South East London Transforming Care (LD/ Autism) Programme – programme initiation document

April 2016

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1 Executive summary

The South East London Transforming Care Partnership is part of the national Transforming Care programme, launched by NHS England in response to the crises at Winterbourne View and other inpatient units of people with learning disability and/ or autism.

The South East London Transforming Care Partnership (TCP) consists of the clinical commissioning groups (CCGs) and councils of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and NHS England Specialised Commissioning.

This paper sets out the programme of work, the Transforming Care programme, that will be overseen by the South East London TCP. It makes the case for the programme, sets out the programme infrastructure and describes some of the work that will be undertaken and how other work will develop over the lifetime of the programme.

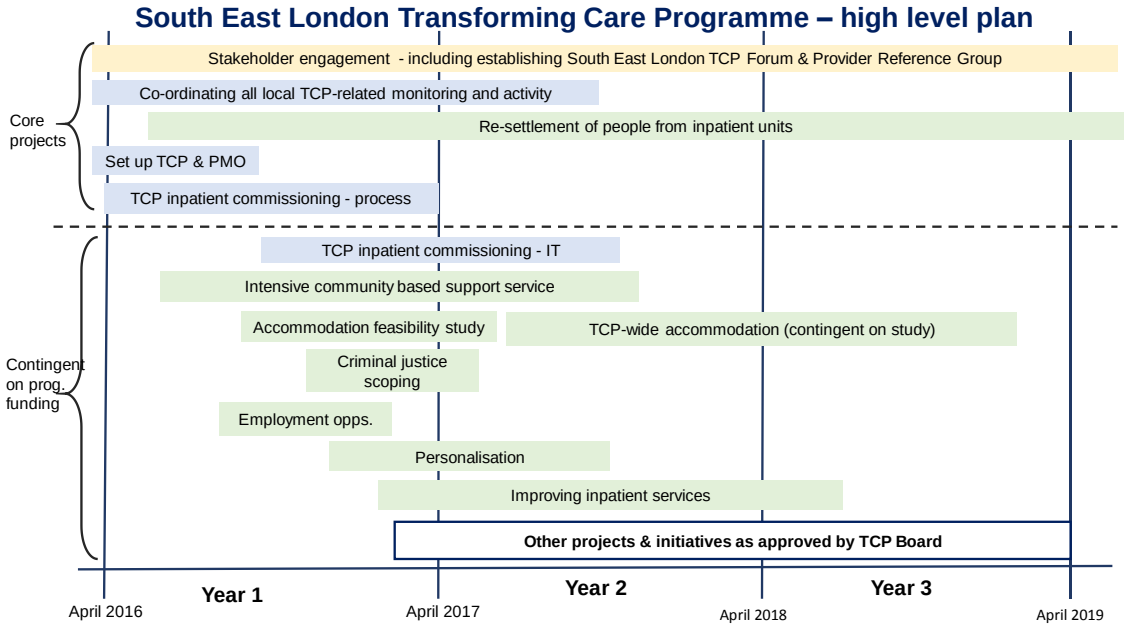
The scope of the South East London Transforming Care programme is all adults and children with learning disability (LD) and/ or autism. Work under the Transforming Care agenda is already underway in local areas, and CCGs have been reporting regularly to NHS England on the number people in their area with LD and/ or autism in inpatient beds. Some work under the Transforming Care agenda will be directly delivered by the South East London TCP and other work, that already underway in local areas, will contribute to the programme but will continue to be delivered locally.

The South East London TCP has three work-streams, each led by a member of the South East London TCP Board. The work-streams will deliver a number of projects and initiatives, some of which are planned now and some of which will arise during the course of the three-year programme. The work-streams and planned projects and initiatives are shown below:

South East London Transforming Care Programme - Work-streams

Co-production and stakeholder engagement	Pathway re-design & contracting (inc. personalisation)	Partnership Commissioning Framework
Projects & initiatives Set up & support SE London Forum Set up providers' reference group LD/ autism awareness raising **Ongoing work** • Identify resources • Mapping existing groups & existing engagement work underway • Undertake engagement on new pathways • Undertake engagement with families of people in inpatient units • Map existing provider engagement • Undertake additional provider engagement **Key deliverables** Comms & engagement plan	**Projects & initiatives** • TCP-wide re-settlement • New pathways • Intensive community based support • Mainstream health & care services • Accommodation feasibility study • TCP accommodation project • Criminal justice scoping • Personalisation • Improving inpatient services • Employment opportunities **Ongoing work** • Analyse CTRs – develop understanding of what needs to be commissioned • Determine what is commissioned locally & what across TCP **Key deliverables** • Pathways for key patient cohorts • Spec for intensive community support	**Projects & initiatives** • Set up programme infrastructure (inc PMO) • Rationalise Transforming Care monitoring • TCP inpatient commissioning • Support local commissioning in each area **Ongoing work** • Finance & activity data collection & collation • Develop & monitor financial model (new model; transition) • Manage and monitor programme spend **Key deliverables** • TCP financial & activity model • Programme docs • Memorandum of Agreement
Lead: Kim Rhymer (Bromley) **Supporting: Heather Hughes (Lewisham)**	**Lead: Colette Meehan (Greenwich)** **Supporting: Gordon Pownall (Bexley)**	**Lead: Laval Lebon (Lambeth)** **Supporting: Kate Moriarty-Baker (Southwark)**

