# Transforming services for people with a learning disability and/or autism

## Planning guidance and support

*December 2015*

NHS England Gateway Ref: 04477

# Contents

# 1. Introduction

- Transforming care for children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, is a national priority.

- This means improving the independence, well-being and health of people with learning disabilities and/or autism, closing some inpatient services, and strengthening services in the community.

- Over the summer of 2015, six ‘fast track areas’ (collaborations of CCGs, local authorities and NHS England (NHSE) specialised commissioners) drew up plans to make that transformation a reality.

- Learning from that process, NHS England, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), will now support areas across England to draw up and deliver on transformation plans.

- This guidance is focused on supporting local areas to develop comprehensive and deliverable plans by guiding them through a planning framework that can be tailored to the individual needs of each area. It is designed to empower local leaders to lead and control the change whilst ensuring a consistent standard of delivery.

# 2.1 What we are asking

- We are asking commissioners (CCGs, LAs, NHS England specialised commissioners) to formulate a **joint transformation plan to radically change services for people with learning disabilities and/or autism.** Guidance on joint governance arrangements are in the delivery pack.
- **We expect commissioners to build up community capacity and close some inpatient services in order to shift the investment into high quality, personalised support.**
- This needs to be based on a **population approach** – CCGs, LAs and NHS England specialised hubs looking at what services are needed for the local population with a learning disability and/or autism in their area.
- It needs to be about service transformation and pathway re-design (investing in preventative services/early intervention in the community) **– not just 'resettlement' of current inpatients** into the community.
- That will involve changing relationships with **the whole provider market in this field**. There are some large providers who will be particularly impacted and commissioners need to work closely with them but plans should *not* simply be about one provider.
- Joint transformation plans in some areas will impact on commissioners elsewhere (e.g. because of the impact they have on local providers). So **commissioners in such areas will need to liaise with other commissioners** as appropriate. Where two plans impact on one provider in a significant way, plans will need to be clearly consistent.

# 2.2 What we are asking

While plans will be tailored to local areas to take into account the key differences in the health economy, provider landscape and demographics, there are three consistent national **outcome improvements** that should be incorporated in all local plans:

1. **Improved quality of care**
2. **Improved quality of life**
3. **Reduced reliance on inpatient care**

There are also three **national principles** that will underpin all local planning and delivery activity:

- **Plans should be consistent** with **Building the right support** and the **national service model** developed by NHS England, the LGA and ADASS, published on Friday 30th October 2015.
- **This is about 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 us to close all but the essential inpatient provision.
- **Strong stakeholder engagement:** providers of all types (inpatient and community-based; public, education, 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, housing) including people with direct experience of using inpatient services.

A **national plan template,** along side a **finance and activity plan template**, set this out in more detail (see delivery pack).

# 3. Financial underpinnings

**The costs of the future model of care**

- Will need to be met from the total current envelope of spend on health and social care services for this population, across the geographical footprint.
- That may involve shifting spend from some services along the pathway to others. A range of financial mechanisms may need to be used to do this, including pooled budgets where appropriate and NHS-funded dowries for people being discharged after very long spells in hospital (see below).
- Where agreed as part of a relocation package, dowries will be available to local authorities for people leaving hospital after spells in inpatient care of 5 years or more. Dowries will be recurrent, will be linked to individual patients, and will cease on the death of the individual.

**The costs of transitioning** to the future model of care

- Will need to be funded out of existing allocations, through additional investment in learning disability/autism services and/or efficiency savings.
- To help, NHS England will make available up to £30 million of transformation funding over 3 years, to be matched by CCGs. NHS England will also make available £15 million capital funding over 3 years.

# 4. Support

A package of support will be made available, including:

**During the planning phase (2015/16):**

- Independently-facilitated workshop for commissioners in the Transforming Care Partnership to help develop a shared understanding of where they are now,
- Independently-facilitated workshop for commissioners in the Transforming Care Partnership to help develop a shared vision for the future
- Regional events on implementing personalisation / PHBs

**During delivery (2016/17 onwards):**

- Potential collaborative improvement programme
- Potential intensive support offer – focus on trouble shooting discharge / commissioning blocks

# 5. Planning methodology / timeline

- We are suggesting the following stages for the development and delivery of transformation plans:


- These stages describe the journey that each area will need to go on in developing a coherent, and supported plan.
- We understand that every local area is different, and so this methodology and the support that underpins it is designed to be flexed and adapted to ensure the delivery of a model that is right for your area and also meet national standards.

# 5. Planning methodology / timeline

**December 2015:**

- Agree and confirm organisational / governance arrangements (mobilise ‘partnerships’)
- Appoint Senior Responsible Officer SRO and deputy from health and social care.
- Agree Lead CCG (for host finance arrangements)
- Agree involvement and engagement with NHS England specialised commissioners;
- Agree launch or ‘go-live’ date for partnership (where not already working together formally)
- Transformation planning approach formalised, including workforce and financial modelling and the approach to workforce development especially in relation to positive behavioural support and leadership of change across the system
- Agree outline scope of transformation plan and timescale for local delivery (includes publishing meeting dates for governing board)

**January to March 2016:**

- First governing board meeting (if not already in train)
- Drafting of transformation plans
- First cut transformation plan by 8th February 2016
- Local assurance of plan coordinated through NHS England with stakeholders (see delivery pack for more detail of how assurance will work)
- Finalise plan following regional and national moderation and feedback within March 2016

**April 2016**

- Final plan due 11th April
- Begin to implement plans