

**Norfolk and Great Yarmouth and Waveney
Transforming Care
Partnership
End of year report
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**Alison Leather Director of Quality
SNCCG/Deputy SRO**

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1. Executive summary

Transforming Care is a response to the crises at Winterbourne View and other inpatient units for people with learning disabilities (LD) and/or autism. The national agenda is being driven by a national, cross-sector programme, and delivered locally across the footprint of the Sustainability and Transformation Plan (STP) through the Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (TCP). The programme period is from April 2016 to March 2019.

The Norfolk and Great Yarmouth and Waveney TCP consists of the CCG's and councils of Norfolk and Great Yarmouth and Waveney and NHS England Specialised Commissioning (SCG).

The Transforming Care initiative is now setting the agenda nationally for all services for people with LD and/or autism. NHS England's monitoring and assurance of services for people with LD and/or autism is increasingly under the Transforming Care agenda and moving to an STP/TCP footprint.

The Transforming Care agenda is broad however the key performance metric for the programme is a reduction in inpatient numbers – there is a national commitment to reduce the number of people in inpatient settings by 35 to 50%, by March 2019. The Norfolk and Great Yarmouth and Waveney TCP has a relatively low number of inpatients currently 24 patients in inpatient beds funded by the CCGs and 18 funded by SCG.

While we have fewer inpatients than we did at the start of the programme, and are working hard to reduce this number to deliver the CCG trajectory of 12 inpatient beds by the end of March 2019 this is hugely challenging. This is in part due to the complexity of need and an increase in activity whereby we are seeing an increase in both admissions and discharges, with admissions outstripping the number of discharges. This means that without making significant changes to the way we commission services across health and social care we will not deliver the trajectory agreed by NHS England, the CCG's and Local Authorities.

There is no recurrent revenue funding available to deliver the Transforming Care agenda. NHS England has provided a small amount of capital funding and non-recurrent transformation (programme) funding for the programme period. Not all TCPs have received programme funding from NHS England's national transformation fund. Locally we have bid for and have successfully obtained programme funding for the development of a small community Forensic service.

In the first year of the programme, the TCP governance was established and a number of changes were delivered across the Norfolk and Great Yarmouth and Waveney TCP. We have delivered against our local trajectory consistently since Quarter 4 of 2016. We have successfully reconfigured services to deliver a new Intermediate Support service for people with Learning disabilities in the community and implemented the new Clinical Treatment Review process across the TCP. We have successfully bid for £880k Capital programme funding from NHS England, for the development of local accommodation. We have also successfully bid for £70k and £87k non-recurrent revenue funding which has enabled us to recruit a

Programme Manager to support the TCP and to establish a new community forensic service respectively. Finally we have been recognised nationally for both our approach to co-production working in partnership with Opening Doors to deliver the programme and for our delivery of the new Learning Disability Mortality Review Programme which was launched on April 1st this year.

This paper sets out a proposal for the on-going governance of the programme and seeks support from CCG's and Local Authorities for its delivery in the following key areas:

- Development of a Risk Share Agreement across NCC/SCC, CCG's and SCG for people with a Learning Disability & Autism with Challenging Behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable work force.
- An increase in the use of integrated Personal Health Budgets.
- To transfer the Transforming Care Database to BroadCare.
- An identified resource to support co-production for the remainder of the programme.

2. Purpose of this document

This paper is for the governing bodies of the Norfolk and Great Yarmouth and Waveney CCG's and Norfolk and Suffolk County Councils. It provides information about the Transforming Care agenda, the national Transforming Care programme and Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (TCP).

The Norfolk and Great Yarmouth and Waveney TCP was established in April 2016. This paper takes stock of progress made by the TCP. It also sets out a plan for the remaining two years of the programme, and seeks support from CCG's governing bodies and other key partners in delivering this programme.

Specifically, stakeholders are asked to:

- confirm their continued support for the Transforming Care agenda
- help raise awareness of learning disabilities and autism, and statutory sector organisations' legal duties in relation to these groups under equalities legislation
- commit to working with the TCP in delivering the programme outlined in section 3.3 below.

3. Transforming Care in England

3.1 National population

In England there are around 900,000 to 1.2 million people with learning disabilities and around 650,000 people with autism (some of whom also have LD). Of that population, around 24,000 present behaviour that challenges and around 2,500 are in inpatient beds.

