

**SWINDON & WILTSHIRE**  
**Transforming Care Partnership**  
**Service Model Plan**

**DRAFT**



# SWINDON & WILTSHIRE

## Transforming Care Partnership

### Service Model Plan

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# SWINDON & WILTSHIRE

## Transforming Care Partnership

### Service Model Plan

## Introduction

***“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” - Learning Disabilities Partnership Board representatives (13<sup>th</sup> Jan 2016)***

This document is the local plan of Wiltshire and Swindon for transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). This Plan covers 2016/17, 2017/18 and 2018/19.

This plan demonstrates how Wiltshire and Swindon will fully implement the [national service model](#) (published with above document) by March 2019 reducing the use of and/or closing any inpatient beds using the national planning assumptions set out in *Building the Right Support*, that no area should need more inpatient capacity than is necessary at any one time to cater to<sup>1</sup>:

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

These planning assumptions have been used by commissioners in producing this plan. A creative and ambitious approach has been taken, based on a strong understanding of the needs and aspirations of people with a learning disability and/or autism, their families and carers, and on expert advice from clinicians, providers and others. It should be noted that Wiltshire and Swindon current use of beds is already much lower than the above planning assumption.

### National principles

The Wiltshire and Swindon partnership have tailored the plan to the local system's health and care needs based on provider landscape and demographics and health and social care contexts. However the plan is consistent with the following principles:

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

- a. [Building the right support](#) and the [national service model](#) developed by NHS England, the LGA and ADASS, published on Friday 30 October 2015.
- b. **A shift in power.** People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We need to build the right community based services to support them to lead those lives, thereby enabling the closure of all but the essential inpatient provision. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services. An important part of this, is through the expansion of personal budgets, personal health budgets and integrated budgets
- c. **Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation, education, housing) including people with direct experience of using inpatient services.

### Summary of the Plan



## 1. MOBILISE COMMUNITIES

### Governance and stakeholder arrangements

#### 1a Describe the health and care economy covered by the plan

##### Background and national context

In 2012, following an investigation into criminal abuse at Winterbourne View Hospital, the Department of Health initiated a national programme of action “Transforming Care” to transform services for people with learning disabilities and/or autism who have mental health conditions or behaviours that are challenging. Transforming care aims to reshape services for people with learning disabilities and autism away from institutional models of care, closing some inpatient provision and strengthening the support available in the community. On 12 June 2015, Health and Wellbeing boards received a letter from NHS England, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), Health Education England (HEE), Care Quality Commission (CQC) and the Department of Health which describes how they are collaborating on a cross-system Transforming Care programme.

Five ‘fast track areas’ (collaborations of CCGs, Local Authorities and NHS England specialised commissioners) piloted delivering Transforming Care approaches.

The National programme has been rolled out with the following timelines:

##### January 2016

- First Transforming Care Partnership (TCP) board meetings to take place (Wiltshire’s will be 19 January 2016)

##### February 2016

- Draft plans to be submitted by 8th February
- NHS England and other stakeholders to undertake review and assurance of TCP plans locally

##### March 2016

- TCP’s to revise plans according to local and regional feedback

##### April 2016

- Final TCP plans submitted and implementation commence

Timescales are extremely tight. However, previous consultations undertaken in Wiltshire on Winterbourne View Concordat have been used to develop the plans.

This is only the first stage and it recognised that plans and actions will change and develop and further consultation with, and the support of all stakeholders is vital.

##### The local context

The total population of Wiltshire and Swindon for people who have a learning disability and/or autism in 2015 is estimated at 18,136. Those individuals known to the Local authority of Wiltshire is 1,600 and Swindon is 898.

This submission provides our initial **DRAFT** Service Model plan. Swindon and Wiltshire intend to focus on further developing supporting people within their own community whilst recognising the need to work regionally with other transforming care partnerships to develop specialist services.

Over the last four years, the partners have been implementing the community based model of care concentrating on prevention, early intervention and maintaining people in their community. Closing all specialist assessment and treatment inpatient beds and only using inpatient beds when absolutely necessary. This intention has largely been realised and there are clear plans for the 7 people to move to community placement in 2016.

Wiltshire already has a strategy, with the development of a Learning Disabilities and/or Autism complex needs care pathway which has seen the roll out of the:

- Care programme approach (CPA),
- An intensive support service
- Development of specialist housing a support options, moving people on from inpatient placements.

Swindon is developing plans to consider a multi-disciplinary intensive support service to support adults with a learning disability and for those with behaviours that may challenge. Further exploration of the Swindon Autism Diagnostic Service to see if this could be developed and expanded. More robust preparation and support planning to be undertaken for complex cases under the Commissioning Around The Individual process to ensure appropriate provisions and outcomes are achieved. Planning Live events for young people entering into the transition period, achieving better outcomes for entering adult services. Further development of a wide range of housing options, core and cluster models to allow for appropriate support in a personalised way.

### **Swindon and Wiltshire Partnership**

There is agreement to collaborate for knowledge sharing and work towards the same strategic vision rather than having a set solution in place across the geography to deliver care, but a joint model of care has not been fully ruled out.

Most of this plan therefore concentrates on implementing the new models of care across Swindon and Wiltshire, and a sharing of best practise. The plan also recognises the need to work with our regional partners to develop care pathways for people who may need low and medium secure settings, keeping them close to home.

### **The Swindon and Wiltshire plan**

Swindon and Wiltshire's local plan to implement Transforming Care was signed off by Health and Wellbeing Boards and local CCG and Local Authority Governing Bodies in January 2016. The intentions outlined in the plan are echoed in commissioning intentions of local CCGs and in wider strategies for learning disabilities and autism locally.

Within this plan Wiltshire and Swindon aim that care and support should be:

- Closer to home
- In line with best practice models of care
- Personalised and responsive to individual needs over time
- Based on individuals' and families' wishes
- Value for money

The set of criteria against which we will measure our success:

- I am safe
- I am helped to keep in touch with my family and friends
- I have regular care reviews to assess if I should be moving on
- I am involved in decisions about my care
- I am supported to make choices in my daily life
- I am supported to live safely and take an active part within the local community
- I get good quality general healthcare
- I get the additional support I need in the most appropriate setting
- I get the right treatment and medication to keep me well
- I am protected from avoidable harm, but also have my own freedom to take risks
- I am treated with compassion, dignity and respect
- I have a choice about living near to my family and friends
- I am cared for by people who are well supported

The plan builds on the work already undertaken under the Winterbourne View Concordat and is based on the 9 core principles set out with the Transforming Care National Service Model. See section 5 for more details on how this partnership is going to deliver.

Our plan has three key phases to deliver this model and can be summarised as follows:

- **Phase 1:** Setting up and embedding intensive support services. Setting up a transitions team to assist the move of any patients from hospital into community settings. In Wiltshire we have set-up a bespoke residential community based option known as 'The Daisy', which will help to prevent unnecessary inpatient admissions. In addition these teams will prevent avoidable admissions, working with families and carers and providers to provide specialist support around challenging behaviours, and supporting mainstream services to provide reasonable access. Robustly working on our data to ensure its validity and aid accurate and effective planning for Phase 2 and 3 to inform any regional commissioning outside of this partnership.
- **Phase 2:** Building on the experience of implementing Phase 1 look to extend the scope to include people with Autism who do not have a learning disability, and or whether a separate service is required, working together across the region if appropriate to commission the required service.
- **Phase 3:** Building the capacity and capability of the market for community services, commissioning of regional forensic, specialist medium and low secure services if required by the partnership by 2018/19.

Delivering this transformation requires significant implementation effort, and a programme to achieve it will be place for at least the next eighteen months, delivering the 9 core principles through specific work streams to be decided by the Service Model Partnership board.

## 1b Governance

In addition to NHS England, there are two Clinical Commissioning Groups (CCGs) and two Local Authorities who commission care for the population in this area. At this stage, the plan for transforming services in Swindon and Wiltshire primarily focuses on their own geographical areas. This programme will report into the Transformation Care Partnership Implementation Board which in turn reports into Joint Commissioning Boards and Health and Wellbeing Boards. The initial drafts have been signed off through this process and clear agreement for the final submission of the plan will pass through this governance process.

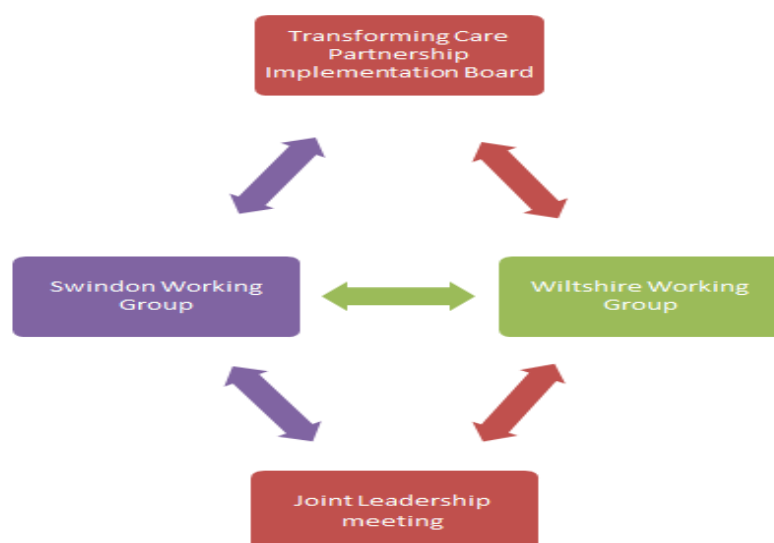
### Who are the key partners to this plan and do they endorse it?

Co- production is central to the development and implantation of the Wiltshire and Swindon Transforming Care Partnership service model plan. We will include people who have learning disabilities, autism, unpaid carers, decision makers, staff and partner organisations to work together as equal partners.

***“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” Learning Disabilities Partnership Board representatives (13<sup>th</sup> January 2016)***

The Transforming Care Partnership Boards’ terms of reference (see appendix \*\*) will ensure that there is clear representation from customers, carers and providers. To ensure that co-production is at the heart of our Transforming Care Partnership.

Governance arrangements for this Transforming Care are straight forward. The proposed governance structure is:





In summary the structure will include:

- A Programme Board which has been set-up which will oversee the development of the transformation plan.
- Board meetings will be monthly for the first six months and tri-monthly after that.
- Membership of the Board will include:
  - The CCGs and councils (including commissioners of learning disability, mental health and autism adult services, disabled children's services and mental health and other appropriate services)
  - Carers
  - People with lived experience and user led organisations
  - Public Health
  - Provider - current providers of the Community Learning Disability Teams, the Intensive support teams.
- The board will be aligned with the following other structures:
  - reporting into the Joint Commissioning Boards
  - regular updates will be provided to the relevant Cabinet members, Health and Wellbeing Board and CCG Governing Body
  - Initially the Transforming Care Board will function as a standalone vehicle. Once the initial programme set-up work is completed the requirement to have a separate standalone board will be reviewed and the option of fusing its' monitoring function with one of these other structures will be considered

### Swindon and Wiltshire

The implementation of the Transforming Care Partnership plan will be different in the two areas. This is based on the evidence that Swindon and Wiltshire are at differing stages in their implementation of the Transforming care agenda. For example, Wiltshire already has an intensive support team in place, but needs to develop how it meets the wider requirements of Transforming Care. The options for potential collaboration are:

- **Option 1:** One model of care implemented through shared teams across the geography
- **Option 2:** One model of care implemented through separate teams across the geography
- **Option 3:** Individual models of care for Swindon and Wiltshire and knowledge sharing of expertise across the geography

As work begins and information and ideas a shared way forward will be agreed as to which option will be adopted and a plan implemented.

### Finances

The development of the financial plan to support the delivery of the model is at a very high level stage currently, and requires more detailed development with the two CCGs and Local Authorities in particular around plans for matched funding.

Decreasing NHSE specialised and CCG funded in-patient care for Swindon and Wiltshire residents might release some funding that can be re-invested in community care and support. It is more likely to be used on those individuals it currently funds.

