- People will be encouraged where eligible to have a personal budget and self-direct their care and support.

A Project Mobilisation Session, supported by the NDTi, was held on Tuesday 22 March with the Programme Board and wider stakeholders. This focussed on developing the agreed vision for the programme and aspirations for how it will change the lives of each tier of the programme’s cohort. The output of these sessions will be used to develop Critical Success Factors for the Programme relating to the vision and outcomes outlined in this section reflected against the requirements in the National Service Model and the Government’s Adult Autism Strategy.

Further sessions to support this development are planned during April, May and June so that by the end of the design phase of the programme, we will have;

- Agreed Critical Success Factors and Key Performance Indicators to monitor delivery of the Programme against
- Agreed measurements of success and performance
- Supporting data sets to monitor each
- Base lined positions for each CSF and KPI benchmarked against comparators where possible
- Agreed improvements, targets and measurements of what good looks like for each Critical Success Factor and KPI.

These will then monitor progress of delivery of the Programme against these.

Monitoring and Review

To measure progress against the domains the Transforming care Partnership will use the following:

- Health Equality Framework (HEF) to monitor the quality of life indicators.
- National Assuring Transformation Data Set to monitor reduced reliance on patient services.
- The basket of quality indicators to monitor the quality of care covering hospital and community services.
- Quality assurance checker schemes for Providers.
- Key performance indicators to measure the outcomes from the commissioned service from the local NHS Provider Trusts.
- Uptake of personal health budgets and personal budgets.

### 3.4 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.

In Staffordshire the organisations involved in the Transforming Care Partnership will work to a set of **overarching Good Commissioning Principles** which are:

- Understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.

- Convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.

- Achieve through leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing for all.

- Ensure a vibrant, diverse and sustainable market to deliver positive outcomes for local people and communities. It is concerned with sustainability, including the financial stability of providers.

- Evidence what works; it uses a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

- Provide value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve positive outcomes for people and their communities.
Our **aim** is to reduce the number of inpatient beds commissioned for the Staffordshire population. To deliver this we will use the following approaches:

- Service users and their families will be at the heart of decisions about their care, providing them with more choice and control over their care including promoting a culture of positive risk taking.
- We will assume a person has the mental capacity to make decisions about their care, unless it is established that they lack capacity for that specific decision – and all practicable steps will be taken to support them to make their own decisions.
- We will establish the extent of a person’s mental capacity as soon as there is any doubt as to whether the person has the mental capacity to make decisions.
- Services will be commissioned which promote prevention, early intervention and wellbeing to support people of all ages, including children, who are at risk of developing challenging behaviours and minimise inappropriate admissions to hospital, including from the Criminal Justice System.
- We will encourage the use of mainstream services as the starting point for care and support, available and accessible for those with a learning disability and/or autism.
- Where mainstream services are insufficient to meet a person’s needs then we will provide access to specialist multi-disciplinary community based housing and support expertise.
- We will work in partnership across health and social care commissioners to ensure people’s homes are in the community.
- Commissioners and providers of care and support across the Staffordshire region will collaborate and share knowledge and experience to achieve the best outcomes for service users, including collaborating regionally across the wider West Midlands and with NHS England specialised commissioners where appropriate.
- People involved in implementing the plan will use a problem solving ‘**can do**’ approach.
- We will develop cost effective services which promote individuals independence.
- We will provide support in the least restrictive setting possible that is therapeutic and safe for all. Where restrictive interventions are required they should be for the shortest
time possible.

- We will proactively use intelligence from a range of sources to identify and respond to commissioning gaps and to facilitate and shape the local health, social care and housing market.
- We will protect those with a learning disability and/or autism from abuse and neglect wherever possible, and address safeguarding concerns as soon as they arise.
4. Implementation Planning

Proposed Service Changes (incl. pathway redesign and resettlement plans for long stay patients)

4.1 Overview of your New Model of Care

Services for people with a learning disability and/or autism in Staffordshire have been going through radical change over the last few years, with the closure of learning disability hospitals and changes in social care provision. This has not only been driven by the events at Winterbourne View; which highlighted the importance of good quality commissioning for supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition and those with complex needs; but also driven by feedback from people with a learning disability and family carers about the need for these services to be transformed.

The Staffordshire and Stoke-on-Trent model is based on the principle that people with a learning disability and/or autism should lead as fulfilling lives as possible in the community supported by universal services and focuses on a number of key strands:

- Access to mainstream healthcare services
- Effective prevention and early intervention
- Person centred care and planning
- Consistently highly skilled, confident and value driven workforce
- Planned, proactive and co-ordinated care in the community
- Choice and control at the heart of all service provision and planning

Two workstream groups will be established to further develop the model and proposals in relation to these areas including:

- Integrated Commissioning
- Integrate Care and Support
How is the new model different?

The emphasis on community provision over inpatient settings will mean that the size and extent of community provision relative to inpatient provision will be further enhanced. Community provision will be focused on three cohorts:

- **The current in-patient cohort, including those in forensic settings**
  The community provision will need to accommodate those previously served by inpatient settings, so people can improve their quality of life, be safe and improve the quality of their care and support so that where possible they can stay in their own home and any in-patient admissions are minimised.

- **The current community cohort**
  The community provision will need to keep people with a learning disability and/or autism living well in communities, preventing deterioration in their wellbeing and crises so that their need for in-patient services is reduced to when they are the best option.

- **The wider learning disability and autism population**
  This is the cohort that is less well known to services, with the exception of Primary Care. Mainstream services and community networks will need to support people with a learning disability and/or autism living well in the community without the need for specialist services for those with learning disabilities and/or autism where at all possible.

This will require community provision to be proactive, intervening early to reduce need, including addressing the underlying causes of behaviours so that the frequency and severity of challenging and offending behaviour is reduced. This will be helped by effective risk stratification of the population, with the newly developed registers of those at risk of admission being the key tool to do this.

The role of mainstream services and community networks are an important partner in achieving this. There will need to be much more of a focus, on making sure that people with learning disabilities and/or autism can access all the relevant mainstream services, and have the ability to be supported by their peers, and to contribute to the support of others in this way as well.

In addition, there will be a consistent approach to challenging behaviours across all teams so that the right interventions are delivered to change behaviours, and therefore reduce the severity and frequency of challenging behaviour and consequently the needs that need to be addressed. The UK Positive Behavioural Support Competence Framework lists the competencies that define best practice, and this framework will be used to create this consistent approach to challenging behaviour across the system. The framework has a number of key themes:

- Creating high quality care and support environments
- Functional, contextual and skills based assessment
- Developing and implementing a Behaviour Support Plan (BSP)

**What does good look like?**

People with a learning disability and their carers tell us what they think good looks like and they will continue to tell us throughout the Transforming Care process. Therefore the new model of care in the TCP area will be based upon the national model published by NHS England in October 2015 and upon the results of co-production and consultation/engagement work (see Appendix 6 and 7).
We have also within Staffordshire and Stoke-on-Trent worked collaboratively with Prisons to help identify and manage patients with Autistic Spectrum Conditions.

Key Pillars

At this stage of the process we can identify a number of key pillars that need to be in place to enable us to fully implement the national model. A number of these are either in place or in development.

- **Minimal use of Hospital Beds.** Commissioners are reducing the number of directly commissioned Assessment & Treatment beds in the TCP area from 11 to 6 from April 2016. Through the Care & Treatment Review and other processes other hospital placements are being challenged and discharge sought where this is appropriate for the person.

- **Early Intervention.** Providing just enough support in a timely fashion to ensure that people with complex needs can remain in the community where-ever possible whilst encouraging people to form their own network of support, making use of community assets and facilities and ensuring that people do not become dependent on statutory services where alternatives exist.

- **Enhanced Specialist Community Based Support.** There are 2 strands to this element; early intervention/admission prevention and the provision of short term accommodation options for people in crisis. The TCP area has already commissioned Intensive Support Teams with a remit to provide intensive time limited interventions to prevent placement breakdown (whether with a family or a paid for service) and to support discharge of patients into the community. A gap that has been identified in current service provision has been a lack of alternatives to hospital beds for somebody who is in crisis – short term respite of “crisis space” type services.

- **Access to Mainstream Services.** Part of the model will be that somebody with a learning disability and an additional need will be able to access the most appropriate service for that need, be it a physical health need or a mental health issue. For example we will ensure that somebody with a primary mental health need can be treated through mental health services (community or inpatient) rather than be placed into a learning disability service. Tools such as the “Green Light Toolkit” will be used to measure whether this is happening.

- **Primary Care Clinical Nurse Specialist Service (Health Facilitation)** Staffordshire CCGs commission a small team of Primary Care Clinical Nurse Specialists. They provide a case management service which offers support, education and awareness to mainstream healthcare providers enabling improved access to care and service delivery to patients who have a learning disability. The key focus of the work is within primary care supporting GP practices to develop and maintain registers, deliver annual health checks and develop health action plans.

The service is really well respected and established and supports people with learning disabilities through the mainstream healthcare pathways including acute care. The ambition for the Clinical Nurse Specialist Service is to engage in strategic development work that supports better universal access to mainstream services and positive outcomes practically reducing known health inequalities.

In Stoke-on-Trent the service will be delivered through the local Mental Health Provider.
• **Co-ordinated and Integrated Care and Support.** Making a person's journey through support services as smooth as possible and preventing a person being referred and re-referred amongst services. Health and Social Care teams in Stoke on Trent are trialling a joint management structure. Adults and Children's social workers are coming together to work in a “Pod” system to discuss cases and share learning and experiences. The Transforming Care risk register is jointly managed and updated by health and social care staff. We will ensure that Care Co-ordination is an effective tool to support people subject to the CPA process and use this methodology to support discharge and ensure the success of community placements.

• **Developing the Market.** We need to ensure that there is a greater choice of providers in the TCP area with the range of skills and competencies to successfully support people with a learning disability and other complex needs. Commissioners have already held several market engagement events to explain future intentions and stimulate interest from providers in coming to the area. A new LD Framework is currently out to tender to ensure that we have a range of quality providers in the area to develop the necessary capacity to support people in the community. This framework covers people with mental health needs, with autism, with a personality disorder, who have an offending or forensic history and who may be coming through transition into adult services.

• **A Competent Workforce.** Obviously the success of a new community based model of care depends on having the right staff in place with the necessary skills, training and competencies. We are working with providers to explain what will be required in future placements to safely support people with complex needs and are also linked to West Midlands regional work on workforce development.

• **Criminal Justice System.** Better links with the seven (7) prisons in the TCP area and better links with the mental health criminal justice teams (CJT’s) in the community. The newly established framework contract includes a provider list of providers experienced in working with those of offending histories.

• **Personal Budgets/Personal Health Budgets (PHBs).** We will encourage greater take up of PHB’s to provide more flexibility for people with a learning disability to design and control their own package of support.

• **All Age Approach.** We will ensure that transitions between services for young people and their families is as seamless as possible, integrating work between children’s and adult’s services well before the age of 18 to allow joint planning for the future support for that young person. Similarly, consideration will be given to the aging population of people with a learning disability and ensuring that age appropriate services can be provided for those at the upper end of the age range.

### 4.2 What New Services will you Commission?

A number of new services have already been commissioned or are planned as part of the TCP area’s response to the published Model of Care. A local gap analysis has also informed future commissioning plans.

It is planned to commission:

• **A revised Assessment & Treatment Unit** which will offer 6 beds in the TCP area (reduced from the current provision of 11) with a tight service specification to ensure a length of stay of no longer than 12 weeks with discharge back to family homes or to a community based service.
- Crisis and short break accommodation for people with a learning disability and complex needs to provide an alternative to hospital admission

- A provider framework is being established across the TCP area to ensure that providers are attracted to the area to offer capacity in residential or supported living placements for people with a learning disability and additional needs. The framework will offer placements for people with mental health issues, are on the autistic spectrum, with a personality disorder, with a forensic or offending history or for young people going through transition to adult services.

- Enhanced community based services to work with people with forensic or offending behaviours.

- Provision of advocacy services to this group with be reviewed (including Independent Mental Capacity Advocate (IMCA)/Independent Mental Health Advocacy (IMHA) services) to ensure that people with the most complex needs, and their carers, have sufficient support to have a voice.

As we plan to commission new services the Partnership will look to align and pool budgets; explore capitated budgets with providers in the area and commission a range of supports for people using personal budgets and personal health budgets i.e. brokerage and individual service funds.

4.3 What Services Will You Stop Commissioning, or Commission Less Of?

Historically, the commissioned provision for people with a learning disability has relied heavily on use of in-patient beds (both directly commissioned with local NHS Provider Trusts and independent hospitals) and block contracts for community based provision.

Over a number of years commissioners in both Staffordshire and Stoke on Trent have begun work to re-shape provision for this group, for example decommissioning bed based services known as Chebsey Close (North Staffordshire) and Milford Unit (South Staffordshire) and re-investing these resources in community based Intensive Support Teams. In-patient beds (Milford Unit) operated by the Provider Trust in South Staffordshire were closed in 2012 and Chebsey Close in 2013.

Services that Commissioners will cease commissioning or commission less of include:

- In-patient beds operated by NHS Provider Trusts (Assessment & Treatment beds).
- In-patient beds operated by independent hospital providers.
- In-patient beds to provide respite services.
- Block contracted supported living services which tie provision of support to specified premises.
- Supported Living services provided in shared houses – i.e. where a tenant’s only private space is a bedroom with all other facilities shared.
- Continue the shift of resources away from larger scale residential and specialist building based day services provision to community support.
- Continue the shift from in-house provision to provision within the independent sector.
4.4 What Existing Services Will Change or Operate in a Different Way?