3.2 The Transforming Care agenda

In 2011, the BBC programme Panorama exposed abuse and neglect at Winterbourne View, an assessment and treatment unit for people with learning disabilities (LD). A further programme in 2012 showed that staff were continuing to abuse patients at Winterbourne View, that training was poor and there was evidence of false record keeping. The Panorama programmes sparked a national debate about not just Winterbourne View, which was then closed, but about the way in which the health and care system, and society as a whole, treats people with learning disabilities.

In 2012, following the scandal at Winterbourne View, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Services, a number of Royal Colleges and voluntary sector organisations signed the Winterbourne View Concordat² to *“commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them”*.

Following the Winterbourne View Concordat, a large number of people were discharged from inpatient units. Between September 2013 and September 2014, 923 people were discharged from inpatient care. However, over the same period 1,306 people were admitted to inpatient care. The Winterbourne View Concordat did not achieve a key aim of reducing the number of people in inpatient care.

In 2014, the Government commissioned Sir Stephen Bubb to produce a report on how services for people with learning disabilities (LD) and/or autism can be transformed. Following Sir Stephen Bubb’s report, and building on the Winterbourne View Concordat, the national Transforming Care Programme was established by six partner organisations: NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England. The programme will run from April 2016 to March 2019.

3.3 The national Transforming Care programme

In October 2015, the paper ‘Building the Right Supports’ was published. This is the key paper for the national Transforming Care programme and sets out the vision and plan for that programme.

The scope of the national programme, and all work under the Transforming Care agenda, is people with LD or autism, who present 'behaviour that challenges' – referred to as the 'Transforming Care cohort'.

The aims of the national programme are:

- reduced reliance on inpatient services (by closing hospital services and
- strengthening support in the community)
- improved quality of life for people in inpatient and community settings
- improved quality of care for people in inpatient and community settings.

The national programme consists of five work-streams, each led by one or more of the national partners. The work-streams (with lead organisation):

1. Empowerment (Local Government Association)
2. Right Care, Right Place (All six. This work-stream includes setting up Transforming Care Partnerships and the development of Care and Treatment Reviews)
3. Data (Department of Health)
4. Workforce (Health Education England)
5. Regulation and Inspection (Care Quality Commission).

The documents which set out the national programme and requirements of CCGs under the Transforming Care agenda are:

- *'Building the Right Support'* – produced by NHS England, ADASS and the LGA, this paper sets out the national plan for a three-year programme, April 2016 to April 2019, to deliver Transforming Care agenda. TCPs were set up following the publication of this paper.
- NHS England's *Operational Planning and Contracting Guidance, 2017- 2019* – this was published after 'Building the Right Support'. It sets out the nine 'must do' priorities for CCGs and STPs. One of those must do areas is 'learning disabilities'.
- *'High impact actions for service improvements and delivery by Transforming Care Partnerships'* – this NHS England paper sets out key areas of work for TCPs.

3.4 NHS England monitoring

Whilst Transforming Care is sector-wide agenda, the delivery is primarily through the NHS and the NHS assurance process is central to monitoring delivery of the agenda. As the second national response to the crises at Winterbourne View, the programme is closely scrutinised by NHS England.

A key lesson from the first national response to the Winterbourne View scandal is that we cannot focus only on discharging individuals from inpatient care. Therefore, any change programme must also focus on prevention. Whilst the number of inpatients remains a key performance metric, monitoring of the Transforming Care agenda is broader, and includes:

Inpatient numbers – ‘Building the Right Support’ sets out the levels of reduction in inpatient numbers required by the national programme. Inpatient beds for adults, without forensic needs, are commissioned by CCGs. Inpatient beds for adults with forensic needs and for children and young people are commissioned by NHS England Specialised Commissioning. **By April 2019, there should be a 45-65% in CCG-commissioned inpatient beds and 25-40% reduction in inpatient beds commissioned by NHS England Specialised Commissioning.**

NHS England continues to monitor the number of people in inpatient units. CCG commissioners must update NHS Digital with information on individual inpatients, including planned discharge dates and information about Care and Treatment Reviews (CTRs). CCG commissioners have to submit detailed weekly updates to NHS England to monitor inpatient numbers.

In addition to individual CCGs monitoring their inpatients, the TCP monitors the number of inpatients across all five areas on a monthly basis. As part of the national programme, the TCP had to submit a three-year trajectory of inpatient numbers, showing the estimated number of inpatients every quarter between April 2016 and March 2019. The TCP is now monitored against this trajectory.