Some of the projects and initiatives will commence from April 2016, the core projects, and others are contingent on programme funding from NHS England. This is shown in the high level plan below:



The South East London TCP has bid for £900k transformation funding from NHS England and £450k capital funding. The transformation funding will be match-funded by the six CCGs. The value of the match funding and contribution by each CCG has been agreed and will be used to fund the core projects listed

above. The tables below show how the South East London TCP plans to use the total programme funding:

Transformation costs	£000			
	Year 1	Year 2	Year 3	Total
PMO	150	150	100	400
Comms & engagement	50	40	30	120
Projects				
Re-settlement	100	100	50	250
TCP commissioning	70	30	0	100
Intensive community-based support	200	150	100	450
Criminal justice scoping	30	0	0	30
Employment opportunities	0	50	50	100
Personalisation	0	80	50	130
Improving quality of inpatient provision	50	50	40	140
IT solution revenue costs	0	40	40	80
TOTAL	**650**	**690**	**460**	**1800**

Capital costs	£000			
	Year 1	Year 2	Year 3	Total
Feasibility study	150	0	0	150
TCP IT solution	200	100	0	300
TOTAL	**350**	**100**	**0**	**450**

The South East London TCP is committed to delivering the Transforming Care programme and improving the lives of people with LD and/ or autism. A programme structure has been set up, including a programme board, with representation from all 12 statutory sector organisations and NHS England Specialised Commissioning and a programme manager has been appointed.

The South East London Transforming Care programme is being delivered with people with lived experience and we are working with providers. We have involved people with lived experience from the start of the programme and will continue to do so. Our programme's Senior Responsible Officer is meeting with providers and we will be establishing arrangements for ongoing provider engagement, as set out in the communications and engagement strategy.

This programme initiation document sets out the aspiration and ambition of the South East London Transforming Care Partnership. It captures current thinking and current plans and will be reviewed and refreshed and linked to local commissioning cycles across South East London.

2 Purpose of this document

This programme initiation document (PID) sets out the scope and objectives of the South East London Transforming Care Programme and how the programme will operate for its duration. It makes the case for setting up a Transforming Care Partnership across South East London, describes some of the immediate work that will be undertaken and the programme structure that will be set up to enable a three-year programme to be delivered that meets national and local objectives under the Transforming Care agenda.

The purpose of this document is to ensure that the programme has a sound basis, agreed by all members of the South East London Transforming Care Partnership. This PID is a base document against which the programme progress can be assessed.

The PID will be submitted to the South East London Transforming Care Partnership (TCP) Board for approval and NHS England for information, in addition to the NHS England planning template.

3 Context - about the Transforming Care Programme

The Transforming Care Programme is an NHS England programme, set up in response to the crises at Winterbourne View and other inpatient units for people with learning disabilities or autism. NHS England have asked clinical commissioning groups (CCGs) and councils to form 'Transforming Care Partnerships' (TCPs), to jointly deliver the three programme outcomes in their sub-regional areas:

- reduced reliance on inpatient services (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.

In 2015 NHS England worked with six ‘fast-track’ areas, which received a total of £10M programme funding, to implement the changes required by the Transforming Care agenda. Lessons from these areas will be shared with the other TCPs in England.

The South East London Transforming Care Partnership covers the areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The programme has a planning phase from now until April 2016 and then runs until April 2019.

3.1 Winterbourne view and post-Winterbourne reports

Following exposure of the crisis at Winterbourne View, NHS England commissioned the report by Stephen Bubb, *Winterbourne View – Time for Change*, in response to the failure to meet the post-Winterbourne pledge[1], to move all people with learning disabilities and/ or autism inappropriately placed in institutional care out of those settings by June 2014.