To ensure the success of the new model of care across Stoke on Trent and Staffordshire a number of existing services will need to make reasonable adjustments to the way in which they have been operating.

- In-patient beds provided by NHS Trusts in the area will change. From April 2016 the bed numbers will reduce from 11 to 6 across the TCP area. A new service specification will be in force which ensures that the in-patient beds will provide a short term A&T service with a maximum 12 week stay. Positive Behavioural Support techniques will be expanded and ratios of qualified staffing increased to provide a more intensive intervention for patients ensuring a timely discharge either back to family homes or to community placements.

- Commissioners will review the operation of existing Community Learning Disability Teams to ensure that sufficient attention is given to reviewing capacity and care coordination, supporting people to move into community settings and to linking with social care and other involved teams/professionals.

- Intensive Support Teams have been established across Staffordshire and Stoke on Trent and a full service review will be carried out in 2016 after each service has been operational for 12 months to assess the effectiveness of the service and make adjustments to the service specification and operational policies as required.

- There will be closer working between learning disability and mental health commissioners and providers to ensure that people with a learning disability who have a primary mental health need receive support and/or treatment from mainstream mental health services where-ever possible and so avoid the situation where somebody is admitted into a learning disability bed principally because of a mental health issue.

- A range of health and social care provision needs to be more autism aware to ensure that people on the autistic spectrum (with and without a learning disability) receive timely support/interventions/treatment to prevent a crisis situation occurring with the associated risk of hospital admission.

- Existing respite/short break provision will be reviewed to ensure that there is capacity created to provide emergency short stay accommodation in the community as part of the local crisis response offer and to provide an alternative to hospital admission.

- We will seek to further integrate community health and social work teams across the TCP area, building on integration of management structures already begun in Stoke on Trent in 2015.

- Health services in Stoke on Trent and Staffordshire have introduced the Health Equalities Framework to provide a baseline against which to measure a patient’s progress against desired outcomes and we will look to expand use of this tool into social care commissioned and provided services.

For Staffordshire County Council:

Whilst progress has been made in shaping the Independent Sector market for All Age Disabilities, there are a number of areas that need addressing further in order to ensure a diverse and quality marketplace, shaped by the demands of customers and their families. These are broadly summarised below:
- Improve capacity in Staffordshire in meeting a diversity of accommodation and care and support needs of those with Challenging and/or Complex Needs i.e. those often going into Out of County specialist residential provision or currently in “Winterbourne” type accommodation i.e. Transforming Care.

- Increase in a diversity of high quality local accommodation to support those who wish to live as individuals or in friendship groups in a supported living environment i.e. improve Local Housing Offer.

- Increase in expedient and quality accommodation solutions for those with a lower level of need and those living with parents.

- Increase in the availability of accommodation and care and support options for those between the ages of 18 and 21, often coming from Out of County specialist residential education.

- Increase in accommodation and support options for those with Learning Disability and/or Autism and Dementia.

- Increased opportunities for support during the 24 hour day as opposed to traditional “9 to 5”.

- Increase in the provision of preventative services which help prevent or delay the development of care and support needs or reduce care and support needs (including carer support needs), that builds on individual and community assets.

- Increase in day opportunities, especially for those with more complex needs.

- Strengthen support and signposting for individuals who wish to gain and improve everyday life skills, to enable them to live as safely and independently as possible.

- Strengthen universal services and general signposting for individuals and their carers, thus reducing the numbers relying on crisis support.

- Improve quality and cost effectiveness of support and genuine involvement of individuals and families in judging quality of support.

- Increased genuine opportunity for real employment.

- Increase support (local offer) for those people up to the age of 25 with special educational needs and disabilities (SEND).

- Development of new opportunities for short breaks and activities for disabled children and young people that help develop the skills needed to live as independently as possible, whilst providing parents/carers with a genuine break from the caring role.

- Increase in the availability of foster placements as an alternative to residential care for disabled children and young people who are able to have their needs met in community settings.

- Increase in Providers in the Staffordshire marketplace able to offer price competitive residential care for disabled children who have complex needs, as we currently place over 50% of our disabled children “Out of County”.

- Increase in Providers who can provide accessible information and advice, including via social media, to all not just those with eligible care needs.
4.5 Describe How Areas Will Encourage The Uptake of More Personalised Support Packages

In order to continue the shift towards personalisation and community based support, Commissioners and Providers need to work together to ensure person centred approaches and co-production in commissioning and market development, thinking locally and acting personally.

Delivering cost effective, personalised and community based support in the current financial environment requires an ambition, willingness and commitment from everyone involved to think and act differently. Stimulating markets and developing new models of care and support, needs all parties to be open to new ideas. Market intelligence and systems of communicating information to individuals and their families need to be improved. Communication, information and interaction between Commissioners and Providers and also needs to be enhanced.

This means wider responsibility to ensure that sufficient provision is in place across the market. Care markets will need to become more diverse, with high quality and sustainable providers that can meet the needs of those who wish to self-direct their own support. As individuals have greater control, commissioners will need to change the approach from one of market control to one of market facilitation, and ensure the mechanisms and processes for people to self-direct their care and support is made as easy as possible and bureaucracy free.

By 1st April 2016 Personal Health Budgets will be available to those with learning disability and/or autism, and personal budgets are already on offer for social care spend.

- During the course of the delivery of the transformation, personal budgets and personal health budgets will be brought together, such that by 2020 they will be integrated personal budgets for all those with a learning disability and/or autism.
- Currently we do not have integrated commissioning arrangement’s in place for those with a learning disability/autism. There will be a move to pooled or at least aligned budgets for health and social care spend for the population concerned during the course of the Transforming Care Plan.

There is a Personal Health Budget (PHB) work stream in progress with the PHB Manager, who works across the TCP and a local offer is being developed.

The Local Offer

The NHSE planning guidance requires CCG’s to publish their local PHB offer in their Health & Wellbeing Strategies from 1 April 2016. The proposed local offer statement for Staffordshire, Stoke and Shropshire is set out below:

Staffordshire, Stoke and Shropshire CCG’s aspires to place patients at the centre of their care and to take steps to develop its approach to the Personalisation agenda within the lifetime of this Health and Wellbeing Strategy

Staffordshire, Stoke and Shropshire Councils already offer personal budgets to many individuals in Staffordshire, Stoke and Shropshire who wish to play a greater role in the day to day management of their support arrangements.

In October 2014 Staffordshire, Stoke and Shropshire CCGs began offering Personal Health Budgets to cohorts of patients to allow them greater choice in the management of their health care. Further details on Personal Health Budgets can be found on the CCG’s websites. However, Staffordshire, Stoke and Shropshire CCGs currently offers Personal Health Budgets to the following groups of patients, subject to assessment of eligibility and agreement of a support plan:
- All patients in receipt of domiciliary care packages under CHC
- Children in receipt of CHC / jointly agreed (with local authority) packages
- Children with Special Educational Needs or Disabilities
- Patients in receipt of joint health and social care that have gone through CHC but have not met the fully funded criteria.
- Learning Disability patients in receipt of joint health and social care packages that have gone through CHC but have not met the fully funded CHC criteria.

From April 2016 Staffordshire, Stoke and Shropshire CCGs will be developing its delivery of Personal Health Budgets, in particular looking at additional groups of patients who may benefit from using this approach. Further to this we will be working with Staffordshire, Stoke and Shropshire Councils to explore the alignment between personal Budgets and Personal Health Budgets where a resident of Staffordshire, Stoke and Shropshire could potentially be in receipt of both.

The TCP will embed a culture of personalised care and work across organisational boundaries to support patient pathways including work to further develop the personalisation agenda. The work programme will be across both children and adult services.

4.6 What Will Care Pathways Look Like?
Care and Treatment Reviews

There will be a full understanding of the individual needs through integrated Care and Treatment Reviews (CTRs), development of the Provider market based on feedback from CTRs, and the development of personalised care packages that make the best use of personal health budgets and personal budgets. Packages of care will be spot purchased to ensure that the individual needs of people are understood and provided but to do this effectively, significant work will be undertaken to develop the Provider market to ensure care is cost effective. The model focuses on:

1. Prevention.
2. Developing suitable post discharge support and community provision to keep people out of hospital;
3. Reducing the reliance on inpatient facilities.

Staffordshire and Stoke-on-Trent TCP will through a whole system approach be placing the individual at the centre of the care pathway journey. The individualised pathway approach may continue throughout a person’s life with input from services where required. In patient care is only a small part of some individual’s journey and all efforts will continue to be made to reduce in-patient admissions and lengths of stay in line with national directives.

Hospital admission will be integrated into a broader care pathway, working closely with community-based mental health and learning disability services including Clinical Nurse Specialists in Primary Care who will have a major role to play in supporting people with complex needs and challenging behaviour to access mainstream services. Hospital-based specialist services will only be used where community settings cannot deliver. The enhanced and crisis support team use inpatient settings as part of a continuum of care, and will work with hospital staff from the day of admission to the day discharge, to make sure an estimated date of discharge is determined when the person is admitted and discharge planning and preparations begin from the day of admission this is in-line with national policy.

There will also be an improved offender pathway to minimise in-patient admissions. An admission of a person with a learning disability onto the offender pathway (specialised commissioning commissioned services) will only occur for people who are detained under Part III of the Mental Health Act 1983 (Patients Concerned in Criminal Proceedings or Under Sentence). An admission of a person with a learning disability detained under Part II of the Mental Health Act 1983 (Compulsory Admission to Hospital and Guardianship) will only occur if the referral for an admission is via the courts as part of the diverting offenders with mental health problems and/or learning disabilities within the National Conditional Cautioning Framework. Treatment pathways will range between 2/3 years for low secure and 4/5 maximum for medium secure. This improved offender pathway will include:

- Community forensic support to policy custody areas and magistrates courts
- The use of Care and Treatment Reviews (CTRs) before an admission
- Intensive community inpatient support services (non secure)
- Short break/crisis intervention support and facilities

Partnership working wrapping around the individual is essential across all services and relevant stakeholders. Individuals and families themselves will see:

- More flexible and accessible services
- Choice and control as people with challenging behaviour themselves will be involved in developing pathways
- Improved information at the right time
• Strengthened advocacy services
• Greater focus on personalisation

Each person will have different experiences but their care pathway journeys should be consistent with defined outcomes. Care pathways will be evidenced based subject to reasonable adjustments and take into account best practice to ensure the right care in the right place at the right time.

4.7 How Will People be Fully Supported to Make the Transition from Children’s Services to Adult Services?

The “Living My Way, My Life Strategy (2014-18)”, will be utilised as part of the TCP plan setting out a vision for the delivery and planning of services for all ages. Where transition between children’s and adults services is required then early joint working between professionals to effectively plan services will be adopted to make that transition possible.

We believe the following aspects should be in place in all circumstances to manage transition to Adults Services effectively:

• Identification of likely future adult needs as early as possible. Whilst in some cases this should be from the age of 14 onwards (see guidance below; ‘When a Transition Assessment must be carried out’) it should be undertaken in any event at the most appropriate time for the Young Person where this is of ‘significant benefit’.
• Young people (and their parents/carers) should not be left suddenly without support or services on their 18th birthday and then required to wait for reassessment for eligible Adult Services.
• Children, young people and families should have access to good quality Information, Advice and Guidance (IAG) before point of transition, in a variety of formats as required to meet their needs.
• Any assessments or reassessments and changes to care arising from these, should take into account the development and mental capacity of the Young Person and/or their parents & carers.
• Safeguarding considerations must be paramount at all times.
• Where possible, named ‘lead practitioners’ for transition should support ‘pre-transition’ activity (including visits & meetings) throughout the transition phase.
• A whole-family approach to assessment of need should be taken that considers not just the needs of the child/Young Person but also their parents/carers as they approach transition.
• (Where possible) greater independence should be empowered and self-reliance encouraged, to reduce lifelong service dependency.
• Transition arrangements should reflect the areas young people and families have told us are important to them – they should help them maintain a healthy body and mind, allow them to pursue education, employment or training if they wish to, stay safe, and have enough money to access the support they require.
• Co-operation between providers of Children’s/Young People’s and Adult’s Services with a focus on joint working before, during and after the point of transition to ensure any changes to care and support are implemented smoothly and concerns and worries are addressed.

Outcomes

For an individual and their parents/carers at transition these are:

• **Information and Advice**: I have the **knowledge, information and skills** I need to enable me to manage my health (or that of the person I care for), plan for the future,
and cope with emergencies.

- **Physical Health**: I have good health and am able to look after my own health and wellbeing.
- **Safe Environment**: Our home and the surrounding area (or the person’s I care for) is well maintained, safe, and suitable for us to manage day to day activities, have enough space to play or study. I feel safe, comfortable and happy there.
- **Life Outside of Caring**: (applicable to young carers & parent carers): I am able to have a life outside of caring that includes breaks, social networks, activities and connections to others who can help me.
- **Emotional Wellbeing**: I feel emotionally well, healthy and happy. I know who I can talk to if I need someone to listen.
- **Money**: I am happy with what I have and I don’t worry about money. I am able to enjoy my hobbies and activities with friends.
- **Employment, Education & Training**: I am able to work towards what I want to achieve and know how to access support if I need help to get me there.
- **Choices and Behaviour**: I feel involved in decisions about me and my family and the support we get. I am asked my views and feel they are listened to.

4.8 How Will You Commission Services Differently?

**Key messages: Children, young people and families commissioning**

**The mandate for change:**
- Most children and young people in Staffordshire are safe and happy, but some do not get the support and protection they need from their families to thrive.
- When we asked them, children said they still wanted to be supported by their families and friends to cope with the day-to-day problems they face.
- Providing children are safe, we want them to thrive within their families and communities. The evidence says that their lives will be better as a result.
- Yet the way we support children in Staffordshire is currently based on referral to and dependency on professional services.
- The challenge is to enable Staffordshire’s children to thrive in their own families and communities, whilst continuing to keep the most vulnerable children safe.
- It’s want children want, it gives them a better chance in life and it’s the right thing to do.