Finally, due to the short timescales for the process, the details contained in this document and appendices have been reviewed but have not undergone a thorough assurance and governance process within each of the represented organisations. Further immediate

assurance work is needed to test the financial assumptions in more detail.

To help understand the change needed across Swindon and Wiltshire, population data for both has been included in this plan. Inpatient and provider information has just been included for facilities outside of Swindon and Wiltshire.

### **1c Stakeholder engagement arrangements**

Within Swindon and Wiltshire this plan has been developed with representatives from all the key commissioning and provider organisations concerned with people with a learning disability and/or autism. These organisations are:

- Swindon Borough Local Authority
- Wiltshire Local Authority
- Swindon CCG
- Wiltshire CCG

The scope of the Transforming Care Partnership has aimed for a whole system inclusive approach, other organisations included in this plan:

Provider Organisations:

- Avon and Wiltshire Mental health Partnership (NHS Foundation Trust)
- Great Western Hospital (NHS Foundation Trust)
- Wiltshire Council
- Swindon Borough Council
- SEQOL

### **Wider Involvement**

In Wiltshire, service users, families and stakeholders have been engaged in the development of this plan via a stakeholder's event held during January 2016. These events were attended by individuals with learning disabilities, autism, carers, families (including a number of parents) as well as third sector representatives. The joint commissioning team from the area also attended to support and facilitate discussions. In particular the stakeholder event looked at;

- Values and Principles
- What is currently working well
- What is currently not working well
- What would good care look like

The outcomes and intelligence from this day, along with other consultations and engagement such as from the Winterbourne View Consultation process carried out in 2015, are incorporated throughout this plan and will continue to be used as a check and balance as the plan is implemented. Feedback to date;

***“Those involved in the consultation shared their views and felt listened to, and are pleased their views and ideas will be incorporated in the plan. As representatives we also acknowledge the steps already taken to improve support for people at risk of needing inpatient services” Learning Disabilities Partnership Board representatives (13<sup>th</sup> January 2016)***

It is acknowledged that there has previously been less engagement with people who have autism but not a learning disability. We will ensure that this is addressed and plans are in place to utilise the locality Autism Partnership Boards to involve people and their families in this work. These plan include:

- Engagement with Autism Partnership Board in February 2016
- Big Information Event for parent carers and professionals who work with parent carers/ children/ young people with SEND, February 2016
- Joint engagement event with the learning disabilities and autism boards in late February 2016
- Drop in engagement events for parent carers, support providers and professionals in early March 2016.

### **Previous Transforming Care Consultation**

In January 2015 Swindon and Wiltshire Local Authority together with the Clinical Commissioning Groups completed a consultation exercise with key stakeholders on how the partnership area should implement the Concordat recommendations. The consultation included separate groups with customers, their carers, carers for younger people, carers directly affected by Winterbourne View, providers and specialist health and social care workers. Those individuals and their families who have lived experience of inpatient services have been consulted as a fundamental principle of all the work undertaken prior to this work and will continue to be throughout the next three years and beyond.

### **1d 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 Swindon and Wiltshire Transforming Care Partnership is grounded in an ethos of co-production. The fundamental philosophy that working in partnership with family carers and people with lived experience leads to better services will continue to be a strong part of the delivery of the Transforming Care Programme.

Swindon and Wiltshire are committed to developing a 'Co-production Charter' which brings together people who have learning disabilities, autism, unpaid carers, decision makers, staff and partner organisations to work together as equal partners to develop policy and services, sharing power and being honest about what is possible.

We expect the charter to include a commitment to:

- Respecting "Experts by Experience" (people with disabilities who need support or use services and unpaid carers with personal experience);
- Actively supporting each other to ensure involvement in all stages of the co-production of services;
- Working in accordance with best practice principles;
- Developing policies that are about the needs of people, rather than about the needs of the organisations that support them;
- Empowering people to have an influence;
- Taking the steps that need to be taken so no person or group of people who want to be involved are left out;
- Making language, information and meetings accessible to all; this means easy to understand, jargon free and timely. It also means sharing information;
- Recognising and equally valuing everybody's input, responsibilities and participation;

- Listening to people's feedback on how well we are doing with working in a coproduced way.

Whilst there has been considerable engagement and co-production to date we know that this is a journey not a destination, and there is more to do. We are committed to ensuring that people, who use services, and their loved ones, are valued and services should be built around the individual rather than individuals being made to fit services.

The Transforming Care Partnership Boards' terms of reference (see appendix \*\*) will ensure that there is clear representation from customers, carers and providers. To ensure that co-production is at the heart of our Transforming Care Partnership.

We will continue to develop the co-production structures described earlier to include family, carer and individuals. We will continue to co-produce in all areas. Some examples of where we will seek stakeholder engagement include:

- Evaluation of current behaviour service specifications and provision, as review timeframes occur
- Reconfiguring of services across health, social care and education
- Evaluation of current projects
- Contract monitoring
- The development of peer-to-peer links and support
- Admission prevention meetings – Blue Light protocol and Pre Care and Treatment Reviews
- Extension of projects to focus on BAME groups and those who come into contact with the criminal justice system; and develop plans in response to this as applicable.
- Commissioning of a user led quality checking system
- Commissioning of alternatives to out of area school placements to ensure children are supported to stay close to home regardless of their challenging behaviour
- Interviews for posts within the Transforming Care Agenda
- Development of outcomes for services and individuals

#### **Any additional information**

None

## 2.UNDERSTANDING THE STATUS QUO

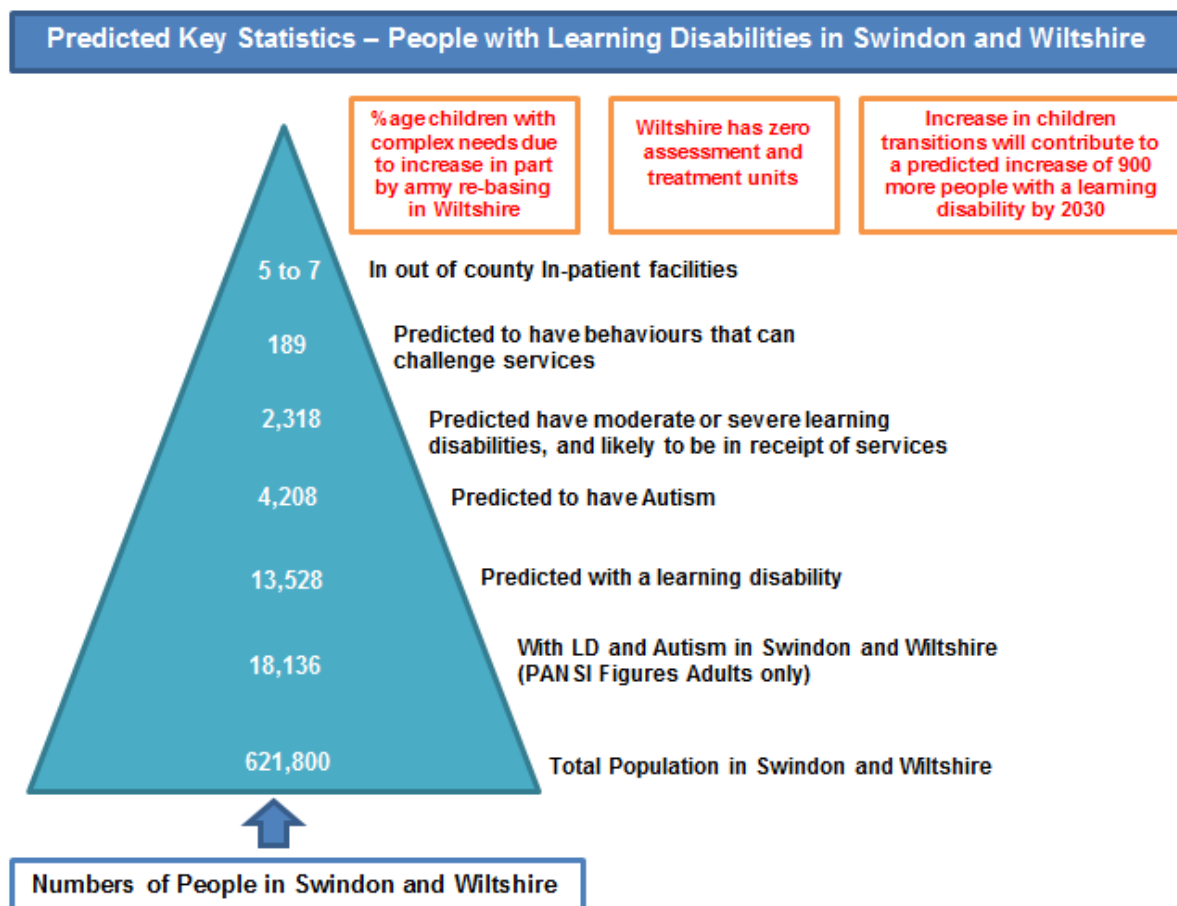
### Baseline assessment of needs and services

#### 2a. Provide detail of the population / demographics

##### What is our population?

Of the 18,136 people who have a learning disability and/or autism in Swindon and Wiltshire, there is a cohort that displays behaviour that challenges, estimates for this vary. Emerson & Einfield estimate that 10-15% of the learning disability/autism population will have behaviour that challenges. For Swindon and Wiltshire this would be between 1,813 and 2,719 people. The Projecting Adult Needs and Service Information (PANSI) database estimates that 189 people with a learning disability and/or autism have behaviour that challenges in Swindon and Wiltshire (based on a prevalence rate for people with a learning disability displaying challenging behaviour of 0.045% of the population aged 5 and over).

In terms of the degree of need, 2927 or 16% of people in Swindon and Wiltshire with a learning disability and/or autism have moderate or severe learning difficulties. Statistics suggest 336 or 1-1.6% of the learning disabilities and/or autism population have profound multiple learning disabilities.



**Predictive Figures broken down into area**

It is estimated that 13,528 people or 2.7% of the population in Swindon and Wiltshire currently have a learning disability and/or autism (approximately 2.5% nationally).

| Area          | Total population | LD/autism population in area | LD/autism know to services |
|---------------|------------------|------------------------------|----------------------------|
| Wiltshire     | 484,400          | 13,907                       | 1,600                      |
| Swindon       | 137,400          | 4,229                        | 898                        |
| Wiltshire CCG | As above         | As above                     | tbc                        |
| Swindon CCG   | As above         | As above                     | 716                        |
| <b>TOTAL</b>  | 621,800          | 18,136                       | Est 3214                   |

**Predictive Numbers of Children**

In schools the numbers of pupils with a learning disability as of January 2015 were:

| Degree of learning disability             | Numbers of pupils in Wiltshire (Swindon Figures to be confirmed) |
|---|--|
| SEN and ASD                               | 451  |
| Moderate learning disability              | 321  |
| Severe learning disability                | 189  |
| Profound and multiple learning disability | 29   |

**Predictive Adult Numbers**

The profile across the age bands in 2015 for adults in Swindon and Wiltshire based on the 18,136 population estimate is shown in the table below:

| Age band | Estimate of population in 2015 with a learning disability |
|----------|---|
| 18-24    | 636   |
| 25-34    | 1095  |
| 35-44    | 1107  |
| 45-54    | 1100  |
| 55-64    | 792   |

### Predictive Behaviours that Challenge

The profile across the age bands in 2015 for adults in Swindon and Wiltshire based on the 18,136 population estimate is shown in the table below:

|       | Estimate behaviours that can challenge |
|-------|--|
| 18-24 | 24                                     |
| 25-34 | 38                                     |
| 35-44 | 41                                     |
| 45-54 | 48                                     |
| 55-64 | 38                                     |

### Future

Looking forwards the numbers nationally are estimated to increase overall from 2015 to 2030. Separately in Wiltshire there is a falling trajectory with estimates for those with a learning disability and/or autism having been identified as estimated to fall from 12,155 in 2015 to 11,901 in 2030 representing a decrease of 2.1%. In Swindon there is an increase of 425 in 2015 to 2030. Overall this represents a total increase of 171 in Swindon and Wiltshire.