Monitoring of TCP set up and programme – NHS England is closely monitoring TCP’s through quarterly assurance meetings. The TCP must submit monthly milestone monitoring reports. In addition the TCP has to submit information through the process for bidding for funding and we respond to additional requests from NHS England and organisations which are working with them, e.g. in the first year we responded to in the region of thirty information requests from NHS England on this agenda.

CCGs’ Improvement and Assessment Framework – NHS England’s assurance approach is evolving and the latest Improvement Assessment Framework (IAF) was started in March 2016. The IAF includes a number of fields for individual CCGs on the Transforming Care agenda and also for TCPs. The IAF reflects the requirements set out in the NHS Operational Planning and Contracting Guidance 2017-19.

The programme is one of a series of must-do’s of the Sustainability and Transformation Plan (STP) and as such we are also required to report via the STP.

3.5 Programme funding

There is no recurrent funding available for Transforming Care. Programme funding, both revenue and capital, was announced for the three-year programme, when ‘Building the Right Support’ was launched.

3.5.1 Capital funding

There are two sources of capital funding for projects and initiatives carried out by TCPs:

1. One-off capital funding from the NHS England national Transforming Care team - £15M is available for the three-year programme. This funding has been

allocated to a small number of TCPs which are undertaking major capital developments.

2. Funding from the sale of buildings on which the Department of Health has a charge. Councils or independent provider organisations, including registered social landlords, are able to apply for this ongoing funding stream, through the TCP.

Norfolk and Great Yarmouth and Waveney TCP have been successful in bidding for c£870 of capital. To date this has not been drawn down due to lack of assurance about revenue costs associated with care costs to support people in the community.

3.5.2 Revenue funding

There is no recurrent revenue funding for Transforming Care, NHS England have opened a series of bidding processes whereby all TCP's apply to access non-recurrent funding. Any non-recurrent funding is allocated on the assumption that the TCP will match the funding locally.

Norfolk and Great Yarmouth and Waveney TCP have recently been awarded £78k non-recurrent revenue for the implementation of a new community forensic service.

4. Transforming Care in Norfolk and Great Yarmouth and Waveney

4.1 Population

The TCP footprint has a population of around 1,000,000 (As of June 2015 Norfolk's population, excluding Waveney, was estimated at 877,700 in mid-2014). Data from local Joint Strategic Needs Assessments suggests that there are around 21,786 adults with learning disability living in Norfolk including Waveney (as of 2011) and 5136 people with autism.

A proportion of the population with LD or autism (2-3% is a reasonable assumption, based on national data) will, at some point in their lives, present behaviour that challenges, and therefore be at risk of admission to specialist Mental Health or LD hospitals or assessment or treatment units.

Many factors can bring about behaviour that challenges in an individual e.g. a mental health crises, physical changes (e.g. onset of adolescence) or changes in an individual's life. It is unpredictable, and some people who end up in inpatient care are not known to local health and care learning disability teams.

This group of individuals i.e. those who are at risk of admission, the 'Transforming Care cohort' – is not a readily identifiable cohort. The number of people in inpatient beds changes every day. As the number of individuals is small, the data needs to be treated carefully and information governance advice is that we avoid sharing exact numbers of patients, where possible.

As at the end of April 2017, there were around 23 adults from Norfolk and Great Yarmouth and Waveney in CCG-commissioned inpatient beds and 17 adults and children and young people in beds commissioned by NHS England Specialised Commissioning.

4.2 Locality-based work

The Transforming Care agenda was launched in 2014 and work on the agenda was already taking place before the publication of 'Building the Right Support' and the creation of TCPs.

The first change brought about by the Transforming Care agenda was the introduction of Care and Treatment Reviews (CTRs). CTRs are a tool for managing people with LD or autism, who present behaviour that challenges, and who are in an inpatient unit or at risk of being admitted to one. The CTR is similar to the 'Care Programme Approach' used in Mental Health services, with some additional requirements, notably CTRs must include 'Experts by Experience'.

The national Transforming Care programme has also introduced the concept of 'At Risk of Admission Registers' (also known as 'Dynamic Registers'), as a tool for monitoring individuals who may be at risk of inpatient admission.

The TCP has established a CTR Steering Group to monitor and actively manage inpatients and those at risk of admission.