**Articulating the solution – (to be confirmed as co-production with partners advances)**
- Families’ not just children: enabling us to address the root cause of a child’s problem (which often lies with the parents) instead of repeatedly treating the symptoms.
- Empowerment not dependency: thinking less about referral routes and more about equipping families with information, advice or strategies to successfully work through their problems.
- Prevention and early help: it’s better for the family and a better use of resources to get in before crisis point.
- Working in partnership: we can’t do this in isolation. Everyone has a role in supporting the families they know to recognise their problems and know how to go about solving them.
- Continuing to safeguard the most vulnerable.

In line with the current trend care settings will move from in patient provision to community settings. We will look to as priority areas commission crisis support services and admission prevention (crisis) accommodation.
Local Commissioners across the health and social care economy are committed to work with the Independent and third sector to shape and secure a vibrant and quality care and support market for people with complex needs and challenging behaviour. We are looking to drive new provision and will de-commission where appropriate.

The inclusion of children and people with autism into the cohort requires a greater understanding of the population and market development is key in these areas for the local economy. Lack of local services means that frequently individuals within these cohorts are placed out of area.

Both Local Councils have developed robust market position statements and are working jointly with NHS organisations on securing additional providers and services. The increase in complexity of needs and age range means that more providers will be required to support individuals in a niche market. Locally we are working to ensure procurement and contracting mechanisms must not be too time consuming or to discriminate against small providers.

As a larger commissioning footprint commissioning of services will be on a wider footprint and in some cases on a regional basis. There will be more collaborative commissioning and continued risk sharing arrangements with other CCGs. Further work needs to be undertaken at national and local level around aligning budgets with NHS England Specialised Commissioners. NHS England will be required to support local negotiations to ensure that funding is allocated appropriately.

Outcomes Based Commissioning

Outcomes based and person centred commissioning is becoming the norm with a focus on results rather than activities and processes. The personalisation agenda has been prioritised at a national level and so locally it is essential we react in a person centred way in future. Commissioning has been run with traditional models of delivery and our ambition is to shift this to individually based service design that state clearly what people want and outcomes people expect from their services and support. To this end service specifications will be based on evidence and best practice, be outcome based and address quality issue.

Working Towards Integrated Commissioning

Services will be commissioned in alignment with the nine (9) principles:

- **Principle 1**: A good and meaningful life
- **Principle 2 & 3**: Person and family / carers at the centre
- **Principle 4**: Support to my family and paid staff
- **Principle 5**: Where I live and who I live with
- **Principle 6**: Mainstream health services
- **Principle 7 & 8**: Specialist multi-disciplinary health and social care support in the community
- **Principle 9**: Hospital

Staffordshire through the All Ages Disability Board is working towards integrated commissioning and developing pooled budget arrangements. This will:

- Enable whole system leadership.
- Enable the delivery of integrated packages of care for individuals moving away from the current ‘firefighting’ approach and bring together the total resource across the whole pathway from prevention to intensive support.
- Secure the best value for money for placements.
- Support financial savings across the health and social care economy.
- Increase efficiency releasing resources to enable provision of services not currently provided.
- Improve access to services and increase the self-directed support offer.
- Shift the balance of resources upstream and prevent the need for more expensive/complex packages of care.
- Reduction in micro-management and increase trust between organisations based on jointly agreed outcomes and monitoring delivery (quality, safety and finances).

In Staffordshire County Council, whilst progress has been made in shaping the Independent Sector market for All Age Disabilities, there are a number of areas that need addressing further in order to ensure a diverse and quality marketplace, shaped by the demands of customers and their families. These are broadly summarised below:

- Improve capacity in Staffordshire in meeting a diversity of accommodation and care and support needs of those with Challenging and/or Complex Needs i.e. those often going into Out of County specialist residential provision or currently in “Winterbourne” type accommodation i.e. Transforming Care.
- Increase in a diversity of high quality local accommodation to support those who wish to live as individuals or in friendship groups in a supported living environment i.e. improve Local Housing Offer.
- Increase in expedient and quality accommodation solutions for those with a lower level of need and those living with parents.
- Increase in the availability of accommodation and care and support options for those between the ages of 18 and 21, often coming from Out of County specialist residential education.
- Increase in accommodation and support options for those with Learning Disability and/or Autism and Dementia.
- Increased opportunities for support during the 24 hour day as opposed to traditional “9 to 5”.
- Increase in the provision of preventative services which help prevent or delay the development of care and support needs or reduce care and support needs (including carer support needs), that builds on individual and community assets.
- Increase in day opportunities, especially for those with more complex needs.
- Strengthen support and signposting for individuals who wish to gain and improve everyday life skills, to enable them to live as safely and independently as possible.
- Strengthen universal services and general signposting for individuals and their carers, thus reducing the numbers relying on crisis support.
- Improve quality and cost effectiveness of support and genuine involvement of individuals and families in judging quality of support.
- Increased genuine opportunity for real employment.
- Increase support (local offer) for those people up to the age of 25 with special educational needs and disabilities (SEND).
• Development of new opportunities for short breaks and activities for disabled children and young people that help develop the skills needed to live as independently as possible, whilst providing parents/carers with a genuine break from the caring role.

• Increase in the availability of foster placements as an alternative to residential care for disabled children and young people who are able to have their needs met in community settings.

• Increase in Providers in the Staffordshire marketplace able to offer price competitive residential care for disabled children who have complex needs, as we currently place over 50% of our disabled children “Out of County”.

• Increase in Providers who can provide accessible information and advice, including via social media, to all not just those with eligible care needs.

4.9 How Will Your Local Estate/Housing Base Need to Change?

Following transfers of commissioning responsibility for a range of LD provision from the NHS to social care and closure of services such as NHS Campus schemes there is very little NHS controlled estate used to provide services for people with a learning disability in this area.

CCGs in North Staffordshire and Stoke on Trent jointly commission an 11 bedded in-patient service provided by our local NHS Provider Trust. 5 beds are designated as Assessment & Treatment beds and 6 as medium stay beds with a focus on rehabilitation. The two units are next door to each other and located in the grounds of the Harplands Hospital, which is the mental health hospital for the area.

It is planned to redesign this building in 2016 in order to provide a more flexible environment which will support a revised service specification issued by local commissioners for future assessment and treatment services. Building changes will:

• Reduce beds provided from 11 to 6.
• Provide each patient with more individual space and their own facilities.
• Reduce risks to patients that may currently arise from patients having to share much of the communal space at the service.
• Aid staff in managing and supporting patients with differing needs within the Unit, enabling a more personalised support programme to be implemented for each patient.
• Provide an environment that is more conducive to a patient’s recovery and rehabilitation.

4.10 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?

People currently in hospital placements may have a range of complex needs in addition to their learning disability, therefore it is vital that the TCP area engages with providers of both care and support and accommodation to ensure a choice of suitable service to support them upon discharge, Important factors will be:

• Ensuring providers have a competent workforce.
• Ensuring the choice of provision within the community.
• Ensuring the choice of quality accommodation within the community.
• Ensuring that specialist community health teams are resourced to work with higher caseloads and independent providers.
• That each individual has a thorough transition plan of appropriate length to ensure a successful discharge.

In the TCP area a number of clients require settling into the community from hospital placements. Each person has an individual discharge plan overseen by their multi-disciplinary team. These plans include input from all persons involved in the clients care along with carers and families and independent advocates.

Factors that are taken into account to ensure a successful transition include:

• Comprehensive need analysis.
• Comprehensive risk assessment.
• Excellent information sharing between providers.
• Consideration of the environmental factors.
• Detailed service specification of the client needs.
• Allowing sufficient time for familiarisation within the new service.

Our local housing market needs to be developed and shaped in order to meet the needs of the current and future cohort of individuals. Further guidance is awaited on the establishment of NHS dowries for people who have been in hospital for five years or more.

Alongside the service re-design we need to be aware of the impact of the welfare reforms in regards to specialist housing and exempt accommodation which could destabilise the housing market for people with a learning disability.

Transformation Funding Bid

The Partnership at this current time will not be bidding for additional transformational funding. This is due to the challenge within CCGs being unable to match fund bids and financial recovery requirements. However it is clear as we continue to engage with the market and in particular local providers, many within the independent sector have upper sources to capital funding. The Partnership will enhance and develop this through the workstream processes.

Criminal Justice System

A close working relationship is required with health and social care providers to ensure that they are able to respond to changing commissioning intentions, and play a full part in the work to build skills and capabilities in the workforce around positive behavioural support and also the management of complex cases who have been involved with the Criminal Justice System.

What principles will be adopted?

Services will be commissioned which promote prevention, early intervention and wellbeing to support people of all ages, including children, who are at risk of developing challenging behaviours and minimise inappropriate admissions to hospital, including the Criminal Justice System.

4.11 How Does This Transformation Plan Fit With Other Plans and Models to Form a Collective System Response?

• We will link this plan in with existing plans in Staffordshire including the recently produced CAMHS Local Transformation Plans for Children and Young People where priorities are identified which include reduction in in-patient beds;
Local Priorities

South Staffordshire:

- Neuropsychiatry service to deliver support to children and young people with co-morbidities at risk of admission and provide early intervention and support
- Improved joint working and support for children and young people with co-morbidities, particularly those with Autistic Spectrum Disorder (ASD).

North Staffordshire:

- Learning Disability Psychiatrist to provide dedicated medical leadership and improved management of children with complex needs.

Mental Health Crisis Concordat:

- Mental Health Concordat, action plan and strategic priorities including the Better Together Mental Health workstream;

Local Offer for Personal Health Budgets:

- Local offer for Personal Health Budgets this is being developed and a workstream implemented led by the PHB Manager.

Autism Strategy:

- Delivering with Partners the objectives of the National Autism Strategy at local level.
5. Delivery

Plans need to include key milestone dates and a risk register

5.1 What are the Programmes of Change/Work Streams Needed to Implement this Plan?

The Transforming Care Partnership Board has agreed a governance and project structure to support delivery of the vision set out in the national plan ‘Building the right support’. The Board recognises that effective project management is essential to be able to deliver the aspirations of Staffordshire’s Transforming Care Partnership Plan including the Resettlement Programme and the transformational change required in Staffordshire to deliver the National Service Model.

The key focus of this programme will be to drive the necessary transformation and development of services in Staffordshire to ensure that children, young people and adults with a learning disability and/or autism have the same opportunities as anyone else. The governance structure has therefore been established to drive the design and implementation of the new service model and to deliver the resettlement strategy.

The approved governance structure is set out below.

Further detail on the key programmes of work for each group is set out below.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>RESPONSIBLE FOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transforming Care Partnership Board</td>
<td>Overall accountability for the development and delivery of Staffordshire’s Transforming Care Partnership Plan. Decision-making, direction and oversight.</td>
</tr>
<tr>
<td>Transforming Care Operational Group</td>
<td>Drives delivery of the plan and work streams. Ensures programme critical success factors are delivered. Stakeholder Engagement Plan Risk Management Plan</td>
</tr>
</tbody>
</table>
Integrated Commissioning Work Stream

Needs assessment including confirmation of numbers and needs by cohort and current accommodation status and placement in and out of area
Review of existing services, provision and pathways
Market Development Plan (including community capacity)
Procurement and contracting. Development of a Local Crisis Service
Review of personalisation proposals
Workforce Development Plan
Development of proposals for integrated teams
Culture change
Data management
Finance and performance
Quality
Communication and consultation
Stakeholder engagement

Integrated Care & Support Work Stream

Development of personalisation proposals
Development of new pathways
Resettlement programme
Risk assessment
Care and Treatment Reviews
Individual Patient Planning
De-commissioning of in-patient beds
Culture change
Performance indicators
Communication and Consultation Strategy
Case Management
Organisational Development

The Board recognises that as the programme is scoped more fully that the structure and focus of activity may need to be reviewed to ensure it remains fit for purpose and able to deliver our vision with more focussed groups to deliver key activity.

5.2 Who is Leading the Delivery of Each of These Programmes, and what is the Supporting Team.

Overall accountability for delivery of the programme sits with the Transforming Care Partnership Board, which brings together senior representation from all CCGs within Staffordshire, Staffordshire County Council, Stoke-on-Trent City Council, NHS England, Healthwatch and Clinical representation. Further consideration will be given to ensure appropriate input from the Local Government Association (LGA) and Adult Directors of Social Services (ADASS).

This group acts as the key decision-maker for all programme related decisions. It is anticipated that representatives ensure appropriate placement of the programme within their respective organisations taking forward recommendations for implementation.

Further consideration will be given to ensure appropriate engagement and representation from Borough Councils, Registered Social Landlords and private sector providers within the Partnership and programme as part of project initiation.

Delivery of the programme will be achieved through strong project management overseen by the Programme Board and managed on a day to day basis by the Steering Group with escalation as required. This group will be responsible for ensuring stakeholder engagement throughout the programme and in all work streams.
The programme will also provide regular updates to Staffordshire’s Commissioning Congress.

Membership of the two key groups – the Transforming Care Partnership Board and the Steering Group - is set out below.

Identified leads for each work stream is shown below. Each group brings together representation from both Council and CCGs to ensure the programme is fully embedded. Links with Mental Health commissioning colleagues will also be drawn in.
5.3 What are the Key Milestones – Including Milestones for when Particular Services will Open/Close?