The number of people with a learning disability and/or autism with challenging behaviour in Swindon and Wiltshire is estimated to be 189 in 2016. Due to the increase in children transitions it is predicted that the number of cases where individuals may challenge is likely to increase. There is also anticipated to be an increase in year 9 group (age 14) from children to adult's services, which will likely impact on the complex needs individuals in the next 15 years.

Total number of people known to SEND who have behaviours that challenge is 259 in Wiltshire. This will present challenges across the health care and system as people with learning disabilities and or autism are more likely to experience age related health conditions at an earlier stage.

## Finances

CCG and specialist spend refers to the cost of inpatient support as it currently stands January 2016

| Category  | 2015/16<br>forecast spend | Comments                        |
|---|---------------------------|---------------------------------|
| <b>CCG Spend</b>  |                           |                                 |
| Swindon CCG   | 0                         | See Finance Spreadsheet         |
| Wiltshire CCG   | £655,540                  | See Finance Spreadsheet         |
| <b>Specialist Commissioning Spend</b>   |                           |                                 |
| Low and Medium Secure   | £899,725                  | See Finance Spreadsheet         |
| <b>Local Authority Spend</b> (LD adult and children social spend) residential and community |                           |                                 |
| Swindon   | £24M                      | Adults – 23m, Dis children 1.5m |
| Wiltshire   | £46M                      |                                 |

## Patient Flow

In terms of inpatient flow, Wiltshire and Swindon is a natural grouping. There is no provision in our area for specialist inpatient beds so there are not placements made from out of county. There is a degree of flow out of the Wiltshire with 7 people currently placed out of the county in long term inpatient placements. These placements need to be validated and an appropriate /robust plan to be agreed and put in place within the next 12 months.

A new complex needs care pathway is in place reducing the need for future specialist inpatient placements which will see a reduction in the need to place people out of county, using intensive support and local generic inpatient bed usage. However, there is recognition of a need to develop specialist inpatient services, on a regional basis, closer to peoples' homes. To reduce the number of beds spot purchased out of area a collaborative effort will be required by our wider closest regional Transforming Care partnerships.

### 2b. Analysis of inpatient usage by people from Transforming Care Partnership

Learning disabilities NHS Assessment and Treatment inpatient beds in Swindon and Wiltshire have now closed and refocused support into a community setting. There are no private inpatient providers and no other specialist low or medium secure or forensic services. When a specialist inpatient bed is required a bed is spot purchased from a range of providers. There is currently limited provision within the South and West region, and the 7 people currently placed in specialist inpatient provision, were placed with providers many miles from their homes. (These are NHSE figures, not yet validated by CCG).



| Provision in Swindon and Wiltshire | No. of Beds In County | No. of Beds Out of County | No. admissions and discharges in the last year           |
|------------------------------------|-----------------------|---------------------------|--|
| Swindon                            | 0                     | 0                         | 0  |
| Wiltshire                          | 0                     | 7                         | 4 additional local generic inpatient now all discharged. |
| <b>TOTAL</b>                       | <b>0</b>              | <b>7</b>                  | <b>4</b>   |

## 2c. Describe the current system

Currently, people with a learning disability and or Autism who at risk of admission to hospital are usually supported in the following ways:

**Wiltshire** - For people with a learning disability, the 24/7 Learning Disabilities Wiltshire Intensive Support Service (LD WISS) will support a person to maintain them in their community setting, with the framework of the Care Programme Approach (CPA), robust, pre authorised crisis contingency planning and positive behavioural support. If a person is at risk of an inpatient placement, the Blue Light protocol is triggered, all efforts are made to divert, considering amongst other things the specialist respite flats. The protocol is authorised to agree 72 hours of joint funding to address crisis situations and avoid an inpatient admission. If an admission is still required a local generic inpatient mental health placements will be considered and support provided by LD WISS with the care and treatment review facilitated and undertaken within 72 hours of admission. If a generic bed is not available or a specialist inpatient bed is required, it is currently spot purchased from a specialist provider.

Wiltshire CAMHS inpatient admissions are low (just 13 in 2014/15), and we will endeavour to reduce this further, including the length of stay in inpatient services by making investment in early intervention and prevention. Redesigning the child and youth mental health pathway and the service and investing in early help and counselling services. Also further enhancing our Outreach Service for Children and Adolescents which is already helping to facilitate quicker discharge by providing treatment in home settings. Strengthening support for children and young people with special educational needs and/or disabilities through our trailblazing integrated 0-25 SEND service, to include the co-location of CAMHS mental health practitioners. In addition, we have expanded our Children's Learning Disability Service with an additional investment to help improve help and care for families, including support around challenging behaviour).

The CAMHS team are also looking to strengthen transition work between CAMHS and adult services. Developing a fast track intervention scheme and integrating care and treatment reviews for those in a crisis situations. The teams will be co-locating with mental health

clinician within the MASH so that specialist CAMHS are represented.

**Swindon** - For people with a learning disability, the community team for people with learning disabilities working closely with commissioners to support and maintain a person a community setting, with engagement from the clinical psychiatry and psychology team if appropriate. Robust planning and contingency plans are essential focusing on Positive Behaviour Support models. If this is not possible to maintain and an inpatient placement is required, the *Blue Light* protocol is triggered, and a spot purchased inpatient bed is procured from a specialist provider.

For children with a mental health problem, community services offer a wide range of services; CAMHS (Tier III) gate keep admission to the nationally managed bed base where local beds are used for admission in the majority of cases.

For specialist and longer term rehabilitation (e.g. Low and Medium Secure), these are commissioned through frameworks by NHS England Specialised Commissioning.

For less frequent or bespoke specialised social / clinical needs, out of area beds are commissioned on a case by case basis using spot purchase.

Transitions between children and adult care is managed at local level through clear transition protocols where adult services should engage before the child is eighteen years old to support transition and needs.

## **2d. What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?**

As stated above, Swindon and Wiltshire have already closed all inpatient beds relevant to this service model plan. There is no existing estate.

## **2e What is the case for change? How can the current model of care be improved?**

The current challenges within this baseline are:

- Robustness of data
- The population increases will put pressure on capacity
- The ageing population will require more proactive support, integrated around co-morbidities that are more common in later life.
- There is a lack of joined up commissioning and working across the forensic pathway for people with learning disability and or autism.

To address these challenges, the following needs to be put in place as a priority:

- Move further towards embedding personalisation
- A system wide approach across specialised and CCG commissioning, health and social care and other services e.g. housing, for those in Swindon and Wiltshire with a learning disability and/or autism and challenging behaviours
- Care and support services need to be redesigned to minimise inpatient care so 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

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

The overall plan is to work towards achieving zero admissions, relying on a community and or a local generic mental health response (see section 2c). However, there is recognition that we will need to consider specialist low and medium secure services and will look to undertake work with other regional Transforming Care Partnerships to establish a better understanding of need. Currently Swindon and Wiltshire would consider;

| Type of accommodation                            | Sept 2015 No. of beds for Swindon and Wiltshire | 2020 No. of beds commissioned for Swindon and Wiltshire residents | Assumed length of stay               | New/enhanced provision as a result of the model  |
|--|---|---|--------------------------------------|--|
| Low and medium secure (1 CAMHS A&T)              | 6 (wilts)                                       | Up to 3 spot purchased  | 3 months (low) and 6 months (medium) | Look to develop a regional response to this need   |
| Locked Rehabilitation                            | 0   | 0   | up to 6 months                       | Look to develop a regional response to this need   |
| Assessment and Treatment                         | 0   | 0   | up to 6 months                       | Community focused A&T with the support of the ISS and generic mental health inpatient services |
| CAMHS Adolescent beds – Learning disability only | 1   | 1   | up to 6 months                       | Look to develop a regional response to this need   |

*The above figures are based on assumptions and therefore further validation and clarification of information is required*

#### **Any Additional information**

None

### 3.DEVELOP YOUR VISION FOR THE FUTURE

#### 3a Describe your aspirations for 2018/19.

##### **Our aspirations:**

To continue to promote prevention, early intervention and keep low or completely removed the need for admissions to hospital. The expected outcomes are:

- All will be supported to live in the community/at home, safely as a first option with good care and quality of life
- The frequency and severity of behaviours that challenge will reduce
- Fewer, or no one, will be admitted to non-secure and secure hospitals but if required it will be closer to home and delayed discharges will be minimised
- There will be fewer inpatient beds used for the Swindon and Wiltshire population.

#### 3b. How will improvement against each of these domains be measured?

The Transforming Care Partnership will use the national service indicators as follows;

- To monitor reduced reliance on inpatient services, we will use the Assuring Transformation data set
- To monitor quality of life, we are minded to make use of the Health Equality Framework<sup>2</sup>

To monitor quality of care, the partnership will also use the basket of indicators (see Annex A). This will measure progress in uptake of personal budgets (including direct payments), personal health budgets and, where appropriate, integrated budgets; and strongly supports the use of external quality assurance and quality checker schemes.

The National Service Model also sets out nine core principles which the partnership will use to evaluate and measure progress. The nine core principles are as follow;

- I have a good and meaningful everyday life.
- My care and support is person-centred, planned, proactive and coordinated.
- I have choice and control over how my health and care needs are met.
- My family, paid support and care staff get the help they need to support me to live in the community.
- I have a choice about where I live and who I live with.
- I get good care and support from mainstream health services.
- I can access specialist health and social care support in the community.
- If I need it, I get support to stay out of trouble.
- 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.

Based on the nine core principles section 5 of this plan sets out the partnerships deliverables The project board will plan and setup a monitoring process designed to measure progress against these core principles (see section 5 for more details).

<sup>2</sup> <http://www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide1/>

### **How will we know that we have succeeded?**

We will measure our success against individual perceptions and outcomes in relation to the care and support people receive;

- I am safe
- I am helped to keep in touch with my family and friends
- I have regular care reviews to assess if I should be moving on
- I have greater choice, flexibility and control over the health care and support I receive through my personal health budget
- I am involved in decisions about my care
- I am supported to make choices in my daily life
- I am supported to live safely and take an active part within the local community
- I get good quality general healthcare
- I get the additional support I need in the most appropriate setting
- I get the right treatment and medication to keep me well
- I am protected from avoidable harm, but also have my own freedom to take risks
- I am treated with compassion, dignity and respect
- I have a choice about living near to my family and friends
- I am cared for by people who are well supported

### **3c Principles we are using in how we offer care and support to people with a learning disability and/or autism who display behaviour that challenges:**

The National Service Model sets out nine core principles which the partnership will be use to in how we make changes to improve care and support for people with learning disabilities and /or Autism who display behaviour that challenges.

To deliver this new model, based on co-production with people in Swindon and Wiltshire we the organisations commissioning and providing care and support, will work to a wider set of overarching principles;

- 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 seeking creative options and or bespoke solutions.
- 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 will collaborate and share knowledge and experience to achieve the best outcomes for service users, including collaborating regionally across the wider region 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

**Any additional information**

None

## 4. IMPLEMENTATION PLANNING

### 4a Overview of your new model of care

#### Introduction

The Swindon and Wiltshire plan focuses on delivering and developing a model of care that embeds the nine overarching principles set out within the national service model which defines what 'good' services are for people with learning disabilities and/or autism whose behaviour challenge. In Wiltshire, the commissioning strategy has been to move towards community based support with the development of a new learning disabilities intensive support service and also a new specialist housing support option known as 'The Daisy'. This will support individuals moving back from existing in-patient provision and assist with prevention of unnecessary patient re-admissions. In Swindon, a similar commissioning strategy is in place to support community based models of support with improved housing and accommodation offers. Close working with housing partners and specialist consultants to seek creative and flexible accommodation to meet a range of needs.

#### Background

Swindon and Wiltshire have not had any specialist Learning Disability/Autism beds since the closure of Postern House and previously the closure of The Lanterns. Following their closure, work was carried out to identify the needs of the people within the partnership area. The closure of Postern House, A&T unit, Wiltshire released finance that was used to commission LDWISS in Wiltshire.