Work on the Transforming Care agenda at locality level now continues as business as usual and this work builds on and supports the ongoing work of the TCP.

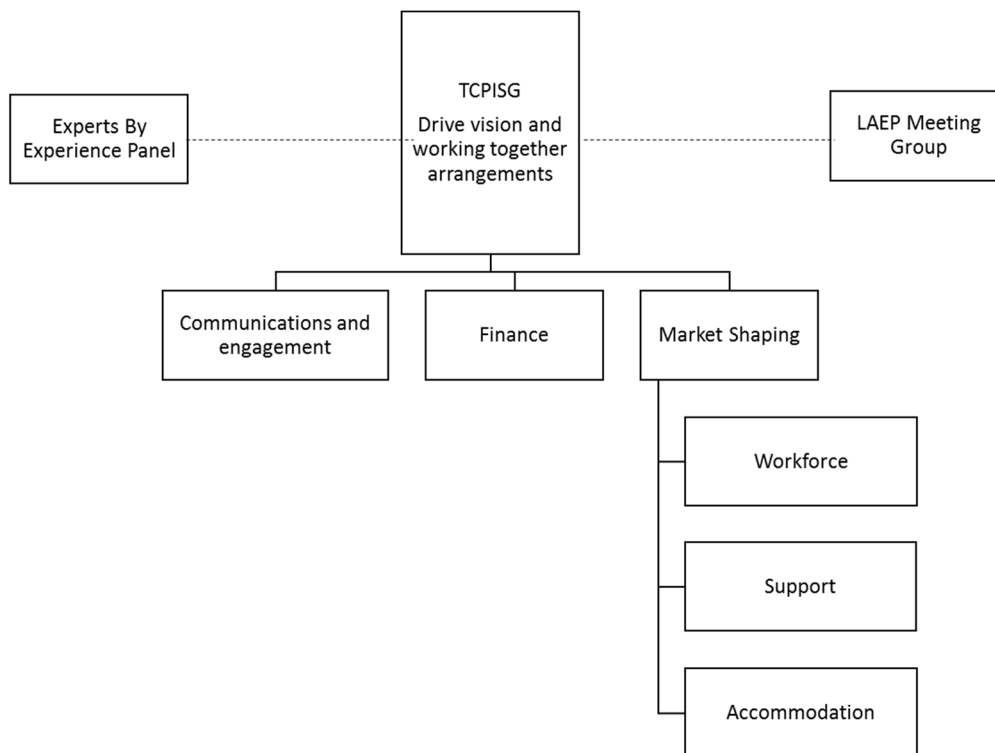
It is also worth bearing in mind that health and care services for people with LD or autism are commissioned by CCGs and councils. As a result of the Transforming Care agenda, there is a move towards monitoring patient numbers and provision on a TCP basis as opposed to a locality basis and an expectation that CCGs and councils will commission some services on a TCP footprint.

4.3 The Norfolk and Great Yarmouth and Waveney Transforming Care Partnership

The Norfolk and Great Yarmouth and Waveney TCP consists of both Suffolk and Norfolk County Councils and the CCG's of North Norfolk, South Norfolk, Norwich, West Norfolk and Great Yarmouth and Waveney and NHS England Specialised Commissioning. The TCP forms part of the Norfolk Sustainability and Transformation Plan (STP).

The Norfolk and Great Yarmouth and Waveney Transforming Care Partnership was established in April 2016. All seven organisations added their signatures to the original Transforming Care Plan in July 2016 agreeing to work together on this agenda.

NHS England have recently reviewed the programme governance. In keeping with this and following the appointment of a new programme lead the TCP has refreshed the local programme and the diagram below shows the new governance structure of the TCP:



The Senior Responsible Owner (SRO) for the TCP is Catherine Underwood Director of Health and Integration at Norfolk County Council. The Deputy SRO is Alison Leather Director of Quality Assurance, NHS South Norfolk CCG.

The TCP Board is responsible for delivery of the Norfolk and Great Yarmouth and Waveney Transforming Care programme. It consists of representatives from all seven organisations as well as NHS England and Specialised Commissioning. The work of the TCP Board is supported and co-produced with Opening Doors. This is a forum of service users and carers who have direct experience of services for people with LD or autism and behaviour that challenges.