This initial focus of the Partnership has been to develop and submit the Transformation Plan to NHE England setting out our vision and plans for delivery. This was submitted to agreed deadlines following approval by the Transforming Care Partnership Board prior to consideration by the governing bodies and Council Cabinets, which are scheduled in April and May 2016, as set out below:

<table>
<thead>
<tr>
<th>Staffordshire &amp; Stoke TCP Approvals Route</th>
<th>Day</th>
<th>Date 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffordshire County Council Cabinet</td>
<td>Wed</td>
<td>18 May</td>
</tr>
<tr>
<td>Stoke-on-Trent City Council Cabinet</td>
<td>Thurs</td>
<td>31 May</td>
</tr>
<tr>
<td>Cannock Chase CCG Governing Body</td>
<td>Thurs</td>
<td>7 April</td>
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<tr>
<td>Stafford &amp; Surrounds CCG Governing Body</td>
<td>Tues</td>
<td>29 March</td>
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<tr>
<td>South East Staffordshire &amp; Seisdon Peninsula CCG Governing Body</td>
<td>Wed</td>
<td>23 March</td>
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<td>East Staffordshire CCG Governing Body</td>
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<td>28 April</td>
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<tr>
<td>Stoke-on-Trent CCG Governing Body</td>
<td>Tues</td>
<td>5 April</td>
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<tr>
<td>North Staffordshire CCG Governing Body</td>
<td>Wed</td>
<td>4 May</td>
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For Information:
- SCC Healthy Staffordshire Select Committee | Thurs | 12 May
- SOT Overview & Scrutiny Commission | Thurs | 14 July
- SCC All Age Disabilities Board | Mon | 25 April
- Staffordshire Health & Wellbeing Board | Thurs | 9 June
- SOT Health & Wellbeing Board | Thurs | 9 June
- Staffordshire Children’s Safeguarding Board | Tues | 21 June
- SOT Adults and Children’s Safeguarding Board | Thurs | 28 July
- Staffordshire and Stoke Adult’s Safeguarding Board | Mon | 9th May

Following approval of this submission from NHS England, the Transforming Care Programme is well placed to move forwards to support delivery. A plan to support project initiation and design of the vision and solutions is shown overleaf. This reflects the Partnership’s framework for co-production and engagement, set out in Appendix 7, to shape and design the new model of care.
### Project Plan on a Page

More detailed stage and work stream plans will be produced after the visioning sessions to support the design and implementation of service changes.

<table>
<thead>
<tr>
<th>Staffordshire &amp; Stoke TCP Plan</th>
<th>March</th>
<th>April</th>
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<td>Plan submission 14/3</td>
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<td>Work streams established</td>
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<td>Project Mobilisation Session 22/3</td>
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<td>RAID Log</td>
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<td>Project Initiation Document</td>
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<td>Co-Production &amp; Engagement Strategy</td>
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<td>Review of existing evidence</td>
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<td>Health &amp; Care Visioning Workshop</td>
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<td>Service Users, Families &amp; Carers Workshop</td>
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<tr>
<td>Workshops to support solution design - Accommodation, Criminal Justice &amp; Transitions</td>
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<td>Market Development Sessions</td>
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<tr>
<td>Document 'As Is' pathways</td>
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<td>Provider mapping</td>
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<td>Gap analysis</td>
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<td>Pathway re-</td>
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<th>Integrated Care and Support</th>
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<tbody>
<tr>
<td>Establishment of Operational Group for Resettlement Programme</td>
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<td>Workshop - Re-designing the model of care current in-patients</td>
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G: Green
RAG: Red, Amber, Green
5.4 What are the Risks, Assumptions, Issues and Dependencies?

Risk management will be integral to delivery of this programme. The risk management process will reflect the Council and CCG corporate approaches. These policies ensure that Risks, Assumptions, Issues and Dependencies (RAID) are proactively identified, understood, documented and managed.

Management of RAID is a specific responsibility of the Transforming Care Partnership Board and Steering Group. As part of project initiation, a risk workshop was held on 23 February with the Steering Group to identify, document and rate risks to the programme, which are set out in the risk log. Further sessions are planned in March to agree risk owners and review the mitigation approaches. Risks will be reviewed and managed on an on-going basis at Programme Board, Steering Group and in Work Stream and escalated where necessary.

At the time of this submission, the key risks to the programme are:

- **Ensuring appropriate placement of the programme within individual organisations to ensure effective decision-making to support the development and delivery.** The governance structure ensures appropriate representation of key stakeholders from health and care who are senior enough to make recommendations to their own decision-making bodies.

- **Ensuring common understanding, agreement and buy-in of the vision and objectives amongst all organisations.** The governance structure builds on current effective working relationships within health and care drawing in appropriate representation. The Partnership Board’s aspirations to use this programme to transform health and care services for Staffordshire residents with a learning disability and/or autism and acknowledges the scale of the transformation programme. A series of visioning workshops are scheduled with health and care professionals and service users to confirm our common vision and support co-production of the services. (see *Appendix 7 – High Level Co-production and Stakeholder Model / Framework*).

- **Ensuring appropriate resourcing to the development and delivery of the programme.** All parties acknowledge the scale of the required transformation within Staffordshire and have put forward appropriate resourcing in terms of capacity and capability to establish and design the programme. However, the anticipated scope of the programme will mean that the capacity will need to be reviewed regularly particularly to ensure that we maximise the transformation opportunity.

- **That there is poor quality information on the numbers and needs of children, young people and adults with a learning disability and/or autism in Staffordshire, where they live and services available.** The project plan includes an initial needs assessment to identify this from various sources to ensure that we know. This will be underpinning Individual Patient Planning, the Market Development Strategy and the Estates Strategy.

- **That analysis of existing provision within Staffordshire identifies that there are significant gaps in services which are greater than anticipated as well as insufficient suitable accommodation locally.** The first phase of the project therefore includes a detailed needs assessment and provider mapping so that we confirm the gap in capacity and capability and address this in the Market Development and Estate Plans.

- **That the resettlement programme will cause stress to the individuals from what is effectively their current home.** Individual patient planning is given a high priority within the project with an emphasis that the moves are appropriate, are supported by the right package of care and are carefully managed according to individuals needs to minimise the associated stress.
The Programme’s Risk Management Strategy and the latest version of the Risk Log are set out in Appendix 5.

5.5 What Risk Mitigations Do You Have in Place?

Risk mitigations for all identified risks to the programme is set out in Appendix 5 together with their anticipated proximity. Further detail on the mitigation strategies for immediate risks to the programme is set out below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational</td>
<td>Partner organisations may not have the capacity or capability to deliver the required changes, with the result that outcomes are compromised and timescales are not achieved.</td>
<td>Initial programme plan identifies resource requirements. More detailed work stream plans are being developed and will include an assessment of required resource and whether this is currently available so that Partnership Board are able to identify additional resources or free up capacity or re-scope work stream plans to minimise the impact.</td>
</tr>
<tr>
<td>Financial</td>
<td>The transformation funding requires match funding by CCGs.</td>
<td>Work being undertaken to fully understand how to test and revise existing services.</td>
</tr>
<tr>
<td>Financial</td>
<td>Available resources in the local health and social care economy are extremely challenging and therefore there is no new money to support Transformation Plans.</td>
<td>Key partners will work across organisational boundaries in order to deliver the best care possible within available resource envelop. Shared working, resources and paperwork will reduce the cost burden across the City. An assumption has been made that funding will follow the client and therefore will be sustainable in the longer term.</td>
</tr>
<tr>
<td>Legal / Procurement</td>
<td>There is a need to fully engage current providers in the development phase however this poses a risk regarding any future procurement that might be required at a later stage.</td>
<td>Current providers are excluded from the TCP Board and a multi-disciplinary Clinical Reference Group is being developed to support the clinical input into the programme. Legal advice has been sought.</td>
</tr>
<tr>
<td>Benefits</td>
<td>The time needed to develop a common understanding, secure agreement and buy-in and agree outcomes is not taken, with the result that the programme fails to set a vision, define scope and prioritise and agree objectives and that as a result the programme fails to meet the needs of stakeholders (including service users), benefits are not realised and resource is wasted.</td>
<td>The governance structure builds on current effective working relationships between the Councils and CCGs. All commissioning bodies are committed to the same vision to use the programme as a way to transform the model of care for service users with a LD and/or autism. A series of visioning workshops with health and care commissioners and providers are scheduled to confirm our common understanding (including ‘perceived as is’) and service users, their families and carers to identify improvements and co-design the solution. Further detail is set out in Co-Production and Engagement Strategy and Action Plan.</td>
</tr>
<tr>
<td>Safety</td>
<td>Poor quality, and potentially inconsistent, information (including NHS England Specialised Commissioning data) on the numbers and needs of each cohort of service users, there is a risk that service re-design is based on an under</td>
<td>The initial project plan includes an early activity to conduct a needs assessment and review of existing provision, services and pathways so we have a better understanding of need and what is currently available. The validation process on numbers and needs of cohort, including inpatient numbers, will be</td>
</tr>
<tr>
<td>Reputational</td>
<td>If there is insufficient engagement and co-production with service users, their families and carers, that the designed solution does not meet desired objectives, represents a missed opportunity or the programme is subject to a Judicial Review (which impacts on the reputation of the organisations and the programme).</td>
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<tr>
<td>Quality</td>
<td>Insufficient, inappropriate provision developed locally to ensure that service users are moved to accommodation that fully meets their needs or the vision and aspiration of the programme.</td>
<td></td>
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<tr>
<td>Quality</td>
<td>There is a risk that the timescales for the resettlement programme and data quality on patients provided by NHS England means there is a risk that individual patients may initially be moved to inappropriate accommodation resulting in additional stress, risks to patient safety and need for further moves.</td>
<td></td>
</tr>
<tr>
<td>Strategic</td>
<td>The opportunities to maximise benefits and economies of scale by working in partnership with Shropshire and Telford are missed as they don’t want to engage.</td>
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</table>

The programme has developed a Co-Production and Engagement Strategy to support the design and delivery of the vision and new service model. This includes innovative ways to engage and consult service users with LD and/or autism and their families and carers. This is supported by ASSIST, a voluntary organisation to ensure the engagement of service users. The framework provides the overarching structure for our visioning and engagement proposals set out in the supporting Action Plan.

Once the plan is finalised and the proposals for service redesign are developed during the initial stages of the project, the financial plan for delivery will be confirmed and prioritised by the TCP Partnership Board and relevant governing bodies of each commissioner. Development of the proposals will include consideration of the most efficient ways of delivering and, where necessary, include redistribution of funding to meet the aims and aspirations of the programme. Where there is a shortfall of appropriate accommodation, the Partnership Board will consider ways of developing this including seeking additional funding to support development.

The plan for the resettlement programme will be in line with national requirements/timescales and will include significant focus on individual patient planning with the service user, their families and carers.

The SRO for Staffordshire and Stoke-on-Trent Transforming Care Partnership has had discussions with Shropshire about the opportunities, however, Shropshire do not wish to progress this at the current time. The Partnership Board will continue to look at strategic opportunities and dependencies throughout the programme.

Further detail on risks including strategic operational, delivery, programme, and financial, legal and reputational ones are set out in the Risk Log.
Appendices

Appendix 1 – Population of Staffordshire and Stoke-on-Trent.

Appendix 2 – Terms of Reference for the Transforming Care Partnership Board

Appendix 3 – Transforming Care Gap Analysis

Appendix 4 – Project Planning Documentation
  - Seven Steps and Plan on a Page
  - Milestones
  - Commissioning plan.

Appendix 5 – Risk Management Strategy and Risk Register

Appendix 6 – Communications and Engagement Strategy
  - Communications and Engagement Plan

Appendix 7 - High Level Co-production and Stakeholder Model / Framework
APPENDIX 1:

What is the population of Staffordshire and Stoke-on-Trent like?

Population Structure
The estimated resident population for Staffordshire and Stoke-on-Trent is 1,111,200 covering a large geographical area of 1,048 square miles.

Overall Staffordshire and Stoke-on-Trent has a relatively high concentration of people in the older age groups. The proportion of people aged 65 and over in Staffordshire and Stoke-on-Trent is higher than the England figure (20% compared with 18%). At a district level this ranges from 17% in Stoke-on-Trent to over 23% in Lichfield and Staffordshire Moorlands.

An Ageing Population
Similar to global trends, Staffordshire and Stoke-on-Trent has experienced a significant ageing of its population and there are now 61,800 more people over 65 than there were 20 years ago.

This trend is predicted to continue with Staffordshire and Stoke-on-Trent seeing its older population grows faster than average (Figure 1).

Between 2014 and 2019, the overall population for Staffordshire and Stoke-on-Trent is expected to rise by 2% (Figure 2). However during this period the numbers of older people are projected to increase more rapidly:

- the number of people aged over 65 is expected to increase by 11% (equating to 23,800 people)
- the number of people aged 75 and over by 18% (17,300 additional people)
- the number of people aged 85 and over by 22% (5,600 people)

At the same time the numbers of working age people (16-64) is projected to decline. The impact of these demographic changes means there will be an increase in the dependency ratio of older people to working age people across Staffordshire and Stoke-on-Trent. There are currently about three residents of working age for every older person. By 2034 this will reduce to two people of working age for every older person (Figure 3). In terms of health and care, this has implications for the economy and workforce.
Figure 1: Population projections, 2014-2034

Source: 2012-based population projections, Office for National Statistics, Crown copyright

Figure 2: Projected population change between 2014 and 2019

Source: 2012-based population projections, Office for National Statistics, Crown copyright
Rurality
Living in a rural area has a positive association with people's satisfaction. However it can also present difficulties in accessing services. In addition the structural demographic change towards an older population is the single most significant factor in an increasing prevalence of rural isolation.