#### How is it 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 much more extensive than it is now. This community provision will be focused on three cohorts:

- **The current in-patient cohort, including those in forensic settings**  
The community provision will need to effectively accommodate those previously served by inpatient settings, so that the people concerned can improve their quality of life, and the quality of care and support is improved so that they can stay living in the community and any inpatient 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 inpatient services is reduced to when they are the best option for the person concerned.
- **The wider learning disability and autism population**  
This is the cohort that is currently unknown 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 possible.

We will require a continued focus on community provision on being proactive, and preventing and intervening early to reduce need. Underlying causes of behaviours will need to be addressed so that the frequency and severity of incidents of challenging behaviour is

reduced. This will be helped by effective risk stratification of the population, with a **register of those at risk of admission** being the key tool to do this.

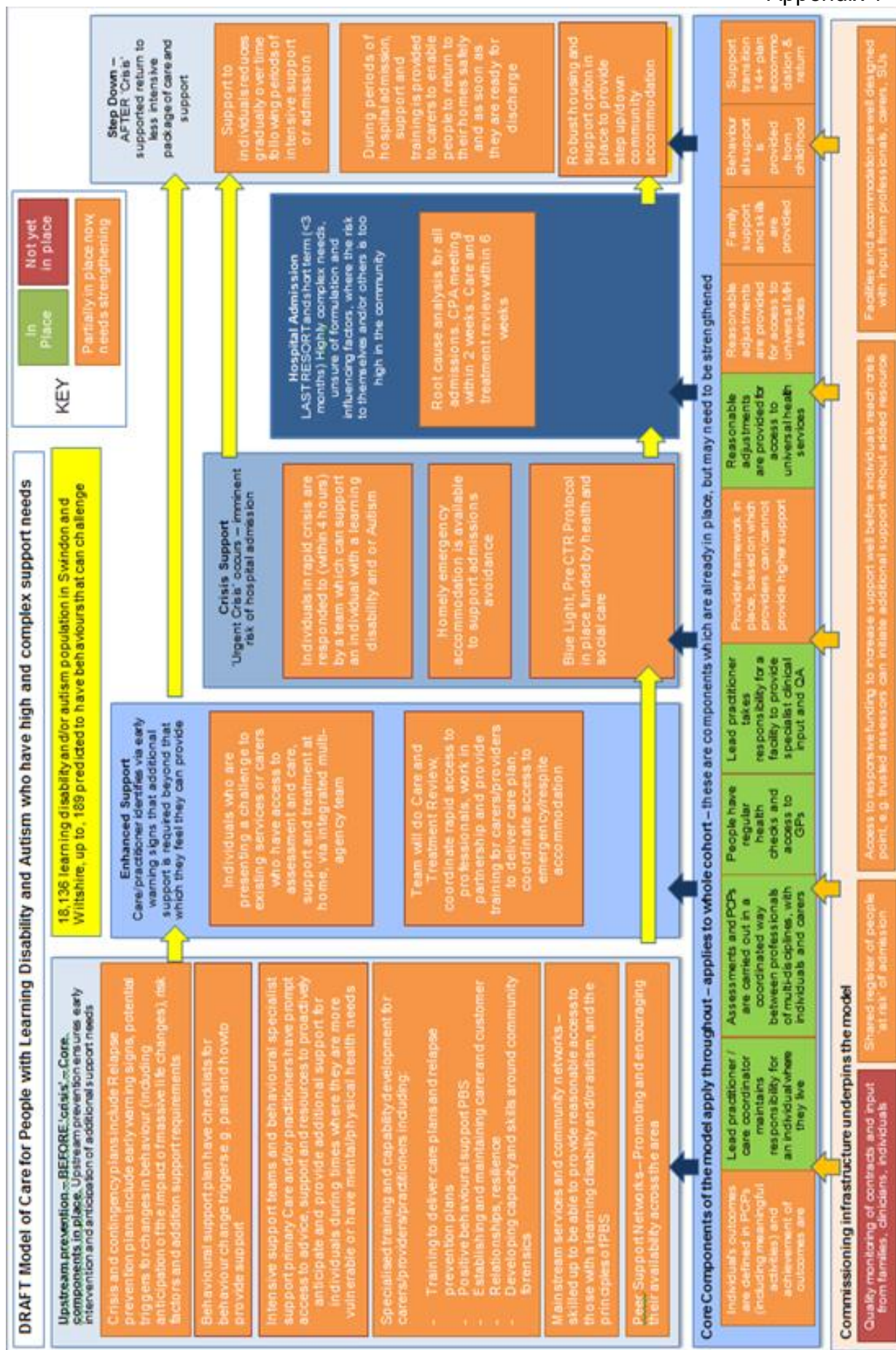
The role of **mainstream services** and **community networks** as an important partner in achieving this is also much more of a focus. There will be an emphasis on making sure all the relevant mainstream services are accessible.

Spending extensive time in hospital often disempowers individuals. The intention is that Positive Behaviour Support approaches will be embedded at every level, commissioners and providers, and the wider mainstream services, building on and using the expertise of Swindon and Wiltshire specialist providers. This way of working will have a significant and positive impact over the next few years - not only on the individual but also on their care team, developing practical skills and resilience. In addition, there will be a **consistent approach to challenging behaviours** across all teams so that the right interventions are delivered to change behaviours. This will be done with the aim of reducing the severity and frequency of challenging behaviour and consequently the needs that need to be addressed.

#### **What will our future system look like?**

The future model of care is presented pictorially on the table below. It was developed as part of the Winterbourne View Concordat. It has been developed by Swindon and Wiltshire joint commissioning teams on behalf of the CCGs Local Authorities and providers. The transforming care partnership have implemented this concordat which has been based on robust consultation processes and is in the process of delivering a new complex needs care pathway for this group of individuals.





(Figure 1)

## The Plan

Following submission of these plans discussions will be had with the regional partnerships in the South and South West to find a way to collaborate going forwards. This is primarily to address the need for **more localised specialist services**, services that are unachievable within the smaller partnerships.

The longer term care and support teams for both adults and children will address **the lower levels of complexity and challenging behaviour**, review care plans, coordinate rapid access to professionals including short-breaks accommodation, and coordinate evidence-based parenting training and practical and emotional support.

Currently in Wiltshire LDWISS is an enhanced support or crisis support function around those with a learning disability and autism who display challenging behaviours. This is planned to be developed within Swindon and is yet to be delivered for people with Autism within Wiltshire. The enhanced support and crisis support functions may be set up incrementally in order to support the wider cohort of people covered within this plan. This will enable the model to be tested and refined. The team maybe grown to support a prevention approach, working across children's and required to extend its capacity and skills to incorporate the development of community forensic provision.

An important responsibility for the Intensive Support Service will be to work closely with family and carers, and providers, including those for mainstream services, so they don't need specialist support going forward.

Swindon is developing plans to consider a permanent multi-disciplinary intensive support service to support adults with a learning disability and for those with behaviours that may challenge. Currently this is a virtual team comprising of staff from two organisations which mobilises when an individual is developing a crises situation. There are good working relationships and good outcomes for people with LD as this team has prevented all LD hospital admissions since December 2014, but it is recognised that there are a cohort of patients within Swindon that do periodically require intensive support, therefore developing plans for this team to provide a robust service is an appropriate development in the interest of keeping people and individuals safe and local.

Swindon also has a well-regarded Autism Diagnostic Service which meets national best practice. This service is oversubscribed and to prevent a long waiting list has required additional funding each year to meet demand. Providing additional coping support is something that the service is often asked to provide. Further exploration of the Swindon Autism Diagnostic Service to see if this could be developed and expanded should be undertaken.

## Mainstream services, community networks and peer support

People with a learning disability and/or autism should experience similar levels of service provided as the general population. Any new intensive support services will facilitate access through supporting staff of generic services to make reasonable adjustments so they are able to cater for those with a learning disability and/or autism, including the principles of positive behavioural support. It is envisaged that the mainstream services that may need to be supported to make these reasonable adjustments may include:

- Activities that enable people to lead a fulfilling and purposeful everyday life
- Education, training and employment services. Employment is overwhelmingly a high priority for people with a learning disability and/or autism in Swindon and Wiltshire
- Primary care
- Mainstream NHS services and mental health services, including those provided by GPs
- Services that prevent or reduce anti-social or offending behaviour
- Liaison and diversion schemes to enable people to exercise their rights and/or where appropriate diverting people to appropriate support from health and care services
- Mainstream forensic services
- Dental care
- Generic housing services
- Settled accommodation options including exploring home ownership or ensuring security of tenure
- Drugs and alcohol services
- Sensory services

In the new model there will also be a much stronger emphasis on support given by communities and networks, both community networks that are of interest to the whole population, and peer support networks around those with a learning disability and/or autism and their carers. There will be a much more systematic approach to ensuring peer network coverage for all, though recognising the necessary organic nature in which they evolve and develop if they are to be successful.

We will **promote peer networks** to be in place across Swindon and Wiltshire to establish and provide support to other individuals and their families throughout the journey from children into adulthood and into old age. Our feedback from people with a learning disability and/or autism and their family's shows that these peer networks are valued by most individuals where they currently exist. The exceptions are those with autism who often don't want to be involved in social networks. Across Swindon and Wiltshire teams have been developed including Transition Link Workers or Community Connectors to work with young people and families to start looking at community options and planning about the future. It has procured 4 full time volunteers to work across learning disability on some of the softer social isolation, community engagement, and vulnerability aspect. Building connections then gradually withdrawing.

### **Primary Care**

In primary care there is an additional focus on GPs identifying physical and mental health needs earlier for those with learning disabilities and/or autism. This will be partly achieved through **GP led health checks** for everyone with a learning disability over the age of 14. Each Annual Health Check will result in a **Health Action Plan integrated** into an individual's person-centred care and support plan.

### **Short term accommodation options**

This will be required for crisis and respite. When people are placed in this accommodation it will be part of a journey of care, seamlessly integrated into community based care by the CPA care coordinators and supported by the Intensive support teams.

For crisis accommodation there is currently limited specific crisis **respite** for people with behaviours that challenge, but with the increasing numbers of people supported in the community and the increase in complexity of people being supported in the community, then capacity and capability will need to be increased. The crisis accommodation will include the following:

**Bradbury House** – Has a specially adapted flat that can be used, when available for planned respite or crises intervention for people with learning disabilities and Autism.

**Bradbury Manor** - Has a specially adapted flat that can be used, when available for planned respite or crises intervention for people with learning disabilities and Autism.

**Swindon - Firethorn Close** - redesign of service to accommodate a small number of beds that could be used for crisis intervention for people with learning disabilities and Autism.

### **Longer term accommodation options**

Longer term accommodation options, including **Supported Living**, will also need to increase capacity and capability to support the extra volume and specialist needs of people living in the community, and the support services for these need to be skilled up to be able to take on people with more complex needs and challenging behaviour, and also be based around a culture of **positive behavioural support**. Accommodation specifications will also need to be considered to ensure we have robust community accommodation to meet the needs of individuals who may display destructive behaviours. The provision of long term accommodation will move to mixed models of care including accommodation with support, moving away from 'one model fits all' and commissioning models that offer choice to customers and their carers. There are planned schemes in the pipeline and already in place to expand accommodation capacity and as part of this plan we are proposing the development of bespoke services to enable individuals currently in hospital to be discharged into the community, or those at risk of inpatient admission to be accommodated appropriately.

### **Hospital admission**

Hospital admission will be integrated into a broader care pathway, working closely with community-based mental health and learning disability services. Hospital-based specialist services will only be used where community settings cannot deliver and only accessed after the **Blue Light Protocol** has been exhausted. The **intensive support teams** will use **generic 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 day of discharge is determined when the person is admitted and discharge planning and preparations begin from the day of admission.

Robust care plans to commence on admission to ensure that discharge preparation and planning are thorough and appropriate. Individual commissioning to be considered to ensure personalised and tailored support for discharge to community settings.