4.4 Progress to date

4.4.1 What has gone well?

The Norfolk and Great Yarmouth and Waveney TCP is established and working – the TCP structure and governance are in place and the TCP is working to deliver the Transforming Care agenda. All organisations involved added their signatures to the original Transforming Care Plan in July 2016 agreeing to work together on this agenda. We have representation from all organisations on our TCP Board. Despite financial pressures, local authorities and CCGs are working together to review and, where possible, move patients to the community, and are contributing to the Midlands and East Regional and national programmes.

Inpatient numbers – we are currently meeting the local trajectory for our inpatient numbers.

Intensive community-based support – we have established a new community based intensive support team who are now actively helping to prevent admissions and facilitating early discharge from inpatient beds.

Programme funding – we were awarded £70k programme funding in 2016.

LeDeR – we have received national recognition for the rapid roll out and implementation of the learning disability mortality review programme with over 20 reviewers trained and now undertaking active reviews.

NHS England assurance – at the start of the programme, i.e. March 2016, our initial plan did not meet the standards set by NHS England. By July 2016 we were informed that ours was an ‘assured’ programme. Our TCP set up, governance and plan have received positive feedback.

Influencing the regional programme – we have developed a good working relationship with the regional programme team and are active members in a number of regional work streams that are influencing and driving the programme forward both regionally and nationally.

User and carer forum and co-production - we have worked with Opening Doors and people with lived experience in planning our programme and in workshops and events. We have appointed Opening Doors to set up and run an ‘Expert by Experience’ reference group for people with lived experience, and to undertake other engagement work. This forum will ensure that our programme is grounded in people’s real experience.

4.4.2 What could have been better?

A consistent pathway across Norfolk and Great Yarmouth and Waveney – the national Transforming Care agenda has provided guidance on managing people with LD or autism and challenging behaviour, and on how the health and social care system should meet their needs. As commissioning arrangements and service provision are different in our five CCG’s there are different operational responses in each areas approach to the Transforming Care agenda. We have not yet explored whether these approaches need to be different and, whether by working closer together, we could implement a consistent pathway for this cohort across the TCP and so further reduce the number of people who are in hospitals or assessment and treatment units.

There are also cultural differences across health and social care that need to be further explored. Establishing a shared understanding and commitment at an operational level in both adults and children’s services is an area that continues to develop. We will need to focus on this to help us meet our objectives. This will be helped by the development of a set of shared outcomes for the programme.

Risk Share across Specialised Commissioning, CCG’s and Local Authorities – there are 18 people from Norfolk and Great Yarmouth and Waveney CCGs who are in beds commissioned by NHS England Specialised Commissioning including seven who have been in an inpatient setting for five years or more.

'Building the Right Support' suggests that the responsibility and budget for Specialised Commissioning may be managed on a TCP footprint. There is a proposal from NHS England that, for people in Specialised Commissioning's beds who have LD or autism, some funding – and commissioning responsibility – may be transferred to TCPs. There is uncertainty around Specialised Commissioning and we need greater understanding of the plans for Specialised Commissioning and to be more involved in shaping their development.

'Building the Right Support' also suggests that a local Risk Share or Pooled Budget should be developed between the CCG's and Local Authority. Recognising that both parties are concerned about additional cost pressures in what are difficult financial environments, there is a need to progress this sooner rather than later.

Integration with the STP – the governance of the Norfolk and Great Yarmouth and Waveney TCP was well established before that of the STP and while it is a key deliverable of the work of the STP, the governance structure of the STP continues to emerge. The SRO of the TCP is a member of the STP. In order to deliver its aim, the Transforming Care programme needs to influence other component parts of the STP especially the Housing/Estates Strategy and Workforce Development Plan. Working closely with and influencing existing groups, set up under the STP will be crucial to the success of the TCP.

4.5 Next Steps

The national Transforming Care programme is evolving and the requirements of NHS England are developing. Moreover, the wider health and care system is undergoing enormous change, at national, regional and local levels. In addition to this, we have revised the governance of the TCP locally in order to shape the work of the TCP going forward. Therefore any plan for the remaining two years of the national Transforming Care programme period needs to be flexible. The plan presented below is an initial view, and will be subject to change, through an agreed change control mechanism:

	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Finance	Finance protocols for LA and CCGs						
	Ongoing support to financial planning and bid development						
Accommodation	Development of housing plan	Implementation of housing plan					
Support	Development of LD strategy		Crisis Support Team		Intermediate Care/ alternative accommodation	Autism pathway commissioned	
		Forensic service development					
	Ongoing development of services to support embedding of care pathways						
Workforce	Development of workforce strategy	Implementation of workforce strategy					
Communications and Engagement	Ongoing engagement with Opening Doors						
	Ongoing support to programme communications development, and stakeholder engagement						
Operational CTR	Ongoing learning provided to programme and challenge to CTRs/patient updates						
	Increase uptake of LD health checks throughout programme						
Programme	Programme management including reporting and monitoring						
	Support to workstreams to deliver activity						

As shown in the diagram above, there are a number of large, ongoing pieces of work, and some smaller one-off projects, to be delivered by the TCP. All of the work of the Norfolk and Great Yarmouth and Waveney TCP will be informed by Opening Doors 'Experts by Experience'. We will also liaise with a range of providers, exactly which and when will be determined by the nature of the project or initiative.

More information on the specific areas of work is given below:

Locality-based work on Transforming Care – the TCP has worked with the local CRT groups, to share knowledge and good practice. This will continue through the remaining two years of the programme. Through the TCP, we will ensure that each area is following national guidance, and using CTRs and Dynamic Registers to ensure people are only in inpatient care when they need to be and only there to be assessed and treated.

Localities will also be responsible for ensuring that Physical Health Checks are implemented for people with Learning disabilities and Autism including new cancer screening programmes. The ongoing alignment of health and social care Learning Disability Registers will support this work. The outcome of this work will be:

- To make a significant and sustained increase the number of people on LD registers, and increase the number of people who have LD health checks
- To raise awareness of annual health checks and the primary care pathway, including medication reviews and the summary care record, for people with LD amongst local people
- To ensure that annual health checks are done consistently and to a high standard across the TCP, including medication reviews (STOMP)
- To increase the use of summary care records for people with LD.

TCP-wide monitoring – in order to develop and deliver more appropriate services for people with LD or autism and behaviour that challenges, we need to understand

our population and this cohort in particular. As part of this work, we will monitor inpatient numbers across the TCP area, including data on patients' needs, the types of services used and their location. We will work with the NHS England Information Governance Task and Finish Group to ensure that this work is compliant with good information governance practice.

Locally we are proposing that the data is held on BroadCare and the Transforming Care cohort will be monitored by the new CHC Business Unit.

TCP inpatient commissioning – most of the inpatient beds being paid for by CCGs in Norfolk and Great Yarmouth and Waveney are spot-purchased. The requirement for inpatient services is so small – though could be smaller – that it does not make sense for CCGs to commission on their own. The numbers alone make a compelling case for working beyond borough and organisational boundaries. As part of the work of the TCP, we will produce a more detailed cost model, showing the overall cost impact of Transforming Care and the likely inpatient requirement in future years. We may then make a case for commissioning inpatient services for the Transforming Care cohort on the TCP footprint. This project will include work on improving the quality of inpatient provision.

We will also redesign current Assessment and Treatment beds to deliver alternatives to admission, crisis beds and intermediate care beds.

CAMHS co-commissioning – in its first year, the TCP, has focused primarily on adults. We have now established a link with commissioners of Children Services including Education. We need to move towards co-commissioning with NHS England Specialised Commissioning.

The TCP will support this work and ensure that the CAMHS transformation plan takes account of the needs of children and young people with LD or autism, and that the co-commissioning model fits with Specialised Commissioning's New Care Models programme.

Local SEND pathways – pathways for children and young people with Special Educational Needs or Disabilities (SEND) are being developed locally, by education and social care departments in councils and CCGs. This needs to ensure that these pathways work for children and young people who have LD or autism and supporting local work, where needed.

Personalisation and increasing the uptake of Personal Health Budgets – we are mindful of the requirement in the NHS Mandate to expand the offer of Personal Health Budgets and the planned work by the Department of Health to expand the rights of people with LD to a Personal Health Budget. Our personalisation and Personal Health Budget work has two strands:

1. Ensuring that everyone with LD or autism who has the right to have a personal health budget is offered one, and has a good experience of PHBs. This includes people eligible for NHS Continuing Healthcare, children and young people eligible for continuing care and Education, Health and Care plans.

2. Work with STP work-streams to identify which other patient groups can benefit from personal integrated health and social care budgets and personalised care planning, and develop a TCP wide strategy and delivery plan to make this happen.