Based on the 2011 Rural and Urban Classification 19% of Staffordshire and Stoke CCG’s population live in rural areas, which is higher than the national average of 17%. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (30%) are particularly rural whilst Stoke-on-Trent and Tamworth populations are classified as urban.

Deprivation
Based on the Index of Multiple Deprivation 2015, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation and in particular around access to services.

In contrast Stoke-on-Trent is ranked as the 14th most deprived local authority area in England (of 326) and the third most deprived area in the West Midlands Region. Almost three in ten people in the City live in the most deprived tenth of areas nationally with another fifth of the population falling in the second most deprived decile nationally.

Ethnicity
Overall there is little ethnic diversity across Staffordshire with the population being predominantly White British. According to the 2011 Census around 8.1% of Staffordshire and Stoke-on-Trent’s population were from a minority ethnic background concentrated mainly within East Staffordshire (13.8%) and Stoke-on-Trent (13.6%)
Transforming Care Partnership’s Board

Terms of Reference

Amendment History:

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<th>Amendment History</th>
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<td>04.02.2016</td>
<td>TSU recommendations</td>
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<td>1.2</td>
<td>08.02.2016</td>
<td>Steering Group updates</td>
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<td>1.3</td>
<td>26.02.2016</td>
<td>Programme Board updates</td>
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Background

The Transforming Care Programmes objectives are to deliver the actions and commitments in Transforming Care and the Concordat Programme of Action to the timescales set out in those documents.

The national programme aims to transform the way services are commissioned and delivered to stop people being referred to hospital inappropriately, provide the right model of care, and drive up the quality of care and support for people with learning disabilities and/or autism.

Purpose

The purpose of the Board is to provide vision, sponsorship, strategic direction, ownership for the Transforming Care Programme to transform services for individuals with learning disabilities and/or autism within Staffordshire and Stoke-on-Trent.

Terms of Reference

- To provide vision and system leadership for the Transforming Care Partnership
- To ensure effective governance for the Transforming Care Programme.
- To ensure clear placement of the Transforming Care Programme within the our respective organisations
- To ensure the interfaces and dependencies with other major projects and programmes being delivered are identified and managed effectively.
- To ensure that quality is central to the Transforming Care Partnership
- To provide overall direction on the development and implementation of the Transforming Care Programme and ensure that it meets National Guidance Frameworks.
- To act as the key decision making body for major programme decisions subject to agreement of our respective governance structures where appropriate.
- To develop, agree and sign off the Staffordshire Learning Disabilities Transformation plan including the critical success factors, benefits and resource implications.
- To be responsible and accountable for the successful delivery of the outcomes specified.
- To review the progress of the Staffordshire Transformation Plan and oversee implementation.
- To ensure that the Programme adopts an effective approach to benefit realisation and risk and issues management.
- To ensure that the Programme is used to drive transformation of health and care services to meet the needs of the people with learning disability and/or autism in Staffordshire and Stoke-on-Trent including review of pathways of care.
- To ensure that the Programme draws in relevant partners to support the implementation of the wider aims of the programme including where appropriate Borough Councils, Registered Social Landlords and private sector providers.
- To explore the opportunity to engage with partners in Shropshire and Telford to maximise benefits of the programme.
- To ensure affordability and value for money of the final proposals.
- To develop and agree the Communications Strategy and Plan.
To oversee the review and reassessment of all people on the Transforming Care Cohort and delivery of the resettlement programme.

To ensure that the programme engages stakeholder views including residents with learning disabilities and/or autism, their families and carers.

To produce regular reports on progress as required to the CCG Governing Bodies, Council Cabinets, and NHS England Area Team(s).

**Governance Structure**

The governance structure showing key groups together with memberships is set out below.

![Governance Structure Diagram]

**Quoracy**

The following members require being present for the meeting to be quorate:

- One member from each of the following organisations should be present at each meeting:
  - Cannock Chase CCG
  - East Staffs CCG
  - North Staffs CCG
  - South East Staffs/Seisdon Peninsula CCG
  - Stafford & Surrounds CCG
Where a meeting is not quorate, arrangements for dealing with this should be clearly set out in the minutes.

**Frequency of Meetings**

The meetings will convene on a monthly basis and will be reviewed periodically.

**These Terms of Reference will be subject to annual review.**

8th February 2016
APPENDIX 3

Transforming Care – Gap Analysis

A recent Gap Analysis on the Assessment against the LD Service Model has been undertaken by the organisations included in the Partnership Board. Once the vision is agreed further work will be undertaken to refine this but as a draft situation, the following gaps exist:

<table>
<thead>
<tr>
<th>Principle 1 - I have a good and meaningful everyday life</th>
<th>Gaps</th>
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<tbody>
<tr>
<td></td>
<td>• how the Supporting Independence Service (SIS) offer can be extended to under 16's, principally in a brokerage function to support those with additional needs to access short breaks;</td>
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<td>• Engagement of wider partners:</td>
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<tr>
<th>Principle 2 - My care and support is person-centred, planned, proactive and coordinated.</th>
<th>Gaps</th>
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<td></td>
<td>• The Local Authority acknowledges that local health and care services should develop a dynamic register based on sophisticated risk stratification of their local area and are endeavouring to do so with the front line Social Work function Independent Futures;</td>
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<td></td>
<td>• Case file evidence to demonstrate both for EHCP's and Adult Care &amp; support plans that individuals and their families have been fully involved in the planning process. It should be noted that whilst individuals and families are involved in the planning process, for those over the age of 18 assessments or support plans are not currently available in an easy read format; this is an area for development;</td>
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<td>• Need common definition of what constitutes a person centred plan to ensure consistent standards;</td>
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<td>• Audit of person centred plans;</td>
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<tr>
<th>Principle 3 - I have choice and control over how my health and care needs are met.</th>
<th>Gaps</th>
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<tr>
<td></td>
<td>• Our ambition is to ensure commissioners and providers fully conform to the Accessible Information Standard by 31st July 2016;</td>
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<td>• Within continuing care we do have over 100 packages of support that is jointly funded with health and social care however these are predominantly through invoice arrangements as opposed to joint personal budgets, so this would be the next logical phase in development;</td>
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<td>• Advocacy services - Anecdotal evidence would suggest there is an extensive waiting list for this service however so capacity in this area is a potential issue;</td>
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<td>• Review against new Accessible Information Standard;</td>
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<td>• Easy read/pictorial not available for all Plans;</td>
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<td></td>
<td>• No easy read Care Programme Approach (CPA);</td>
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<td></td>
<td>• PHB’s need to be developed further for people with LD;</td>
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<td>• Joined up, systematic process offering integrated budget across health &amp; social care;</td>
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<tr>
<th>Principle 4 - My family and paid support and care staff get the help they need to support me to live in the community</th>
<th>Gaps</th>
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<tr>
<td></td>
<td>• How effectively we utilise crisis beds also requires review as there is potential to use our resources more effectively;</td>
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<td></td>
<td>• The Local Authority is currently in the process of revising its Market Position Statement which will clearly identify areas that need strengthening for Learning Disability and/or Autism;</td>
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<td>• Emergency respite availability;</td>
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<td>• Opportunities to explore this with changes in respite provision in Stoke and North Staffs;</td>
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<td></td>
<td>• Lack of skilled staff;</td>
</tr>
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<td></td>
<td>• Providers struggle to recruit staff with the necessary skills;</td>
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<td></td>
<td>• MPS needs to be reviewed;</td>
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</table>
### Principle 5 - I have a choice about where I live and who I live with.

**Gaps**
- There is currently a variety of differing housing solutions however there is recognition that this range needs to develop;
- Exploration will be taken in respect of whether there is a need to establish a supported living framework agreement for complex people with significant health needs. This engagement work will be undertaken in conjunction with a range of local housing providers;
- Housing strategy does not cover LD;
- Few people interested in home ownership;
- Low uptake for Extra Care;

### Principle 6 - I get good care and support from mainstream health services.

**Gaps**
- There is a gap in secondary health care for adults with autism;
- There is a gap in relation to 16 plus with autism who find themselves in contact with the criminal justice system. Currently no forensic joined up response;
- Longer term commissioning of Health Facilitation service in SOT;
- Hospital passports;
- Consistency of liaison staff;
- A Quality Checker scheme is not currently in place;
- Stoke and North Staffs – Green Light Toolkit not in place;

### Principle 7 - I can access specialist health and social care support in the community.

- Room for improvement remains in joint working arrangements between Mental Health and Autism services (through for example the development, implementation and testing of joint working protocols) and in structured support for those with Autism post-diagnosis;
- We are only now (January 2016) implementing a fully operational Countywide assessment and diagnostic service for Adults with Autism, and will use 2016 as a learning phase to accurately develop data on demand and onward referral to inform what gaps there are for future commissioning and service provision;
- Links with Staffordshire;
- Project Plan to be developed;
- Workshops to gain views of staff, service users and carers to be run;
- Intensive 24/7 multi-disciplinary health and social care support not in place in Children’s services;

### Principle 8 - If I need it, I get support to stay out of trouble

No gaps identified at this point.

### Principle 9 - If I am admitted for assessment and treatment in a hospital setting because my health needs can’t be met in the community, it is high quality and I don't stay there longer than I need to.

- Young people under 18 who become mentally unwell struggle to get a joined up response should they require inpatient services no local resources. IST / ISS newly formed early intervention and prevention teams from the NHS work alongside Douglas Road / Resource Centres (Social Care) as there are no health respite facilities should the person be unable to remain in their home but do not require inpatient setting under the mental health act;
- There are no respite facilities in the south;
- Green Light Toolkit;
- Raise awareness of Model of Care with mental health services;
- New service specification;
- Contract variation;
- Transition to new model;
- Environmental changes;
- Framework agreement in place;
- Mini competitions;
Appendix 4

7 Step Plan

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
<th>Step 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Situation Description</td>
<td>Situation Analysis</td>
<td>Option Generation</td>
<td>Option Evaluation</td>
<td>Business Case/Proposal</td>
<td>Implementation</td>
</tr>
</tbody>
</table>

- **Step 1**: Confirm the route and process for decision making and ‘sign offs’
- **Step 2**: Execute Market Research and Define ‘As Is’ processes
- **Step 3**: Confirm/Validate the Situation Description and identify the issues to be addressed/resolved
- **Step 4**: Generate approaches and potential solutions
- **Step 5**: Assess the various alternatives to address the issues identifying benefits & dis-benefits
- **Step 6**: Construct a structured business proposal addressing the key components of the Treasury 5 Case Model
- **Step 7**: Launch Project Plan

- **Step 7**: Monitor and Report
- **Step 7**: Deliver the change through planned implementation
### Transforming Care Programme - Plan on a Page (Project Initiation Stage)

#### Staffordshire & Stoke TCP Plan
- **February**: Draft submission
- **March**: NHS England feedback
- **April**: Comments from stakeholders, Finance updates
- **May**: Final draft
- **June**: Plan submission 14/3
- **RAG**: Approvals

#### Project Initiation
- **28 January**: TCP Partnership Board established
- **FDU and governance**
  - Work streams established
- **Visioning and co-production (see below)**
- **April**: Blueprints
- **May**: Work stream plans

#### Co-Production and Stakeholder Engagement
- **Review of existing evidence**
- **As in pathways**
- **Health & Care Visioning Workshop**
- **Service Users, Families & Carers Workshop**
- **Focus groups/workshops to support solution design**
- **Market Development Sessions**

#### Integrated Commissioning

#### Integrated Care and Support

---

**Key to symbols**
- ▲: Original milestone
- ◼: Milestone on target
- ◼: Latest forecast
- ●: Date at risk, but plan in place to resolve
- ■: Completed
- ◆: Milestone missed/no plan to resolve/no information

**Key to RAG status**
- G: Green
- Y: Yellow
- R: Red

---

**Progress/Update**

Draft plan submitted to deadline of 8/2. Currently awaiting feedback from NHS England to confirm necessary amendments for final plan. This is expected 19/2 and are anticipated to include updates on finance and performance data. Timetable for drafting and approvals is currently being developed based on a revised plan submission date of 14/3/10.

First meeting of the Transforming Care Partnership Board held on 28 January. Terms of reference and governance structure agreed at Partnership Board on 25 February. High level project planning has commenced and will be developed further as the work streams are initiated. This will be supported by a number of Visioning Workshops and engagements in April and May 2016. This session will help us to develop our new model of care and identify the changes that are needed to support delivery of our vision. These blueprints will support development of detailed project plans. Other key project documentation will be produced alongside this.

The blueprints, RAID log and PID will be bought to Programme Board on 22 March for review together with an update on how the engagement strategy is progressing.

The programme has developed a Co-Production and Engagement Strategy to support development of the vision and solution design. The Partnership is working with REACH, a local project set up to support adults with LD and/or autism to deliver a programme of engagement sessions with service users. Other sessions with health and care professionals and providers, including LA housing departments and RSLs, the Criminal Justice Service and education are currently being scheduled. The findings from these will be used to develop the blueprint for the new service with these forming the basis of project plans for each workstream.

Detailed work stream plan to be developed in May following initial engagements.