### Offender Pathway

The partnership will consider an improved offender pathway to minimise in-patient admissions. Considering 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. Possibilities for the improved offender pathway could include:

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

### 4b What new services will you commission?

The transforming care partnership have implemented the Winterbourne View Concordat which has been based on robust consultation processes and is in the process of delivering a new complex needs care pathway for this group of individuals. This has resulted in the following commissioning plan:

#### What will we commission that is different?

- **Intensive support services**  
Any services commissioned will focus initially on supporting people with learning disabilities and/or autism, and specifically the 7 existing inpatients for Wiltshire moving out to the community. The partnership will consider plans to enhance the specification for any transition team to include this cohort.
- **Community forensic services**  
To consider the options to commission forensic services.
- **Specialist Housing Options**  
As part of this work we are developing more appropriate ranges of accommodation for this. In Wiltshire we are developing 'The Daisy'. This is a housing and support option which will support people moving back from in-patient placements and also support prevention of readmission into hospital settings. This is a new specialist service which is planned to support people under the mental health act where necessary and under the least restrictive route. Swindon is working with Housing partners and specialist consultants to develop creative and flexible accommodation to meet a range of needs including better use of assistive technology.
- **Housing and support options**  
All new housing and support frameworks commissioned will look to include this cohort and existing ones will be reviewed. There will need to be work done to look at the market to ensure capacity for the Transforming Care work. This will be followed by market development activity to create a market of robust support providers, since there are few providers of this nature currently operating in the area.

- **Advocacy services**

Advocacy services are a key enabler for the new model to help those with a learning disability and/or autism exercise choice and control over their care and support over the long term. Those with a learning disability and/or autism with behaviours that challenge may need long term advocacy support. Swindon and Wiltshire currently has an outcome based advocacy framework that would support this.

#### **4c What services will you stop commissioning, or commission less of?**

##### **How will care settings change?**

Care settings will shift further from in-patient provision to community settings. Community settings will be bolstered by teams providing community based intensive support and also consideration will be given to admission prevention (crisis) accommodation that will be for those with learning disabilities and/or autism.

##### **Inpatient beds**

As previously stated Swindon and Wiltshire do not currently commission any block funded inpatient beds for people with a learning disabilities and/or autism. There are currently 7 Wiltshire residents, according to NHSE who are placed in inpatient out of county settings. We plan to see zero out of county inpatient placements, unless a person is requiring Low or medium inpatient services, where we plan to work regionally with NHS England to reconfigure a more local option

It is planned that all people will receive a local community focused services with the use of intensive support, local acute mental health inpatient beds, supported by specialist learning disabilities and autism teams. Our commissioning focusing will be on creating and strengthening existing service provision to support a community focus.

#### **4d What existing services will change or operate in a different way?**

As above and in addition short term care settings such as admission prevention (crisis) accommodation and short breaks, as well as long term care settings through e.g. supported living, will be able to cater for people with the most complex needs. See the delivery action plan in section 5 for more details.

#### **4e Describe how areas will encourage the uptake of more personalised support packages**

The design of this service model plan has at its heart a focus on the individual and as such personalisation, with the further development of Personal Health Budgets (PHB's) and integrated personal commissioning.

More widely Swindon and Wiltshire are committed to implementing;

##### **SEN Personal Budgets**

An SEN Personal Budget (SEN PB) is funded to achieve educational outcomes in an Educational, where Health and Care Plans cannot be met within existing resources. The SEN PB includes the cost of current provision as well as any new provision commissioned. All children and young people assessed as needing, or with, an Educational, Health and Care Plan will have the option of a SEN PB from September 2014. SEN PBs are optional for parents and young people, but each local authority has a duty to prepare a budget on request. An SEN PB is not a Direct Payment or a personal health budget. Direct

payments are for families who wish to manage the budget. An SEN PB can incorporate education, health and care.

### **Personal Health Budgets (PHB's)**

Swindon and Wiltshire will work to develop personal health budgets whilst continuing to promote personal budgets and direct payments. Where cases are joint funded with Health or solely health funded, the same standards will be implemented to ensure personalised support planning is at the forefront. The Commissioning Around The Individual (CATI) process will be used in most cases to ensure individuals and family/carers have as much involvement as possible in designing the future support package and are fully part of the selection process.

Personal health budgets have been available for adults who are eligible for NHS Continuing Healthcare and children in receipt of continuing care since October 2014. Clinicians can also offer personal health budgets to others that they believe may benefit from the additional flexibility and control- the longer term objective is to widen the availability. Providing more choice and control over the money spent on meeting their health and wellbeing needs, PHBs encourage personalised provision.

### **Direct Payments & Personal Budgets**

Direct payments (DP's) are available to anyone over 16 who are eligible for a social care service. This includes people with learning disabilities and/or autism who display behaviours which may be challenging, and may have a mental health condition, and their parent carers in the case of children. In addition to current systems in place we know that further change is ahead which will have a significant and positive impact.

### **Specifics**

Wiltshire are currently part of a regional pilot which is focused on developing personal health budgets (PHB), already 6 people with Learning Disabilities who have complex needs are receiving or are in the process of receiving a PHB. Consideration will be giving to rolling out PHB's across the full partnership for the 5 cohort groups. See section 5 for the delivery plan details.

Swindon has outlined in 'Forward View into action: Planning for 2015/16' and are developing the Local Offer to ensure the offer and delivery of PHB's to people in receipt of Continuing Health Care which will include an option for people with learning disabilities. The Local Offer will be presented to our Health and Well Being Board in March 2016, for general release 1 April 2016. As part of our commitment to the promotion of PHB's the Local Offer will identify and include:

- Who can get a PHB (including eligibility criteria);
- Information, advice and support to consider requests for PHBs
- Which organisations are involved in delivering PHB's locally
- How professionals and the public can find out more information
- How to apply for a PHB
- Information about services relating to special educational needs

Swindon and Wiltshire are also continuing to work with the Local Authority on the implementation of integrated education, health and care plans. During recent months, we have been participating with the NHS England Personal Budgets networking membership and are part of the learning network. We have direct support via the IPC Collaborative and



are currently working to support a number of people toward a PHB.

Our approach to implementing PHBs will be phased which will support evidencing our progress against this:

- Phase One is focusing on developing our operating and governance processes and procedures and to ensure the CCG has in place its Local Offer by 1st April 2016. This phase will also see the identification and steps taken to progress around 12 people onto a PHB.
- Phase Two will run concurrently to Phase One and beyond to ensure systems are in place to manage requests and the roll out of PHBs to people in receipt of Continuing Health Care and learning disabilities but also exploring beyond these groups. This phase will also ensure systems are in place that can assess effectiveness of PHBs in terms of quality of care and in achievement of person-led outcomes.
- Phase Three will begin the expansion of PHB's among other health groups (e.g. Mental Health, Long Term Conditions, End of Life) and, in particular, how monies can be released from block contracts and placed into a PHB. This phase will also take the learning from the IPC collaborative and pilot sites and explore opportunities for uptake of IPC's working with Local Authority and Education.

#### Where We Are Now and Our Aim for the Future

We are rolling out Personal Budgets for people with learning disabilities and or autism who have the most complex needs. The following chart states current and expected progress;

| Category             | Expected Progress Date |              |             |             |
|----------------------|------------------------|--------------|-------------|-------------|
|                      | April 2016             | April 2017   | April 2018  | April 2019  |
| <b>SEN PB's</b>      | 9 (W)<br>0 (S)         | 10           | 20          | 30          |
| <b>PHB's (CYP)</b>   | 0 (W)<br>1 (S)         | 10           | 20          | 30          |
| <b>PHB's (Adult)</b> | 6 (W)~<br>5 (S)        | 1 in 10,000^ | 1 in 7,000^ | 1 in 5,000^ |
| <b>DP's and PB's</b> | 188(W)*<br>397 (S)*    | 10           | 15          | 20          |

~ People with learning disabilities and or Autism with complex needs, currently includes complex physical needs.

\*DP's figures are for all people with Learning Disabilities and or Autism.

^ Number will be dependent on the outcome of the pilots.



#### **4f What will care pathways look like?**

See section 4a, figure 1 for more details

#### **4g How will people be fully supported to make the transition from children's services to adult services?**

The partnership will review current transitions processes and look to make changes that support people with learning disabilities and/or autism to have a successful transition. See section 5 for Delivery Plan actions.

In Wiltshire a new 0-25 service is in place along with a new transitions process which is currently being set up and refined to support people with learning disabilities and or autism who have the most complex needs to achieve a successful transition to adult life.

Swindon has in place a Transitions Protocol which is regularly reviewed and updated. There is a dedicated transitions care management team with 4 newly appointed Transition Link Workers. The Transition Link workers will commence engagement with young people and families at the start of the transition planning process and will be the key point of contact and support throughout the move into Adult Services. We need to improve the robustness of the flow of data between children and adults services.

#### **4h How will you commission services differently?**

There will be an increased focus on outcomes when commissioning services, notably around the quality of care and support, and the quality of life enjoyed by those with a learning disability and/or autism, and their family and carers.

Local commissioners need to work with the independent and third sector to ensure there is a vibrant and high quality market to support the needs of people with complex needs. As the model of care is developed local commissioners will explore the opportunities to develop an integrator model to support alignment and fit of people's needs with a range of providers. Greater understanding of the children's and autism population will mean commissioning arrangements may need to change. Market development activities will be required where providers do not currently have the capability required.

The increase in complexity of needs and also the increased use of personal budgets and personal health budgets means that small niche providers are likely to be required to address some of the accommodation requirements. Therefore commissioning mechanisms, as well as market development activities, are likely to need to encourage a much smaller type of provider.

Consideration will be given to collaborative commissioning and linked risk-sharing with other CCGs and other specialised commissioning teams. This will require the support of NHS England in the negotiations to ensure that CCGs and other specialised commissioning teams have a plan to reduce the numbers of beds they commission.

There are no current intentions in these plans to pool budgets however this is something that

will be explored fully.

#### **4i How will your local estate/housing base need to change?**

The partnership will review the housing needs of people with learning disabilities and or autism who have complex and challenging needs and review the housing strategy to see if it meets the needs of this group of people.

Wiltshire has developed a housing options work stream which has been active developing housing options for people with the most complex needs. Working with Housing and NHS England in 2015 we were able to buy and convert 3 bespoke properties for people. We are now exploring more flexible options to support bespoke housing and support packages and providing a range of fit for purpose accommodations options, include extension of short breaks, crash pad, support living and residential step up/down options. All coordinated through and housing options work stream and feeding into the Transforming Care Partnership Implantation Board.

Swindon has a fortnightly Housing and Adult Social Care Board the meets to look at strategic need and will take exceptional cases that require a more creative option or fast track response.

See section 5 for the delivery actions and 4j for specialist housing options.

#### **4j 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?**

Wiltshire currently has 7 people in long term inpatient placements. Robust plans to be put in place for all inpatient provision, subject to further data validation. Four will be moving back to their own flats in Wiltshire in 2016, one of whom has been in an inpatient placement for over 5 years. The fifth person is currently under section 37/41 and we are working with the Ministry of Justice to deliver a community placement for this individual. The other 2 are short term placements.

#### **4k How does this transformation plan fit with other plans and models to form a collective system response?**

This plan has been developed alongside our key partners within learning Disabilities, Mental Health, Children’s and Autism and works alongside all other plans and models within the current partnership area. Information from these areas will continue to be fed into our work via the Transforming Care governance systems.

**Wiltshire’s transformation plan for children and young people’s mental health and wellbeing (2015-2020) “Healthy Mind, Healthy Life” (The voice of children and young people**

*in Wiltshire)*

Within the Wiltshire Transformation Plan we have a key objective which is all about improving care and support for vulnerable and disadvantaged children. It sets out the local priorities/initiatives we are taking forward over the next 5 years to support this key objective and identifies the actions we are taking to help maintain and reduce further inpatient admissions. This includes an enhanced learning disability service. We are also reviewing our current arrangements to make sure we are meeting requirements in relation to CTRs and identifying children and young people who are at risk of admission.