Accommodation-based services for the Transforming Care cohort – this initiative will require us to develop a local TCP cost model. The cost model will allow us to understand the accommodation needs and associated costs of the Transforming Care cohort in Norfolk and Great Yarmouth and Waveney. We will work with local councils, and providers, to obtain capital funding from NHS England, and we will enable commissioners to work together to find suitable accommodation for this group of people.

4.6 Key challenges

Undertaking any change in the current financial climate, with a number of other major changes in the NHS infrastructure currently also underway, is not easy. Transforming Care is a particularly complex agenda and some of the challenges which we face as a TCP are listed below:

Financial risks – everyone in the TCP agrees that delivering services closest to people's homes is the right thing to do. However, it must be noted that for Norfolk and Great Yarmouth and Waveney TCP the Transforming Care agenda carries very real financial risks. Our TCP is not closing any NHS inpatient units and we will not have financial savings to re-invest. Whilst moving people closer to home, to the least restrictive environment is absolutely the right thing to do, for CCG's and councils the Transforming Care agenda represents a potential cost pressure. This is in addition to the financial risks related to NHS England Specialised Commissioning's proposals, outlined below.

Proposed changes to Specialised Commissioning – NHS England Specialised Commissioning currently commission 'tier four' services, i.e. inpatient beds for children and young people and for adults who have forensic needs. We understand there are two proposals from NHS England with regard to Specialised Commissioning:

- The New Care Models programme - which involves moving a significant number of people with complex needs are discharged into local areas, with no additional funding for their care.
- A proposal from NHS England's national Transforming Care team that some funding (around £120k per patient, adult or child) is given to the CCG of origin when the patient is discharged. This may not meet the full cost of care locally and the CCG then has responsibility for re-commissioning inpatient care if the individual required re-admission.

Both options represent a financial risk to CCGs and councils and the TCP needs to work with NHS England to better understand and influence this work.

Autism – the scope of the Transforming Care agenda is autism as well as learning disabilities. However, the national delivery programme which supports the

Transforming Care agenda is NHS England Learning Disability programme. There is potentially a gap in the national and sub-regional programmes and a risk that the programme does not deliver for people with autism.

An evolving agenda – the national programme is changing, as are the requirements of NHS England. This impacts the work, and the resourcing, of the TCP.

Information governance – the national programme requires the TCP to operate as a single entity, to manage and monitor patients, to deliver a change programme and to plan as a TCP. However, the constraints on CCGs holding person-identifiable data make this difficult. We are working with NHS England to address this issue.

4.7 Making it happen

The Transforming Care agenda represents an opportunity to improve services for and increase awareness of a group of people whom the NHS has consistently failed. Whilst the agenda is broad, we can deliver real change within the programme period, but we need the support of those directly involved with the TCP and others in CCGs and councils.

From those individuals directly involved with the Norfolk and Great Yarmouth and Waveney Transforming Care Partnership, we need:

- Recognition that working on the TCP is about more than delivering a response to NHS England's assurance requirements – it is about working across the TCP to make a positive difference to people with LD or autism.
- Working in way that embodies the values and principles which are behind the Transforming Care agenda.
- Confirm commitment to work collaboratively across organisational boundaries.

What we need from CCGs and councils:

- Recognition that the scope of the Transforming Care agenda is all services for people with LD and/or autism and challenging behaviour, and not just those referred to as the 'Winterbourne cohort'.
- Confirmation of the ongoing commitment to the Transforming Care agenda and to improving services for people with LD and/or autism.
- Confirmation of the ongoing commitment to developing community-based services for people with LD or autism
- Ensure that local health and social care change programmes take account of the needs of people with LD or autism, working with the TCP when needed.

5. Recommendations

We would like Norfolk and Great Yarmouth and Waveney CCG governing bodies to continue to support the Transforming Care agenda and the work of the Norfolk and Great Yarmouth and Waveney TCP. The agenda is about equalities and the whole system making reasonable adjustments for people with LD or autism, as it should

under equalities legislation. This is massive cultural change that cannot happen in isolation.

In addition, we have some recommendations for CCG governing bodies and local authority partners:

- Development of a local Risk Share Agreement across NCC/SCC, CCG's and SCG for people with a learning disability and/or autism with challenging behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable workforce.
- To support an increase in the use of integrated Personal Health and Social Care Budgets.
- To transfer the Transforming Care database to BroadCare.
- To agree a budget to support co-production for the remainder of the programme.