Detailed work stream plan to be developed in May following initial engagements.
## Status Report for TCP

<table>
<thead>
<tr>
<th>Management and Control</th>
<th>Current RAG</th>
<th>Comments</th>
<th>Action Owners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Purpose, objective and scope are clear and visible</td>
<td>Green</td>
<td>Vision workshop set for 28/01/2016. Final Plan to be approved by 31/03/2016 and submitted by 11.04.2016.</td>
<td>SRO</td>
</tr>
<tr>
<td>2. Roles, lines of accountability and decision-making are clear and in place</td>
<td>Green</td>
<td>Roles and Responsibilities to be agreed by Partnership Board by 29/02/2016</td>
<td>TCP</td>
</tr>
<tr>
<td>3. Suitable governance meetings are taking place at appropriate intervals with the right representation and actions being taken</td>
<td>Green</td>
<td>Partnership Board Meetings agreed monthly</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>4. The relationships and partnerships needed to deliver the objective are in place and working effectively</td>
<td>Green</td>
<td>All Partners identified and included on the partnership board</td>
<td>TCP</td>
</tr>
<tr>
<td>5. Stakeholders needs and expectations are understood and being addressed or managed appropriately</td>
<td>Green</td>
<td>A separate task and finish group will be responsible for Communications and Engagement. Action Plan expected by 31/05/2016</td>
<td>Comms Lead</td>
</tr>
<tr>
<td>6. Existing risks, issues and barriers known, visible and being appropriately addressed (including culture and leadership)</td>
<td>Green</td>
<td>A risk workshop will be held once the vision is agreed by the Partnership Board and feedback on the plan has been received by NHS E</td>
<td>Project Team</td>
</tr>
<tr>
<td>7. Finances (costs, savings and pressures) are understood, robust enough and are being managed effectively</td>
<td>Green</td>
<td>Current costs have been requested</td>
<td>Commissioners</td>
</tr>
<tr>
<td>8. Inter-dependencies are known, visible and are being managed</td>
<td>Green</td>
<td>Dependencies will be managed by the project team and reported to the Partnership Board.</td>
<td>SRO</td>
</tr>
</tbody>
</table>

## Delivery

<table>
<thead>
<tr>
<th>Current RAG</th>
<th>Comments</th>
<th>Action Owners</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. A delivery plan, relevant to the complexity of the project or business activity and current phase, exists; with clear milestones, linked to benefits and dependencies, and an understanding of any sequencing required.</td>
<td>Green</td>
<td>Delivery Plan is currently in draft stage and will be submitted to NHS E for quality assurance</td>
</tr>
<tr>
<td>10. Forecast delivery timescales are deemed to be achievable</td>
<td>Green</td>
<td>Operational Group</td>
</tr>
<tr>
<td>11. Current delivery performance against plan is good (on track)</td>
<td>Green</td>
<td>Operational Group</td>
</tr>
<tr>
<td>12. SCC business resource is appropriate (capability, capacity, fit)</td>
<td>Green</td>
<td>SRO</td>
</tr>
<tr>
<td>13. Benefits (financial) on track to be delivered</td>
<td>Green</td>
<td>Finance Lead</td>
</tr>
<tr>
<td>14. Benefits (non-financial) on track to be delivered</td>
<td>Green</td>
<td>Finance Lead</td>
</tr>
</tbody>
</table>
Staffordshire and Stoke-on-Trent Transforming Care Partnership Risk Register

Please see full risk log as attached spreadsheet.
Appendix 5

STAFFORDSHIRE AND STOKE TRANSFORMING CARE PARTNERSHIP

Risk Management Strategy

2nd March 2016

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Transforming Care Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version Control No.</td>
<td>V 1.0</td>
</tr>
<tr>
<td>Author / Project Manager</td>
<td>Kirsty Alldread</td>
</tr>
<tr>
<td>Date Submitted</td>
<td>03/03/2016</td>
</tr>
</tbody>
</table>

**Section 1: Introduction**

**Purpose**

The purpose of this Risk Management Strategy is to describe the risk management techniques and standards to be applied on the Transforming Care Programme for Staffordshire and Stoke and the responsibilities for achieving an effective risk management procedure.

**Objective**

The objective of this Risk Management Strategy is to detail a systematic application of procedures for identifying and assessing risks, and then planning and implementing risk responses. This will provide a disciplined environment for proactive decision making to assess and control uncertainty and, as a result, improve the ability of the project to succeed.

**Scope**

This Risk Management Strategy applies to the overall conduct of the Transforming Care Programme. Work streams and delivery partners may operate different risk management approaches, but any significant variances from this strategy are to be assessed and accepted by the Steering Group.

**Responsibility**

The Project Manager is responsible for the creation and updating of this Risk Management Strategy.

**Section 2: Risk Management Procedure**

**Overview**

This section provides a description of the risk management procedure to be used for the project. The project is to apply five steps to risk management: identify, assess, plan and implement, supported by communication.

**Identify**

The primary goal of the ‘Identify’ step is to recognise the threats and opportunities that may affect the project’s objectives. Risks will be identified using a combination of techniques, including reviewing the lessons of comparable projects (for example, Better Care Fund), risk prompts lists and brainstorming in formal risk workshops. These will be supplemented by ad hoc recognition of risks during project planning and delivery. All identified threats and opportunities will be captured in a Risk Register. In addition, Early Warning Indicators will be used to monitor critical aspects of the project and provide information on potential sources of risk (see Section 12.0). The risks will be shared with key stakeholders to confirm that they reflect any major concerns stakeholders may have.
### Assess

The primary goal of the ‘Assess’ step is to estimate each risk in terms of estimated likelihood (probability), impact and immediacy (proximity), and evaluate the overall level of risk associated with the project and expected monetary value of that risk (see Section 3.0).

### Plan

The primary goal of the ‘Plan’ step is to prepare specific management responses to the threats and opportunities identified, ideally to remove or reduce the threats and to maximise the opportunities. The Plan step involves identifying and evaluating a range of options for responding to threats and opportunities. It is important that the risk response is proportional to the risk and that it offers value for money. A key factor in the selection of responses will be balancing the cost of implementing the responses against the probability and impact of allowing the risk to occur. Any chosen responses should be built into the appropriate level of plan, with provision made for any fall-back plans. Mitigation actions are also to be recorded, in summary, in the project Risk Register. The various types of responses for threats and opportunities are summarised in Section 11.0.

### Implement

The primary goal of the ‘Implement’ step is to ensure that the planned risk responses are actioned, their effectiveness monitored, and corrective action taken where responses do not match expectations. This is to be achieved by nominating risk owners and risk actionees for each risk.

### Communication

The primary goal of the ‘Communicate’ step is to ensure that information related to the threats and opportunities faced by the project is communicated continually, both within the project and externally to stakeholders. Risks are to be communicated as part of the following management products:

- Status (Highlight) Reports
- Work stream (Checkpoint) Report (when produced)
- End Stage Reports
- End Project Reports
- Lessons Reports

Further direction on the communication of risks is contained within the project’s Communication Management Strategy.

### Section 3: Tools and Techniques

The following specific risk management techniques will be used on this project

- **Probability-impact calculations**
  The project will use a probability-impact calculation to assess the overall severity of each risk, enabling each risk to be ranked so that management time and effort can be prioritised. The value of the risk will be determined by multiplying the probability by the impact.

- **Expected monetary value**
  Where monetary values have been attributed to individual risks, expected monetary values will be calculated by combining the cost of the risk impact with the probability of the risk occurring. For example, if the cost of a risk was £160,000 and its likelihood of occurrence was estimated at 25%, then the expected value would be £40,000. The aggregated expected value of all costed risks will inform the amount of risk budget required for the project.

### Section 4: Records

- **Overview**
  The project will use a Risk Register to provide a record of identified risks (threats and opportunities) relating to the project, including their status and history.

- **Format**
  The Risk Register will be maintained as a live list on the project’s SharePoint site once established. The most up-to-date version of the Risk Register (dated 2 March 2016) is appended to this Strategy.
For each entry in the Risk Register, the following should be recorded:

<table>
<thead>
<tr>
<th><strong>Risk Identifier</strong></th>
<th>Provides a unique reference for every risk entered into the Risk Register. This will be a numeric value auto-generated by SharePoint.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Category</strong></td>
<td>The type of risk in terms of the project’s chosen categories (e.g. civils, planning, legal, etc.). See Section 10.0.</td>
</tr>
<tr>
<td><strong>Risk Description</strong></td>
<td>A description of the risk cause and event (threat or opportunity).</td>
</tr>
<tr>
<td><strong>Risk Effect (narrative)</strong></td>
<td>A description of the risk effect (impact).</td>
</tr>
<tr>
<td><strong>Proximity</strong></td>
<td>The time factor of risk, i.e. when the risk may occur. The impact of a risk may vary in severity depending on when the risk occurs. This would typically state how close to the present time the risk event is anticipated to happen (e.g. imminent, within stage, within project, beyond project). Proximity should be recorded in accordance with the project’s chosen scales. See Section 9.0</td>
</tr>
<tr>
<td><strong>Probability, impact and expected value</strong></td>
<td>It is helpful to estimate the inherent values (pre-response action) and residual values (post-response action). These should be recorded in accordance with the project’s chosen scales. See Section 8.0.</td>
</tr>
<tr>
<td><strong>Risk Score</strong></td>
<td>A score calculated from probability multiplied by impact. See Section 8.3.</td>
</tr>
<tr>
<td><strong>Risk level</strong></td>
<td>‘High’, ‘Medium’ or ‘Low’. See Section 8.3.</td>
</tr>
<tr>
<td><strong>Risk Response Categories</strong></td>
<td>How the project will treat the risk in terms of the project’s chosen categories. See Section 11.0.</td>
</tr>
<tr>
<td><strong>Risk Response</strong></td>
<td>Actions to resolve the risk and these actions should be aligned to the chosen response category. Note that more than one risk response may apply to a risk.</td>
</tr>
<tr>
<td><strong>Risk Status</strong></td>
<td>Described in terms of whether the risk is pending (i.e. not yet accepted by the Project Team), active, resolved (i.e. pending closure by the Project Team) or closed.</td>
</tr>
<tr>
<td><strong>Risk Owner</strong></td>
<td>The person responsible for the management, monitoring and control of all aspects of a particular risk assigned to them, including the implementation of the selected responses to address the threats or to maximise the opportunities. (There can only be one risk owner per risk.)</td>
</tr>
<tr>
<td><strong>Risk Actionee</strong></td>
<td>The person(s) who will implement the action(s) described in the risk response. This may or may not be the same person as the risk owner.</td>
</tr>
<tr>
<td><strong>Risk Author</strong></td>
<td>The person who raised the risk.</td>
</tr>
<tr>
<td><strong>Date Registered</strong></td>
<td>The date the risk was identified.</td>
</tr>
<tr>
<td><strong>Review Date</strong></td>
<td>The date the risk is due to be reviewed.</td>
</tr>
</tbody>
</table>

---

1 The exposure arising from a specific risk before any action has been taken to manage it.
2 The risk remaining after the risk has been applied.
Section 5: Reporting
Risks will all be captured in a Risk Register, available to view by all of the Partnership Board, Steering Group and Workstream Groups. Risks are typically to report using the communication methods detailed in Section 2.6. In addition, risks and risk responses will be reviewed in summary at each programme meeting and in detail at regular risk workshops. Project-level risks deriving from workstreams are to be reported to the Project Manager during regular work stream catch-up meetings and incorporated within the Risk Register. Where risk tolerance exceeds the threshold levels of risk exposure, an Exception Report will be submitted to the Project Board.

Section 6: Timing of Risk Management Activities
Risk management is a process that will occur continuously throughout the project cycle in accordance with the details directed within this strategy. Specific risk workshops will be conducted on a quarterly basis.

Section 7: Roles and Responsibilities

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate / Programme Management</td>
<td>• Provide the corporate risk management policy and risk management process guide.</td>
</tr>
</tbody>
</table>
| Executive | • Be accountable for all aspects of risk management and, in particular, ensure a project Risk Management Strategy exists.  
• Ensure that risks associated with the Business Case are identified, assessed and controlled.  
• Escalate risks to corporate or programme management as necessary. |
| Senior Users | • Ensure that risks to the users are identified, assessed and controlled. |
| Senior Supplier | • Ensure that risks relating to the supplier aspects are identified, assessed and controlled. At this stage, the Programme does not have an identified Supplier on the Programme Board due to the stage of the programme. |
| Project Manager | • Create the Risk Management Strategy.  
• Create and maintain the Risk Register.  
• Ensure that project risks are being identified, assessed and controlled throughout the project lifecycle. |
| Work stream Managers | • Participate in the identification, assessment and control of risks. |
| Project Assurance | • Review risk management practices to ensure that they are performed in line with the project's Risk Management Strategy. |
| Project Support | • Assist the Project Manager in maintaining the project's Risk Register. |

Section 8: Scales
This section defines the scales for estimating probability and impact for project’s risks

### Probability

*Probability is to be assessed and rated using these criteria*

<table>
<thead>
<tr>
<th>Score</th>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rare</td>
<td>Unlikely to occur during the project / Up to a 10% chance of occurrence</td>
</tr>
<tr>
<td>2</td>
<td>Unlikely</td>
<td>11-30% chance of occurrence</td>
</tr>
<tr>
<td>3</td>
<td>Possible</td>
<td>31-50% chance of occurrence</td>
</tr>
</tbody>
</table>
### Impact

**Impact is to be assessed and rated using these criteria:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low</td>
<td>Unlikely to occur during the project / Up to a 10% chance of occurrence</td>
</tr>
<tr>
<td>2</td>
<td>Reasonable</td>
<td>11-30% chance of occurrence</td>
</tr>
<tr>
<td>3</td>
<td>Major</td>
<td>31-50% chance of occurrence</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
<td>51-70% chance of occurrence</td>
</tr>
<tr>
<td>5</td>
<td>Catastrophic</td>
<td>71-99% chance of occurrence</td>
</tr>
</tbody>
</table>

### Risk (probability-impact) score / level

*Each risk will have an overall score derived from a probability-impact calculation. These scores will translate into risk levels ('High', 'Medium' or 'Low') using these criteria:*