We will endeavour to reduce this further, including the length of stay in inpatient services by making investment in early intervention and prevention. Redesigning the child and youth mental health pathway and the service and investing in early help and counselling services. Also further enhancing our Outreach Service for Children and Adolescents which is already helping to facilitate quicker discharge by providing treatment in home settings. Strengthening support for children and young people with special educational needs and/or disabilities through our trailblazing integrated 0-25 SEND service, to include the co-location of CAMHS mental health practitioners. In addition, we have expanded our Children's Learning Disability Service with an additional investment to help improve help and care for families, including support around challenging behaviour).

The CAMHS teams are also looking to strengthen transition work between CAMHS and adult services. Developing a fast track intervention scheme and integrating care and treatment reviews for those in a crisis situations. The teams will be co-locating with mental health clinician within the MASH so that specialist CAMHS are represented.

### **Children and Families Act (2014) & SEND Code of Practice (2014)**

Under the new Children and Families Act (2014) every local authority must publish a local offer for Special Educational Needs and Disability (SEND). In Swindon and Wiltshire the Local Offer is delivered through the Family Information Service and The Key information service. Current services within The Challenging Behaviour Strategy are incorporated within this, as will be any changes to commissioned services or delivery.

Swindon and Wiltshire have developed a single, graduated pathway for early identification and intervention to support all children and young people with additional need. The pathway is designed to empower children and young people to become independent and successful on their journey. Fitting with the principle of co-production throughout this plan, the graduated pathway was developed with a range of partners including parents. The principles captured within this plan are synonymous with those within the Children and Families Act (2014) and associated guidance.

### **Mental Health Crisis Concordat (2014)**

The Mental Health Crisis Care Concordat which brought together partners in a joint statement which described what people experiencing mental health crisis should be able to expect of the public services that respond to their needs. The Concordat focuses on people who experience acute mental health crisis. It spans the health, social care and criminal justice systems, but is also relevant to other partners such as housing providers and

defines the service responses expected for people of all ages suffering mental health crisis. The Concordat is arranged around the following domains;

- Commissioning to allow earlier intervention and responsive crisis services;
- Access to support before crisis point;
- Urgent and emergency access to crisis care;
- Quality of treatment and care when in crisis;
- Recovering, staying well and preventing future crisis.

**Autism Act (2009) & 'Think Autism' (2014)**

There is local work to fulfil the requirements of the 2010 national Autism Strategy 'Fulfilling and Rewarding Lives' which was published to support the implementation of the Autism Act 2009. The existing duties and recommendations from the 2010 strategy are:

- Improved training of frontline professionals in autism
- The recommendation to develop local autism teams
- Actions for better planning and commissioning of services, including involving people with autism and their parents/carers
- Actions for improving access to diagnosis and post-diagnostic support
- Leadership structures at national, regional and local levels for delivery.

**Any additional information**

None

## 5 DELIVERY

The delivery plan is based on the **9 Core Principles** set out in the National Service Model Plan. They are:

- 1) I have a good and meaningful everyday life.
- 2) My care and support is person-centred, planned, proactive and coordinated.
- 3) I have choice and control over how my health and care needs are met.
- 4) My family, paid support and care staff get the help they need to support me to live in the community.
- 5) I have a choice about where I live and who I live with.
- 6) I get good care and support from mainstream health services.
- 7) I can access specialist health and social care support in the community.
- 8) If I need it, I get support to stay out of trouble.
- 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.

The plan covers the **5 Cohorts** groups described within the National service Model Plan; it is children, young people or adults with a learning disability and/or autism:

- 1) 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.
- 2) Who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.
- 3) Who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system
- 4) Often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- 5) Who have a mental health condition or display behaviour that challenges that 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.

**Swindon and Wiltshire Delivery Plan** (Based on the 9 Core Principles set out in the National Service Model Plan)

| Core Principles 1 - I have a good and meaningful everyday life.  |  |   |   |   |
|--|--|---|---|---|
| 5a What are the programmes of change/work streams needed to implement this plan?   | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?   | 5c Co-Produced Priority (Ranking High, Medium, Low)<br><br>TBC                          | 5c Board agreed delivery date (TBC)   |
| <p>Strategic learning disability commissioners should work with those that commission and manage <b>mainstream activities/services to find ways to make them accessible</b>, in line with Equality Act duties.</p> <p>Operational commissioners will need to work with mainstream services to enable people with a <b>learning disability and/or autism who display behaviour that challenges</b> to be included.</p> <p>Local Authorities should <b>commission supported employment</b> services that can meet the needs of this group.</p> <p>Commissioners should ensure that service specifications are based on <b>person-centred outcomes</b>.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Audit mainstream activities/services to assess accessibility (Date)</p> <p>Ensure that all new contracts for mainstream activities/services include this cohort. (Date)</p> <p>Ensure that Supported Employment specifications are reviewed and amended as required. (date April 2016)</p> <p>All new tender/specifications to include Person Centred Outcomes. (date)</p> | In progress will be ready for the final plan after further co production in March 2016. | In progress will be ready for the final plan after further co production in March 2016. |

| Core Principles 2 - My care and support is person-centred, planned, proactive and coordinated   |   |  |   |   |
|---|---|--|---|---|
| 5a What are the programmes of change/work streams needed to implement this plan?  | 5b Who is leading the delivery of each of these programmes, and what is the supporting team.  | 5c What are the key milestones – including milestones for when particular services will open/close?  | 5c Co-Produced Priority (Ranking High, Medium, Low)<br><br>TBC                                  | 5c Board agreed delivery date (TBC)   |
| <p>Strategic learning disability commissioners should <b>risk stratify their local population</b> of people with a learning disability and/or autism.</p> <p>Micro-commissioners should ensure that the person they are supporting has a <b>single person-centred care and support plan</b>, not just those on the Care Programme Approach (CPA).</p> <p>Commissioners should ensure that everyone is <b>offered a local care and support navigator or key worker</b>.</p> <p>Commissioners should ensure a <b>multi-disciplinary approach to EHC plans</b>, not leaving this only to education</p> | <p>Wiltshire and Swindon - Joint Commissioning Team</p> <p>Wiltshire and Swindon - Operational teams</p> <p>Wiltshire and Swindon - Operational teams</p> <p>Joint Children's Commissioning Team in Swindon and Wiltshire</p> | <p>Revise the data base to cover this cohort (date)</p> <p>Roll out of CPA for this cohort* (date).</p> <p>Roll out care coordinators, care managers and key workers for the 5 cohort groups* (date)</p> <p>Roll out multi-Disciplinary EHC plans for the 5 cohort groups (date)</p> | <p>In progress, will be ready for the final plan after further co-production in March 2016.</p> | <p>In progress, will be ready for the final plan after further co-production in March 2016.</p> |

| Core Principles 3 - I have choice and control over how my health and care needs are met   |  |   |  |  |
|---|--|---|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?  | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?   | 5c Co-Produced Priority (Ranking High, Medium, Low)<br><br>TBC                           | 5c Board agreed delivery date (TBC)  |
| <p>Commissioners should be planning for, and delivering the offer of, <b>personal budgets</b>, personal health budgets and integrated personal budgets beyond rights guaranteed in law.</p> <p>By April 2016, every CCG will be expected to have a <b>‘local offer’</b> for how to expand the use of personal health budgets; this must include people with a learning disability</p> <p>Commissioners should work with <b>the local voluntary sector to consider what additional or different local services</b> are needed to ensure that people with personal budgets have a range of services to choose from.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Roll out the PHB pilot in Wiltshire for the five cohort groups (ongoing 2016).</p> <p>Identify and offer of PHBs in Swindon from 1 April 2016 for people in receipt of CHC and LD.</p> <p>Local Offer in place 1 April 2016.</p> <p>Between 50-100 people in receipt of a PHB by March 2017 (Swindon and Wilts).</p> <p>Consider local brokerage providers appointed to support people in choosing and accessing services.</p> <p>Build up the range of LD/A specialist support providers by ensuring the support framework and training offer are robust. Put in place robust provider frameworks (April 2016).</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |



| Core Principles 3 Continued - I have choice and control over how my health and care needs are met  |  |  |  |  |
|--|--|--|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?   | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?  | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Commissioners should be <b>extending the offer of advocacy</b> through investment in non-statutory advocacy services and should ensure statutory and non-statutory advocacy is available to people who are leaving a hospital setting.</p> <p>Commissioners should ensure <b>that advocacy services are independent</b> and provided separately from care and support providers</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Develop a new consistent approach to PBS. Developing a training partnership, <b>champions role (summer 2016)</b> and <b>training agreement (summer 2016)</b> and roll out of Wiltshire and Swindon single approach to <b>positive behavioural support (PBS)</b> (Date).</p> <p>Review Advocacy contracts to ensure that robust statutory and non-statutory advocacy is available for the 5 cohorts (date).</p> <p>Review advocacy services for cohort who are in inpatient beds to ensure that robust independent statutory and non-statutory advocacy is available (date).</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 4 – My family, paid support and care staff get the help they need to support me to live in the community  |  |  |  |  |
|---|--|--|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?  | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?  | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Children's and strategic learning disability commissioners should <b>ensure availability of early intervention programmes</b>, including evidence-based parent training programmes.</p> <p>Children's and strategic learning disability commissioners should ensure availability of a range of <b>support and training for families and carers</b>.</p> <p>Children's and strategic learning disability commissioners should provide flexible and <b>creative short break/respite</b> options</p> <p>Children's and strategic learning disability commissioners should work with their local providers to develop models of <b>alternative short-term accommodation</b>.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Review early intervention programmes, and consider options to ensure access is available (date).</p> <p>Review and consider options for the support and training for families and carers (date).</p> <p>Review and consider options for the provision of flexible and <b>creative short break/respite</b> (date).</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 4 – My family, paid support and care staff get the help they need to support me to live in the community   |  |   |  |  |
|--|--|---|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?   | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?   | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Commissioners should develop a <b>group of social care preferred providers</b> that meet the needs of people with a learning disability and/or autism.</p> <p>Local Authorities should develop <b>Market Position Statements</b> with an explicit focus on this group.</p> <p><b>Transition</b> - There will be improved coordination between children's and adult services around the transition of children with a learning disability and/or autism, with better support to people with a learning disability and/or autism and their family and carers through this time. A simple step by <b>step guide</b> will be produced to support people and carers through the process.</p> |  | <p>Review and consider options to ensure that provider frameworks cater for the 5 cohort groups (date).</p> <p>Redraft Market Position Statements (date)</p> <p>New <b>Transitions panel</b> and resolutions panel process to be put in place (date)</p> <p><b>Step by step guide</b> to be produced/reviewed</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 5 – I have a choice about where I live and who I live with.   |  |  |  |  |
|---|--|--|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?  | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?  | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Commissioners should co-produce <b>local housing solutions</b> leading to security of tenure, that enable people to live as independently as possible, rather than in institutionalised settings.</p> <p>CCGs could consider allowing individuals with a personal health budget to use some of <b>their budget to contribute to housing costs</b> if this meets a health need and is agreed as part of the individual's care and support plan.</p> <p>Strategic commissioners need to work with housing strategy colleagues to ensure <b>strategic housing planning</b>.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Review housing strategies to ensure it covers the 5 cohorts*. (date)</p> <p>Revise housing strategy, if required, after review to meet the needs of the 5 cohorts*. (date)</p> <p>Develop housing options that meet the most needs for the cohorts 5*.(date)</p> <p>Feasibility study and if agreed, policy and procedure agreed to allow individuals with a personal health budget to use some of <b>their budget to contribute to housing costs</b> (date)</p> <p>Working on a joint strategy with Housing department to look at the provision of appropriate future accommodation.</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 6 – I get good care and support from mainstream health services.   |  |  |  |  |
|--|--|--|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?   | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?  | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Health commissioners should ensure that people with a learning disability are offered <b>Annual Health Checks</b>.</p> <p>Health commissioners should ensure that everyone has the option of a <b>Health Action Plan</b>, and are promoting the use of <b>Hospital Passports</b>.</p> <p>Mental Health commissioners should ensure that the <b>Green Light Toolkit</b> audit is completed annually, and an action plan developed.</p> <p>Commissioners should ensure that practices and care and support pathways within mainstream primary and secondary NHS services are '<b>reasonably adjusted</b>' to meet the needs of this group, in line with Equality Act duties, and are routinely monitoring equality of outcomes.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Review and ensure Annual Health Checks are in place for the 5 cohorts across children and adult services (date)</p> <p>Review and ensure Health <b>Action Plan</b> are in place for the 5 cohorts across adult and children's services. (date)</p> <p>Build in the Green Light Toolkit into contracts (Date).</p> <p>Audit reasonable adjustment across mainstream primary and secondary NHS and social care services. (date)</p> <p>Consider the development of the quality checker role (date).</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 7 - I can access specialist health and social care support in the community  |  |   |  |  |
|--|--|---|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?   | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?   | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Commissioners should ensure the <b>availability of specialist integrated multi-disciplinary health and social care support in the community</b> for people with a learning disability and/or autism. Covering all ages.</p> <p>Commissioners should ensure this specialist health and social care support includes an intensive <b>24/7 support</b> function.</p> <p>Commissioners should ensure <b>inter-agency collaborative working</b>, including between specialist and mainstream services.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Review current care pathways to ensure the availability of specialist integrated multi-disciplinary health and social care support in the community. (date)</p> <p>Put in place a plan, as necessary to enable access a specialist integrated multi-disciplinary health and social care support in the community. (date)</p> <p>Roll out an intensive support service for the 5 cohorts. (date)</p> <p>Roll out of the Care Programme Approach (CPA) for those most at risk within the 5 cohorts. (date)</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 8 – If I need it, I get support to stay out of trouble.   |  |   |  |  |
|---|--|---|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?  | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?   | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Commissioners should ensure that mainstream services aimed at preventing or reducing anti-social or 'offending' behaviour are making <b>reasonable adjustments</b> to meet the needs of people with a learning disability and/or autism, in line with Equality Act duties, and are routinely monitoring equality of outcomes.</p> <p>Commissioners should ensure the availability of <b>specialist health and social care support</b> for people with a learning disability and/or autism who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>Adapt the Green Light Toolkit (or the similar assessment tool) for mainstream services aimed at preventing or reducing anti-social or 'offending' behaviour. (date)</p> <p>Insert into new contracts a duty to use the new toolkit, and contract monitor. To ensure reasonable adjustments are made for the 5 cohorts. (date)</p> <p>Review care pathways for the 5 cohorts looking at availability of <b>specialist health and social care support</b> for who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group (date)</p> <p>Put in place an action plan for change to widen availability of <b>specialist health and social care support</b> for those within the cohort who may be at risk of or have come into contact with the criminal justice system, offering a community forensic function for this group. (date)</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |

| Core Principles 9 – If I am admitted for and 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.  |  |   |  |  |
|--|--|---|--|--|
| 5a What are the programmes of change/work streams needed to implement this plan?   | 5b Who is leading the delivery of each of these programmes, and what is the supporting team. | 5c What are the key milestones – including milestones for when particular services will open/close?   | 5c Co-Produced Priority (Ranking High, Medium, Low)                                      | 5c Board agreed delivery date (TBC)  |
| <p>Health commissioners should ensure that hospital admissions are supported by a <b>clear rationale of assessment and treatment</b>, and desired outcomes, and that services are as <b>close to home</b> as possible.</p> <p>Micro-commissioners should be working with individuals, families/carers, clinicians and local community services to ensure that <b>the discharge planning process starts from the point of admission</b>, or before.</p> <p>Health commissioners should ensure the <b>appropriate CTR</b> are taking place and are of a high quality, in line with NHS England policy.</p> <p>Commissioners should ensure that <b>support for families and carers are part of any commissioning framework</b>.</p> | Wiltshire and Swindon - Joint Commissioning Team   | <p>To fully implement the development of the <b>CPA</b> process for the 5 Cohort groups. (date)</p> <p>Development of a robust <b>Crisis Contingency</b> process for the 5 Cohort groups. (date)</p> <p>Fully implement the <b>Blue Light Protocol</b> incorporating the <b>Pre Care and Treatment Review</b> process (Pre CTR) for the 5 Cohort groups. (date)</p> <p>Further develop <b>community assessment and treatment</b> services which utilise local generic mental health beds, supported by Intensive support services. (Date)</p> <p>Develop appropriate <b>residential options</b> that can support the current people in inpatients beds to move back to Wiltshire and prevent readmission. The Daisy will be a real example of this working well in the community, in practice. (Summer 2016)</p> <p>Develop a regional plan to provide specialist services close to home (e.g. low and medium</p> | In progress, will be ready for the final plan after further co-production in March 2016. | In progress, will be ready for the final plan after further co-production in March 2016. |



|  |  |  |  |
|--|--|--|--|
| <p>Consideration will be given to introduce the <b>Quality checker schemes</b> to ensure that mainstream and specialist services serve people with learning disabilities and/or autism well.</p> <p><b>Engagement of people with a learning disability and/or autism and their carers and families</b> - There will be an increased emphasis on close working with people with a learning disability and/or autism and their carers and families in commissioning activities, including the monitoring of contracts. This will help ensure that concerns around services are quickly understood and acted on, and that people's voices are heard and acted on in commissioning the shape and structure of care and support services.</p> | <p>secure). (date)</p> <p>Care and Treatment review will be imbedded in practice for people in inpatient setting with the 5 cohorts. (date)</p> <p>Review of current practice to ensure that families and carers are at the heart of bespoke commissioning practice. (date).</p> <p>Implement change needed to support for family and carers to ensure that they are part of any commissioning framework for bespoke and whole service commissioning. (date)</p> |  |  |
|--|--|--|--|

**\*The 5 Cohorts** – Not just people with learning disabilities. It is for children, young people or adults with a learning disability and/or autism;

- 1) 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.
- 2) who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.
- 3) who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system
- 4) often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- 5) 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.

### **5c. What are the key milestones – including milestones for when particular services will open/close?**

The Transforming Care Programme Board has identified the key milestones in the above delivery plan. Due to the tight timeframes for development of this initial draft we have not yet included timeframes within the plan. The Board sees this as an essential piece of work to ensure the successful implementation of the plan.

During our engagement people told us what is most important to them. In order of priority and based on the 9 Core Principles, they are:

- 1) 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.
- 2) I get good care and support from mainstream health services.
- 3) My family, paid support and care staff get the help they need to support me to live in the community.
- 4) I can access specialist health and social care support in the community.
- 5) I have choice and control over how my health and care needs are met.
- 6) I have a good and meaningful everyday life.
- 7) My care and support is person-centred, planned, proactive and coordinated.
- 8) I have a choice about where I live and who I live with.
- 9) If I need it, I get support to stay out of trouble. [are we happy with this order, we can test it at the engagement sessions]

The information gained within our co-production will be reflected in the prioritisation and timeframes for the key milestones and will be in the plan by 10<sup>th</sup> March 2016.

### **5d What are the risks, assumptions, issues and dependencies?**

We recognise that risk management will strengthen the ability of the Transforming Care Partnership Implementation Board to deliver on this ambitious programme of change. By involving organisations and individuals at each stage of development we know that the critical mass is behind the implementation of this plan and this provides confidence and to a degree mitigates some risk.

The Transforming Care Programme Board and leadership team will develop a risk register to ensure risk management and enable prioritisation and mitigation of risks. This will be a joint health and social care piece of work, which will identify cross-cutting risks as well as risks arising from their areas of responsibility. The work stream leads and programme manager will report to the leadership team any perceived new and emerging risks or, failures of existing control measures. This will be developed in conjunction with the Corporate Risk Management Team of each organisation.

By implementing this we will:

- Inform strategic/operational decision-making
- Safeguard any person to whom the Council and Clinical Commissioning Group have a duty of care
- Increase our chances of success and reducing our chances of failure

- Enhance stakeholder value by minimising losses and maximising opportunities
- Increase knowledge and understanding of exposure to risk
- Enable not just backward looking review, but forward looking thinking
- Contribute towards Social Value and sustainable development
- Reduce unexpected and costly surprises
- Minimise our vulnerability to fraud and corruption
- Free up management time from 'fire-fighting'
- Provide management with early warnings of problems
- Ensure minimal service disruption
- Ensure statutory compliance
- Better target of resources i.e. focus scarce resources on high risk activity
- Reduce the financial costs due to, e.g. service disruption, litigation, insurance premiums and claims, and bad investment decisions
- Deliver creative and innovative projects
- Protect our reputation.

Specific risks which we will consider and mitigate include:

**Reputational risk created by:**

- Unsuccessful returns home, or discharges
- An ambitious plan such as this has associated risks if milestones are not met
- Any of the below legal risks are initiated.

**Legal risk created by:**

- Procurement and commissioning legislation is not implemented appropriately
- Statutory frameworks are not adhered to
- Systems are not robust enough to ensure that people are able to access the least restrictive interventions
- Challenge is submitted due to a lack of equity of service
- Harm is caused through the implementation of this plan, or lack of appropriate scrutiny or monitoring (this may include of services or contracts)
- Challenges presented by the Ministry of Justice

**Financial risk created by:**

- An unsustainable plan
- Funding from specialist commissioning teams not following the person, resulting in a significant local increase in expenditure
- Lack of sufficiently robust contract monitoring processes to ensure quality of services and value for money.

**Delivery risk created by:**

- A lack of appropriate and high quality support providers to support individuals being discharged or returning home
- Recruitment shortages within the partnership area
- A lack of housing provision for this cohort of individuals
- Funding from specialist commissioning teams not following the person, or dowries not sufficiently covering associated costs

- Co-production is essential and we know that can extend the length of delivery plans to ensure that this is not tokenistic
- Lack of a joined up approach across health, social care and education; as well as across the age groups.

*Please note this is not a comprehensive list as the risk register is in development*

### **Other Assumptions, Issues Dependences**

There are a number of assumptions, issues and dependencies that need are addressed within the plan. They are as follow:

#### **Financial assumptions, issues dependences**

- The financial plan for the Partnership is based on a reduction in use of inpatient beds (commissioned by NHSE specialised commissioning's and the CCGs, but excluding high secure beds) that releases funds for re-investment into community services.
- Savings from using fewer medium and low secure, and CAMHS beds (currently commissioned by NHS England specialised commissioning) will be used to fund community services. This will require a national policy decision to implement whole care pathway commissioning for this group of patients and the pooling of specialist and CCG budgets. If this is not possible then the financing of the plan is in jeopardy.
- Access to NHS England match funding for the wider development of early intervention, crisis intervention and housing and support options will be provided. NHS England match funding will be required to ensure that the intensive support service is inclusive. Match funding will be required to ensure the further development of community forensic services.
- At this stage the potential impact of dowries for 1 person is being considered (on the basis, those who have been an in-patient for five years or more are to receive a dowry)
- NHS England will consider change in national PHB guidance to allow them to be spent on housing costs.
- National changes to allow budgets for specialised commissioning to be pooled with CCG budgets for non-forensic services for those with a learning disability and/or autism.