<table>
<thead>
<tr>
<th>Score</th>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;15</td>
<td>High</td>
<td>Proactive response, monitor closely</td>
</tr>
<tr>
<td>6 to 14</td>
<td>Medium</td>
<td>Proactive response, monitor regularly</td>
</tr>
<tr>
<td>0 to 5</td>
<td>Low</td>
<td>Monitor infrequently</td>
</tr>
</tbody>
</table>

### Section 9: Proximity

Proximity reflects the fact that risks will occur at particular times and the severity of their impact will vary according to when they occur. This section defines the scales to be used for estimating risk proximity:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imminent</td>
<td>If occurs, likely to be within 3 months</td>
</tr>
<tr>
<td>Within stage</td>
<td>If occurs, likely to be within current project stage</td>
</tr>
<tr>
<td>Within project</td>
<td>If occurs, likely to be within future project stages</td>
</tr>
<tr>
<td>Beyond project</td>
<td>If occurs, likely to be after project(s) end</td>
</tr>
</tbody>
</table>

### Section 10: Risk Categories

The project will use the following risk categories:

- Financial Schedule
- Benefits
- Interdependency
- Reputational
- Quality
- Resource
- Strategic
- Legal
Section 11: Risk Response Categories

The project is to use the following risk response categories:

<table>
<thead>
<tr>
<th>Response</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid (threat)</td>
<td>A risk response where the threat either can no longer have an impact or can no longer happen.</td>
</tr>
<tr>
<td>Reduce (threat)</td>
<td>Proactive actions are taken to reduce the probability of the event occurring by performing some form of control, and/or to reduce the impact of the event should it occur.</td>
</tr>
<tr>
<td>Fallback (threat)</td>
<td>Putting in place a fallback plan for the actions that will be taken to reduce the impact of the threat should the risk occur. This is a reactive form of the ‘reduce’ response which has no impact on likelihood.</td>
</tr>
<tr>
<td>Transfer (threat)</td>
<td>A third party takes on responsibility for some aspect of the financial impact of the threat (e.g. through insurance or contractual clauses). This is a form of the ‘reduce’ response which only reduces the financial impact of the threat.</td>
</tr>
<tr>
<td>Accept (threat)</td>
<td>A conscious and deliberate decision is taken to retain the threat, having discerned that it is more economical to do so than to attempt a risk response action. The threat should continue to be monitored to ensure that it remains tolerable.</td>
</tr>
<tr>
<td>Share (threat or opportunity)</td>
<td>Through the application of a pain/gain formula, both parties share the gain (within pre-agreed limits) if the cost is less than the cost plan, and both parties share the pain (again within pre-agreed limits) if the cost plan is exceeded.</td>
</tr>
<tr>
<td>Enhance (opportunity)</td>
<td>Proactive actions are taken to enhance both the probability of the event occurring and the impact of the event should it occur.</td>
</tr>
<tr>
<td>Exploit (opportunity)</td>
<td>Seizing an opportunity to ensure that the opportunity will happen and that the impact will be realised.</td>
</tr>
<tr>
<td>Reject (opportunity)</td>
<td>A conscious and deliberate decision is taken not to exploit or enhance an opportunity, having discerned that it is more economical to do so than to attempt a risk response action. The opportunity should continue to be monitored.</td>
</tr>
</tbody>
</table>

Section 12: Early-Warning Indicators

Risk management needs to be proactive to anticipate potential problems. Early warning indicators can be used to provide information on the potential sources of risk, or as a way of tracking sensitive risks, triggering further corrective actions if predefined levels are reached. The project will use the following early warning indicators:

- Forecast outturn exceeds planned spend profile / total budget.
- Requests to change the approved highways improvement designs.
- Delays in the delivery of planned outputs / objectives.
- Reductions in the expected project benefits.

Section 13: Risk Tolerances

Risk tolerance describes the threshold levels of risk expose which, when exceeded, will trigger an Exception Report to bring the situation to the attention of the Partnership Board. For this project, any risk that exceeds a score of 15 (i.e. with a risk level of ‘High’) will be referred to the Partnership Board. These risks may subsequently referred onto corporate or programme management. Additionally, the Partnership Board will be informed when the aggregated expected monetary value of the risks exceeds 10% of the project’s budget. Any risk with a score higher than 5 (i.e. with a risk level of ‘Medium’) will be formally reviewed at a Steering Group meeting and a proactive response.
Section 14: Risk Budget

14.1 A risk budget, if used, is a sum of money included within the project budget and set aside to fund specific management responses to the project’s threats and opportunities. Consideration to the requirement when the project budget requirement is scoped.

14.2 In order to arrive at a risk budget for the project, a financial approach to risk management is needed. Each risk must be fully analysed for the impact costs, response costs and likelihood. The aggregation of the costs (for responses and impact) weighted by each risk’s probability generates the monetary value for the set of risks. The total monetary value of all project risks is to be used to determine a risk budget for the project.

14.3 The risk budget for the project will be agreed by the Partnership during Risk Workshops and approved by the Partnership Board. Authority to spend funds from the risk budget is held by the Partnership Board, although the board may delegate this decision to the project’s SRO up to an agreed threshold.

Risk is an uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives. It consists of a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on objectives, where:

- **Threat** is used to describe an uncertain event that could have a negative impact on objectives.
- **Opportunity** is used to describe an uncertain event that could have a favourable impact on objectives.

A risk will typically have a related cause, event and effect:

- **Risk cause** describes the source of the risk.
- **Risk event** describes the area of uncertainty in terms of the threat or the opportunity.
- **Risk effect** describes the impact(s) that the risk would have on the project objectives should the risk materialise.
Appendix 6

Communications and Engagement Plan

1. Introduction

The Transforming Care Partnership (TCP) aims to drive forward redesign and system-wide change to improve services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. It aims to enable more people to live in the community, with the right support, and close to home, in line with Building the Right Support – a national plan to develop community services and close inpatient facilities.

The experts on the services that would be needed to make this happen and the support that would be required are the people living with a learning disability and/or autism along with their families and carers. Engagement is the most accurate way of identifying the issues that are most important to them and therefore needs to be embedded at the start and throughout this programme of work. Direct engagement is also in line with the National Autism Strategy’s recommendation to involve people with autism in the planning and commissioning of services.

People with a learning disability and/or autism and their families/carers should be supported to co-produce the Transformation Plan. Engagement should include those with direct experience of using inpatient services as well as those who have not.

If the Partnership is to achieve system-wide change however, the communications and engagement activity needs to reach beyond those people living with a learning disability and/or autism and their families and carers. Providers of all types across Staffordshire and Stoke on Trent should be involved in the development of the plan as well as other key stakeholders such as Education, Housing, the Criminal Justice System and Probation. The plan also needs to inform and involve the wider community.
2. **Purpose**

The purpose of this document is to outline how the Partnership intends to engage people and stakeholders in the development of a cohesive transformation plan. It will outline who has been involved to date and who needs to be involved in the future. It will explain how people with lived experience of services, including their families/carers, will be engaged in the co-production of the plan and how success will be measured.

This document will also set out the planned approach to communications and engagement to support the Transforming Care Partnership to deliver its objectives. The key messages will be shaped going forward by the visioning events being held at the start and throughout the programme with service users and stakeholders.

3. **Communications and Engagement Objectives**

The aim of this communications and engagement plan is to:

- Identify the different stakeholders
- Outline the planned communications and engagement activity to be employed
- Establish a range of mechanisms to enable patients, the public and stakeholders to feedback their views
  - Key audience – identify our target audience
  - Key messages - to communicate and share the messages
  - Tactics – methods of how to reach the audience
  - Timescales – in which to work, and to hit the trigger points
  - Resources – required to target audience
- Develop a final report detailing the outcome of the engagement/public consultation to collate views and themes for consideration by the CCGs Governing Body.
4. Considerations

When planning to engage with people with learning disabilities and/or autism, there are a number of factors that must be taken into consideration. These factors should be considered in the planning and delivery of any communications and engagement activity. It is also important to note that every individual will be different with a unique set of challenges and as such communications and engagement may have to be adapted accordingly.

Key factors to be taken into consideration include:

- Up to 90% of people with learning disabilities have communication difficulties
- Around 45% have significant difficulties with both expressing themselves and understanding what others say
- Only 5 -10% of people with learning disabilities have recognised literacy skills
- Most are not be able to access standard written information
- As communication difficulties increase, behaviours that are considered challenging typically increase in frequency, intensity or duration
- Up to 40% of people with learning disabilities also have a hearing loss that is often missed or undiagnosed
- People with autism have lifelong communication impairments around social communication, social interaction and social imagination

There are also a number of challenges to successful engagement with people with a learning disability and/or autism. These include:

- Organising engagement events that are accessible
- The need to gain a good cross section of opinions as some autistic people can only be focussed on their own current issues
- Getting views from across the whole autism spectrum
- Getting views from people with autism & co-morbidities
- Getting facilitators who understand autism
- Getting facilitators who know how to support people to communicate their views
Finding appropriate venues

The Transforming Care Partnership (TCP) recognises these challenges to effective engagement and has commissioned a local Advocacy Service, with extensive experience locally, to aid the support and involvement of people with a learning disability and/or autism.

5. Key Audiences

The following is a high-level stakeholder list of our target audience. The extent of involvement by the various stakeholders may vary during the course of the project and will be influenced by feedback from the visioning events.

Internal

- Staffordshire County Council
- Stoke-on-Trent City Council
- Stafford and Surrounds Clinical Commissioning Group (CCG)
- Cannock Chase CCG
- South East Staffordshire and Seisdon Peninsula CCG
- North Staffordshire CCG
- East Staffordshire CCG
- Stoke-on-Trent CCG
- NHS England Specialised Commissioning Teams / Hubs
- NHS England Local Area Team (Midlands and East)
- Lead GP Clinician for Learning Disabilities and Mental Health

External – General

- NHS Specialised Commissioning
- NHS England Transforming Care Local Area Team and national leads
- Mental Health NHS Providers in the local area and Independent and Third Sector
- Community Providers
- NHS Acute Trusts
- Police, Probation and other criminal justice systems
- Advocacy and Peer Support Organisations
- Health Scrutiny Committees
- Carer and service user representatives/Experts by Experience
- Learning Disability Partnership Boards (Staffordshire and Stoke on Trent)
- Housing Providers
- MPs
- Healthwatch
- Councillors
Government / Regulators / Assurance:
- Overview and Scrutiny Committees
- Care Quality Commission
- NHS England
- Local Government Association
- Associate Director of Adult Social Services

Patients / Carers / Public / Communities:
- Representatives from people with learning disabilities, families and carers
- Local advocacy groups i.e. Reach/ASIST/Powher
- Condition Support Groups, including youth services
- CCG patient council
- Patient participation groups
- Voluntary, community sector organisations

Partners:
- Staffordshire County Council Transformation Support Unit
- ASIST – Reach
- Local Medical Council, British Medical Association (and other relevant bodies)
- Local authorities: county and district councils
- Third sector
- Health and Wellbeing Boards
- Housing providers
- Midlands and Lancashire Commissioning Support Unit

Providers:
- GP practices
- Hospital Trusts
- Care/nursing homes
- Hospices
- Independent sector
- Housing

Media:
- Local – print and broadcast
- Website – CCG/links to LAs
- Pre-recorded media (screens in GP surgeries)
- Social media – Twitter/Facebook
5.1 Stakeholder mapping [populate using identified stakeholders above] (to be populated)
6. Roles and Responsibilities

Communications and Engagement Leads
- Develop the communications and engagement plan, core scripts and public-facing materials.
- Coordinate communications, e.g. provide event set up and management at the public facing events.
- Responsible for media relations – proactive and reactive. Includes ensuring spokespeople are trained/briefed.
- Responsible for coordinating any public-facing engagement activity, as outlined in the plan.
- Ensuring an ‘early warning system’ is in place to alert the project team of any issues.
- Responsible for engagement activities and customer facing engagement including engagement with protected groups as identified through data analysis.
- Responsible for public facing response materials in response to consultation.
- Develop the final report with engagement/consultation outcomes.
- Develop final communications ‘themes’ report for use in the wider urgent care strategy development to ensure patients views are fundamental to future strategy development.

Project Leads and Clinical Leads
- Sign off of scripts, responses and statements.
- Ensure an ‘early warning system’ is in place to alert the communications team of any issues.
- Responsible for supporting and facilitating engagement activity with clinical and front-line staff.
- Responsible for identifying spokespeople.

Others
- Staffordshire County Council Transformation Support Unit.
- Midlands and Lancashire Commissioning Support Unit to support delivery.
- GPs and other frontline staff to be briefed on messages.

7. Key Messages

Led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), the Transforming Care programme focuses on the five key areas of:
- empowering individuals.
- right care, right place.
- workforce.
- regulation.
- data.
The national plan, ‘Building the Right Support’ has been developed jointly by NHS England, the Local Government Association (LGA) and the Associate Directors of Adult Social Services (ADASS) is the current key milestone in the cross-system Transforming Care programme, and includes the Staffordshire and Stoke on Trent Transforming Care Partnership across England to re-shape local services, to meet individual’s needs. This is supported by a new national Service Model for commissioners across health and care that defines what good services should look like.

The plan builds on other transforming care work for people with learning disabilities and/or autism to strengthen individuals’ rights; roll out Care and Treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays and to ensure we have the right skills in the right place.

The Transforming Care Programme is focusing on addressing key issues to ensure sustainable change that will see:

- more choice for people and their families, and more say in their care;
- providing more care in the community, with personalised support provided by multi-disciplinary health and care teams;
- more innovative services to give people a range of care options, with personal budgets, so that care meets individuals’ needs;
- providing early more intensive support for those who need it, so that people can stay in the community, close to home;
- but for those that do need in-patient care, ensuring it is only for as long as they need it.

8. Communication and Engagement Proposals including Pre Engagement

Stakeholder engagement proposals reflected in the current plan submission. A more detailed communication and engagement plan can be found at Appendix A.

- A mapping exercise to identify existing communications channels and networks that can be used to deliver the engagement.
- Establishment of an Engagement Task and Finish Group
- A Communications and Engagement plan to extend the current work programme to work with the wider public and Provider market (including accommodation and education providers)
- Local Authority Commissioners have developed robust Market Position Statements and are engaging with NHS Commissioners around the development of these and taking them forward into commissioning plans and the development of provider capability
- Plan to involve Housing and Education providers
- Individual patient engagement
• Parent/carer involvement - A framework is needed to identify that parents must be involved
• Parent/carer forums
• Co-produce the changes with parents
• Information, advice and guidance - single point of access” is important
• Potential to expand PPS to act as a “hub” for the Local Offer
• Stoke and Staffordshire - Learning Disability Partnership Boards (LDPBs)
• Engage with REACH self-advocacy groups
• Engage with People’s Parliaments
• Existing parent carer and young people’s forums

Previous engagements/evidence of co-production:

Staffordshire

• Staffordshire County Council - Staffordshire County Council’s All Age Disability Strategy 2013–18 was developed through a thorough consultation and engagement process

• Cannock Chase and Stafford and Surrounds CCG - Call to Action – The two CCGs held a series of engagement events as part of Call to Action across Cannock Chase and Stafford and Surrounds. These included events held with parents of children with autism and carers. The focus was what helps you to stay well, what are the challenges to staying well and self-management, what support would help you to stay well, what support do you need when things start to go wrong and how could services be more integrated. Although the focus was on health and accessing health services, the feedback covered wider issues such as schools and employers.

Cannock Chase and Stafford and Surrounds CCG - Children and young people
– The two CCGs engaged with children and young people through youth clubs and youth forums about what were the health priorities for them and how they would like to receive information about local health services.

• South Staffs Network for Mental Health (charitable organisation) - has recently conducted a survey around the criminal justice system to look at the opportunities to identify:
  • gaps in knowledge or awareness of mental health or mental illness
  • the way in which communication happens between services operating within CJS environments
  • people with experience of mental illness.

This deadline for this survey was 9 March 2016 so the findings might be able to support the development of proposals around the CJS.
Stoke-on-Trent

- Stoke on Trent City Council’s Learning Disability Strategy 2010–15 was developed in partnership with people with a learning disability, closely involving self-advocates and experts by experience in setting the Strategy’s priorities and principles.
- 2015, the City Council commissioned Staffordshire University’s Faculty of Arts and Creative Technologies to devise an innovative consultation exercise to gather views on the future design of day services within the City. Using craft activities, video logs, strong visual aids and a mixture of large scale events, small “pop up” and one to one sessions this consultation programme was able to gather a wealth of information and ideas from people who use services and their carers.
- Commission the REACH self-advocacy service - regular Parliament meetings – two way feedback on how changes affect them and dissemination of information.

County-wide

- Staffordshire and Stoke on Trent strategies for Emotional Wellbeing and Mental Health 0-18 includes recommendations in relation to vulnerable groups, including young people with learning disabilities. The strategy was subject to stakeholder engagement and consultation with children and young people.
- REACH Experts by Experience and these Experts attend the Learning Disability Partnership Boards (one stakeholder co-chairs the Stoke Board).
- REACH involved in Care & Treatment Reviews as panel members.
9. Targeted Engagement Approach

The CCG has due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, we aim to:

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

10. Evaluation and Reporting

It is important to monitor and benchmark performance of the communications and engagement activity to measure achievement against agreed objectives. Reporting on meeting the aims and objectives of the plan will be measured in a number of ways, including:

- Surveys completed – online and hard copy
- Letters and emails received
- Attendees at events
- Feedback from staff
- Level of complaints / campaign group activity/MP queries.
- Media coverage and tone of voice.
- Web/ intranet/ social media metrics.

All feedback received will be collated, analysed and organised into themes to enable understanding of public and patient opinion of the project.
# Appendix A

## 1. Detailed Communication and Engagement Plan by Stakeholder

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Proposed Approach</th>
<th>Purpose</th>
<th>Scheduling</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>NEW - Mapping exercise</td>
<td>• Confirm existing channels/networks to ensure these can be engaged/targeted effectively</td>
<td>w/c Mon 29/2/16</td>
</tr>
<tr>
<td></td>
<td>EXISTING – Review of previous engagements</td>
<td>• Review of evidence from previous engagements to see if there are findings that can be used to support the development of the Partnership’s vision and the design of proposals/solutions</td>
<td>29/2/16 – 11/3/16</td>
</tr>
<tr>
<td></td>
<td>NEW/EXISTING – Communication Action Plan</td>
<td>• Dissemination of information on the programme, its progress and key messages</td>
<td>Strategy to be developed March 2016</td>
</tr>
</tbody>
</table>

The Partnership’s communication approach and proposals will be developed in more fully once the framework and action plan have been completed. This will be differentiated by audience and message. It is anticipated that this will include existing communication channels (press release, newsletters) and the development of new ones including a website, Facebook groups, existing groups (Umbrella, NAS, VAST, patient groups, Healthwatch), Special Schools Forums and surveys.

The programme will explore innovative communication channels for service users including communication passports, toolkits and mobile apps as well as self and peer advocacy. All service user communications will be developed using the RCSLT communication standards with support from REACH, a local project for adults with LD and/or autism, part of the ASSIST advocacy services.

The Strategy will include measurements of success for
<table>
<thead>
<tr>
<th>TRANSFORMING CARE PARTNERSHIP</th>
<th>NEW – Co-Production and Engagement Strategy to be led at Steering Group level with focussed activity.</th>
<th>• Ensure effective engagement and communication with key stakeholders</th>
<th>29/2/16 – 11/3/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW - Development of a framework for engagement</td>
<td>• To ensure engagement of strategic stakeholders (including housing and education) and providers (market development)</td>
<td>29/2/16 – 11/3/16</td>
<td></td>
</tr>
</tbody>
</table>
| HEALTH AND SOCIAL CARE PROFESSIONALS | NEW - Health and Care Visioning Event | • Draw in wider health and social care commissioner and providers  
• Gain common understanding  
• Document ‘as is’ and ‘perceived as is’  
• Identify gaps  
• Shape vision  
• Commence the programme | 25/4/16 |
| NEW - Workshop sessions – potentially including children/transitions, accommodation, Criminal Justice, employment | • Focussed sessions where required on areas that require strengthening/improvement.  
• Also draw in service user, carers, families, providers as needed.  
The focus and scheduling of these will be agreed once we have reviewed the output of previous engagements. | Commencing May 16 |
| NEW - Making it Happen Events/Gateways – | • Building on the approach outlined in Birmingham’s TCP Plan, the proposal is to hold these sessions through the development and implementation of the new service model to ensure focus on shaping the design and delivery throughout the programme | Implementation |
| SERVICE USERS | NEW - Stakeholder Visioning Event | • Draw in service users, carers, family, providers and professionals  
• Gain common understanding  
• Focus on interventions that make a difference | w/c Tues 3/5/16 or Mon 9/5/16 |
This approaches adopted in this event will draw on previous approaches successfully used by Stoke-on-Trent City Council, ASSIST, Staffordshire University and Keele University to help shape the priorities, vision and new service model with service users, their families and carers. This successful consultation programme gathered views on the future design of day services using craft activities, video logs, strong visual aids and as mixture of large scale events, small “pop up” and one to one sessions to gather information and ideas from people who use services and their carers.

<table>
<thead>
<tr>
<th>NEW - REACH Focus Group Sessions</th>
<th>Support re-design of the system</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To ensure engagement of adults with LD and/or autism in an appropriate way</td>
<td></td>
</tr>
<tr>
<td>• To support the identification of specific issues</td>
<td></td>
</tr>
<tr>
<td>• To consult and co-produce the design of new service model and the resettlement strategy proposals</td>
<td></td>
</tr>
<tr>
<td>• To identify how proposals affect their lives</td>
<td></td>
</tr>
<tr>
<td>• To disseminate information and support a two-way exchange</td>
<td></td>
</tr>
</tbody>
</table>

The focus and scheduling of these will be agreed once we have reviewed the output of previous engagements.

<table>
<thead>
<tr>
<th>EXISTING - REACH individual Client Support/Advocacy</th>
<th>NEW – Pilot of proposals including for LD and autism cohorts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• REACH currently support individual service users with Care and Treatment Reviews and have been commissioned by SCC to deliver the County’s Self Advocacy Services.</td>
<td></td>
</tr>
<tr>
<td>• One proposal is to explore the role of advocacy/peer advocacy to support 121 care planning potential</td>
<td></td>
</tr>
<tr>
<td>On-going</td>
<td></td>
</tr>
<tr>
<td>• Trial new approaches with specific groups to test the solution before wider roll-out</td>
<td></td>
</tr>
<tr>
<td>Design/Implementation</td>
<td></td>
</tr>
<tr>
<td>EXISTING - Stoke on Trent and Staffordshire Learning Disability and Autism Partnership Boards</td>
<td>Consultation and shaping of proposals</td>
</tr>
<tr>
<td>EXISTING - Stoke on Trent City Council Learning Disability Parliament</td>
<td>Consultation and shaping of proposals</td>
</tr>
<tr>
<td>NEW – Website – Easy to ready - BIRMINGHAM</td>
<td>Two-way dissemination of information</td>
</tr>
</tbody>
</table>
| PARENTS/CARERS | EXISTING – CYP Parent Carer Forum | To support the identification of specific issues
To consult with and shape the design of new service model
To resettlement strategy proposals
To identify how proposals affect their lives
To disseminate information and support a two-way exchange | Scheduling to be agreed |
| NEW - Parent Focus Groups | To ensure engagement of adults with LD and/or autism in an appropriate way
To support the identification of specific issues
To consult with and shape the design of new service model
To resettlement strategy proposals
To identify how proposals affect their lives
To disseminate information and support a two-way exchange | Scheduling to be agreed |
| EXISTING/NEW - Surveys | To identify issues and consult on new development
Regular Evaluation surveys to take a temperature check on progress throughout development | Scheduling to be agreed |
| PROVIDERS | NEW – Accommodation Providers Workshops and Follow-up Sessions | Draw in wider housing providers (including local authority housing departments and other Registered Social Landlords)
Gain common understanding of current accommodation provision and needs
Identify gaps in provision | Commencing May 16 |
<table>
<thead>
<tr>
<th><strong>NEW – Criminal Justice System Workshops and Follow-up Sessions</strong></th>
<th><strong>EXISTING/NEW – CYP, Education and Transitions Workshops and Follow-up Sessions</strong></th>
<th><strong>EXISTING/NEW - Market Development Workshops</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Draw in Criminal Justice colleagues</td>
<td>• Ensure focus on CYP, Education and Transitions</td>
<td>• These will build on a number of previously successful sessions with providers</td>
</tr>
<tr>
<td>• Gain common understanding of current system, pathways and needs</td>
<td>• Gain common understanding of current system, issues and needs</td>
<td>• To draw in wider providers including the community and voluntary sector.</td>
</tr>
<tr>
<td>• Identify gaps in support</td>
<td>• Identify gaps in support</td>
<td>• To ensure they understand Commissioners and the Programme’s Vision</td>
</tr>
<tr>
<td>• To design new support services</td>
<td>• To design new support services</td>
<td>• To identify gaps in current provision</td>
</tr>
<tr>
<td>This will need to draw in service users, their families and carers to ensure a full understanding of need.</td>
<td></td>
<td>Scheduling to be agreed</td>
</tr>
</tbody>
</table>

The Steering Group is currently reviewing the governance structure and membership to ensure housing providers are effectively drawn into the programme.

Commencing May 16

Scheduling to be agreed
- To shape and develop the market
Following development of the vision, our combined commissioning intentions and confirmation of the service design, the Partnership will look at more formal way to engage providers including reviewing the governance structure and membership.

<table>
<thead>
<tr>
<th>SCC STAFF</th>
<th>EXISTING:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Talk</td>
</tr>
<tr>
<td></td>
<td>Individual Functional Updates (People &amp; Place)</td>
</tr>
<tr>
<td></td>
<td>Intranet</td>
</tr>
</tbody>
</table>

- Use the existing communication mechanisms to engage all internal SCC staff via electronic newsletter to all managers down to OMT level
- This will provide specific operational issues which managers are obliged to cascade to their teams
- This approach will be complimented through targeted use of the Intranet – which provides immediate communication & engagement with all colleagues across all levels (assuming access to the Intranet)

Scheduling to be agreed
High Level Co-Production & Stakeholder Model/Framework

2016

VISION

- Service User Events
- Health & Care Events

SOLUTION DESIGN

- Service User Focus Groups
- Families & Carers Focus Groups
- Bespoke Workshops

IMPLEMENTATION

- Service User Pilots
- Families & Carers Pilots
- Health Care ‘Making It Happen’ Events

Key

- Service Users
- Parents, Families & Carers
- Internal Stakeholders
- External Suppliers

Who?

- Engaging key stakeholders
- Gain in common understanding
- Shape vision
- Document ‘AS IS’
- Agree 'TO BE'
- Identify gaps

What?

- Consult & co-produce new service model
- Identify how proposals affect their lives
- 2-way exchange of information
- Test new services/support in pilots
- Refine based on experience & impact
- Rollout & embed new service
- Review, evaluation and benefits realisation

PROVIDER ENGAGEMENT

How?

- Market Development Workshops

Who?

- Engage market providers
- Support development of new services
- Market maturity