#### **Transformation assumptions, issues dependences**

- Further engagement and coproduction will be built in and at the heart of the Swindon and Wiltshire service model plan
- Wiltshire is part of the Personal Health Budget (PHB) pilot, Swindon to join in 2016
- Swindon will join with Wiltshire to further develop the Training Partnership and concordat, focusing on the training needs of the 5 cohorts group
- The partnership will roll out one consistent approach to PBS across Swindon and Wiltshire
- Develop care pathways across children and adults, to include the roll out of intensive support services for the cohort
- The care Programme Approach will be for people with the most complex needs, others will be offered care management

- People with Autism and not a learning disability are requesting a different care pathway from those with learning disabilities
- A robust plan is in place for all 7 people to move out of inpatient placements. Current inpatients are due to start moving into new community housing option in summer 2016
- New Daisy service will come on line in summer 2016. There will be 5 flats that, in a residential setting that will be able to meet the needs of people currently identified in inpatient settings
- From 2015/16 the partnership, including NHS England specialist commissioning, believe there will be an average of 4 new community inpatient placements coming on stream each year from 2015/16 to 2019/20 with their needs being met within the community and or local acute mental health provision. Occasionally, there will be a need for specialist CAMHs and low and medium secure placement. A new regional response to develop specialist services will be commissioned by NHS England
- Swindon and Wiltshire will not provide an Assessment and Treatment in-patient service, in preference utilising its intensive support teams and local generic inpatient provision. Specialised commissioning beds will be commissioned via a regional response to the project
- There is an increase in total placements over and above that needed to replace closed in-patient beds based on demographics and other factors
- Capacity issue rolling out the wider CTR and Pre CTR programme
- NHS England to help engineer the conversation with other CCGs and partnerships to look at a regional response to commissioning specialist services

## **5e What risk mitigations do you have in place?**

### **Reputational Risk Mitigation**

- The implementation of Co-Production within the development and delivery of the plan will be developed into a Charter which will support the delivery of this programme as well as openness and transparency
- The joint delivery of the plan across health The plan has been co-produced and discussions have been held around realistic expectations
- and social care as well as other partners minimises risk
- The programme board, as well as robust procurement processes, ensure scrutiny and planning for successful implementation of the plan within Swindon and Wiltshire.
- Senior sign off of the plan by the Health and Wellbeing Board and oversight by programme board reduces, mitigates reputational risk as the right people are signed up to the plan and are around the table
- The introduction of a joint leadership team and programme board provides collaborative and organised working practices to minimise risk

### **Legal Risk Mitigation**

- Appropriate processes and systems in place across health and social care for commissioning and monitoring

- Awareness, training and skills within the leadership team, and the wider Councils and Clinical Commissioning Groups in relation to legal risks and statutory guidance.

### **Financial Risk Mitigation**

- We will await written guidance in relation to funding from specialist commissioning teams to ensure that the new service model is sustainable
- The new Contract Frameworks ensure robust monitoring
- A plan which has been created with commissioners and clearly notes expenditure at present in comparison to the 'new model'
- We have included review and monitoring of services within this plan.

### **Delivery risk created by:**

- We have included development of providers, as well as working alongside them, within the plan
- We have proposed structures for developing housing within the plan
- We will await written guidance in relation to funding from specialist commissioning teams to ensure that the new service model is sustainable
- We have included opportunities and existing forums for co-production within the plan. We will need to monitor timescales robustly as this risk will be difficult to mitigate
- We have put structures into place to ensure collaborative working approach across health, social care and education; as well as across the age groups.

## **6.Finances**

Due to the short timescales for the bid process, the details contained in this document and appendices have been reviewed but have not undergone a thorough assurance and governance process within each of the represented organisations. Costs are indicative of the work required. Further immediate assurance work is needed to test the financial assumptions and review the finances in more detail. Not all the costs requested are associated with clinical care and therefore it is not expected that match funding the whole amount will be required.

Note - Financial assumption are in Section 5 of this report.

## Appendix A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care. This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.<sup>3</sup> The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

<sup>3</sup> Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

| Indicator No. | Indicator   | Source   | Measurement <sup>4</sup>  |
|---------------|---|--|---|
| 1             | Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator   | Mental Health Services Data Set (MHSDS)  | <p>Average census calculation applied to:</p> <ul style="list-style-type: none"> <li>• Denominator: inpatient person-days for patients identified as having a learning disability or autism.</li> <li>• Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.</li> </ul> |
| 2             | Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget<br><br>(Not possible to include people with autism but not learning disability in this indicator) | Short and Long Term Support statistics   | <p>This indicator can only be produced for upper tier local authority geography.</p> <p>Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only.</p> <p>Numerator: all those in the denominator excluding those on commissioned support only.</p> <p>Recommended threshold: This figure should be greater than 60%.</p>   |
| 3             | Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital   | Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main | <p>HES is the longest established and most reliable indicator of the fact of admission and readmission.</p> <ul style="list-style-type: none"> <li>• Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism</li> <li>• Numerator: admissions to psychiatric inpatient care within specified period</li> </ul> <p>The consultation took 90 days as the specified period for readmission. We would</p>  |

<sup>4</sup> Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.



|   |  |  |  |
|---|--|--|--|
|   |  | specialty - Psychiatry of Learning Disabilities or diagnosis of learning disability or autism.   | <p>recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.</p> <p>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.</p>  |
| 4 | Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme) | Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check. | <p>Two figures should be presented here.</p> <ul style="list-style-type: none"> <li>• Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register</li> <li>• Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available</li> <li>• Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme</li> </ul> |
| 5 | Waiting times for new psychiatric referral for people with a learning disability or autism   | MHSDS. New referrals are recorded in the Referrals table of the MHSDS.   | <ul style="list-style-type: none"> <li>• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism</li> <li>• Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks</li> </ul>   |
| 6 | Proportion of looked after people with learning disability or autism for whom there is a crisis plan   | MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)   | <p>Method – average census.</p> <ul style="list-style-type: none"> <li>• Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities</li> <li>• Numerator: person days in denominator where there is a current crisis plan</li> </ul>  |

## Appendix B – Terms of Reference – Swindon and Wiltshire Transforming Care Partnership Implementation Board



# Transforming Care Partnership Programme Board Swindon and Wiltshire

## DRAFT TERMS OF REFERENCE

|                                    |  |
|------------------------------------|--|
| <b>Chair:</b>                      | Transforming Care Partnership - Senior Responsible Officer |
| <b>Vice Chair</b>                  | Deputy Senior Responsible Officer                          |
| <b>Administrator and Secretary</b> | Through Wiltshire Joint Commissioning Team                 |
| <b>CCG Executive Leads</b>         | Swindon<br>Wiltshire TBC                                   |
| <b>Council Executive Leads</b>     | Swindon<br>Wiltshire TBC                                   |

|                              |  |
|------------------------------|--|
| <b>Frequency of Meetings</b> | <p>The Committee will meet every other month</p> <p>Papers to be received at least seven working days prior to meeting date.</p> <p>Agendas and papers will be distributed at least five working days in advance of the meeting, unless there are exceptional circumstances for individual papers.</p> <p>Minutes to be distributed five working days after the Meeting.</p> |
|------------------------------|--|

|               |   |
|---------------|---|
| <b>Quorum</b> | Chair/Vice Chair plus at least 4 members of the committee |
|---------------|---|

| <b>Membership</b>   | <b>Responsibility to cascade information to:</b> |
|---|--|
| Partnership, Senior Responsible Officer (Chair)   |  |
| Deputy Senior Responsible Officer   |  |
| Autism Partnership Board Representative (Swindon & Wilts)                               |  |
| Learning Disabilities Partnership Board Representative (Swindon & Wilts)                |  |
| Lead CCG Director (Swindon and Wiltshire)   |  |
| HealthWatch (Swindon & Wilts)   |  |
| Associate Director of Adults Social care, Wiltshire and Swindon Council (or equivalent) |  |
| Associate Director/Head of Specialist Commissioning                                     |  |
| Commissioning Manager/ Assistant Head of Specialist Commissioning                       |  |
| Public Health Specialist (Swindon and Wiltshire)  |  |
| Health Quality Assurance team (Swindon and Wiltshire)                                   |  |

|   |  |
|---|--|
| NHS England, specialist Commissioning Area Lead   |  |
| Director for Children's (Swindon and Wiltshire)   |  |
| Operation Heads of Service for learning disabilities, autism and mental health; children and adult services (Swindon and Wiltshire).          |  |
| Commissioning Leads for Transforming Care (Children and Adults, Swindon and Wiltshire)  |  |
| Criminal Justice representative (Swindon and Wiltshire)   |  |
| <b>Open Invitation for Attendance:</b>  |  |
| Work stream Sponsors  |  |
| Programme Team (project manager)  |  |
| <b>Additional Attendees at the Discretion of the Chair:</b>   |  |
| Additional members may be co-opted to contribute to specialised areas of discussion   |  |
| Should a member be unavailable for a meeting, they may nominate a fully briefed deputy to attend in their place at the agreement of the Chair |  |

| Reading Membership | Responsibility to cascade information where appropriate to: |
|--------------------|---|
|                    |   |
|                    |   |
|                    |   |

### Aim

The Programme Board has been established to provide leadership for the Swindon and Wiltshire Transforming Care Partnership Programme.

The Programme board will oversee development of the transformation plan. It should include representatives from the commissioning organisations involved (CCGs, Local Government Authorities, NHS England specialised representing children and adult, mental health and learning disability commissioning) and key stakeholders (e.g. people with lived experience and local criminal justice system partners).

### Objectives

1. To provide system leadership to the Programme in Swindon and Wiltshire
2. To provide the overall governance and decision making framework for the Programme

3. To consider the recommendations made by the Programme work streams and Sub Groups
4. To consider and make recommendations to the statutory organisations for formal sign off by their respective Boards
5. To identify and utilise appropriate individuals, organisations and reference groups in support of the programme
6. To identify relevant funding streams to help in the development and delivery of the programme
7. To ensure communication with other responsible commissioners
8. To ensure engagement and consultation with all key stakeholders, and with the local population.

### **Reporting arrangements**

The Programme Board will report into the following statutory organisations:

- Swindon and Wiltshire CCG
- Swindon and Wiltshire Council
- NHS England

The Board will directly report to;

- Mental Health and Learning Disabilities Joint Commissioning Board – Wiltshire
- Joint Commissioning Board – Swindon

The following groups will report into the Programme Board;

- Swindon TCP Commissioning Implementation Group (monthly meetings)
- Wiltshire TCP Commissioning Implementation Group (monthly meetings)
- Joint Project Implementation Group.

### **Meetings**

- The meeting will be chaired by the Senior Responsible Office for the Transforming Care Partnership.
- Meetings will be held quarterly.
- Papers will be submitted to all members one week prior to the date of each meeting.
- A standing agenda will be provided that will include discussion of the action log from the previous meeting, key decisions, reporting on key performance indicators and new actions and the plan for taking these forward.
- The output from each meeting will be minuted with a detailed actions and agreement log, with responsibility and timescales for delivery assigned to each action.
- Members will nominate deputies to attend on their behalf when they are unable to do so. Deputies must be briefed on any outstanding actions of the member they are representing. If no deputy is available a report should be submitted.

### **Quorum**

- A quorum necessary for the transaction of business shall be the Chair or Deputy Chair and must include Provider and Commissioner representations.

### **Roles and responsibilities of the Chair**

- Effectively facilitate meetings to ensure agenda is covered, timescales are adhered to,, and all views actively sought and considered, and commit to effective and efficient programme governance
- Promote partnership working to engender trust amongst member and encourage creative and collaborative relationships to develop
- Work with the Sponsors to develop the forward looking strategic direction of the Programme
- Encourage, support and challenge all Partners to develop a model for the provision that drive forward the Transforming care Partnership service model plan.
- Facilitate information sharing across the system
- Provide stability in the development, adoption and maintenance of the programme
- Improve efficiency, reduce costs and minimise bureaucracy
- Encourage and facilitate frank and open conversations that may at times be difficult, working towards consensus amongst all members
- To arbitrate when disagreements arise and seek resolution
- To appoint an alternative Chair if unable to attend meetings.

### **Roles and responsibilities of members**

- To attend meetings and to complete tasks as agreed with timescales set.
- To fulfil responsibilities in such a manner that respects each individual organisation's statutory roles and responsibilities; but proactively seek to engender partnership working through openness and transparency to maximise the wider benefit of joint working for the patients and public  
Submit and/or read appropriate papers before the meeting
- To seek to reach consensus opinions within the Board wherever practicable and to consider matters from the perspective of the patients and the public and not organisational self-interest.
- To declare any interest that is relevant to the Programme
- To maximise the involvement of the public wherever possible within the development and delivery of the Programme.

### **Administrative Support**

- Administrative support will be provided to the Transformation Board by Wiltshire Joint Commissioning Team.

### **Term**

- The Transformation Board is part of the overall Programme governance structure. It will be established for the duration of the Programme (until 2020)
- Programme membership will be reviewed annually.

## **Appendix C – Accessible Version of the Swindon and Wiltshire Transforming Care Partnership Plan**

In progress, will be ready for the final plan after further co-production in March 2016.

draft