The report, published in November 2014, recommends a national mandatory commissioning framework, to be delivered locally, to grow community services for people with learning disabilities (LD). In addition to increasing community support, and decommissioning inpatient services, the report calls for empowerment of people with LD and/ or autism and their families, which it is envisaged will also drive demand for community-based provision.

As well as moving people out of institutions, where they can be supported to live in the community, the report also asks commissioners to consider prevention, i.e. how people with LD and/ or autism who are currently living in the community can be prevented from needlessly going to inpatient hospitals.

In October 2015, NHS England has published *Building the Right Support – a national plan to develop community services and close inpatient facilities for people with learning disability and/ or autism who display behaviour that challenges, including those with a mental health condition*.

Building the Right Support sets out a national programme, which requires groups of CCGs and councils to form 'Transforming Care Partnerships' to deliver the national programme within sub-regions. The South East London Transforming Care Partnership was established in response to this paper, and in recognition of the need for a South East London-wide approach to ensuring better services and better lives for people with LD and/ or autism.

3.2 Feedback from local people

One 4 March, the South East London TCP held an all-day planning workshop, with commissioners and managers from all 12 statutory sector organisations, local people from South East London, NHS England Specialised Commissioning and NHS England (London) Health in Justice System.

At the workshop we discussed what worked and what could be better for people with LD and/ or autism. Those discussions, and feedback from local engagement with individuals and families in each of the six areas, shape the South East London Transforming Care Programme. This section describes the feedback and the rest of this paper is informed directly by that feedback.

[1] *Winterbourne View Review: Concordat – a programme of action'*, Department of Health 2012

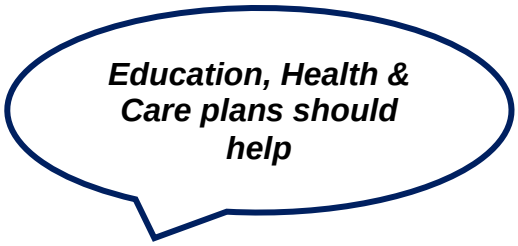
The discussions from the planning workshop, from people with lived experience and commissioners are captured in the table below:

What's working well	What are the challenges
Voluntary sector services: • Peer support • Young carers' services • Emotional support • Form filling • Advocacy Shared lives Supported living Compassionate people.	Fighting for short breaks – every year! DLA has five year-application process Schools – enormous variation in culture & attitudes Need better quality, more uniform training, for schools in particular Need support for appointments, e.g. at GP Double appointments with GP can be helpful Hospital discharge needs to be *supported* GPs don't always help with things like depression Sometimes you get a diagnosis, but no pathway or support! Parents left on their own to manage. Dislocation of child living out of borough Need to have a crisis before you get any support Transition from hospital into community is very badly managed – one young man not told that he was being moved out and has since been too scared to leave his new home Need to engage children's commissioners Labels can be helpful in unlocking support Personalisation is key - people don't fit neatly into boxes, so care for each person needs to be unique Transition planning should start early – at 14 Need a nuanced understanding of 'capacity', e.g. for individual who has pathological avoidance disorder People have life-long needs, but are continuously 'discharged' Some buddying/ peer input. Better links between teams, notably mental health and LD.

Whilst some of the individuals who participated in our planning workshop were voicing their own personal experiences, other were representatives of citizen groups and brought that wider perspective to the workshop, notably the Bexley Parent Carer Council and the Greenwich People's Parliament. Two individuals delivered thought-provoking presentations about their experiences of services for people with LD and/ or autism and have agreed to share their notes – which can be found in appendix A.

Some comments from individuals who participated in our planning workshop:

In addition to the planning workshop, we will be seeking ongoing feedback from people with lived experience throughout the programme, as set out in section 7.4 below and the South East London TCP communications and engagement plan.



Each local area within the South East London TCP is also working with people with lived experience to understand what's working and not working, within local areas, for people with LD and/ or autism. We will be drawing on this information from each area throughout the South East London Transforming Care Programme, e.g. the Greenwich People's Parliament Health Forum has collected and collated feedback on how pharmacies can work better for people with LD. We will use this information when undertaking work with mainstream health services.

More information on local engagement work can be found in appendix A.

3.2.1 Feedback from care and treatment reviews

Staff in each of the areas within the South East London TCP have set up an approach to undertaking care and treatment reviews (CTRs) and have been reviewing feedback from CTRs. Some key messages from these reviews are:

- Physical health can be overlooked and we need to ensure that the system looks at people holistically, supporting physical as well as mental health needs
- Positive behavioural management techniques can be helpful though the approach can be patchy
- Personalisation and person-centred care planning can help deliver better outcomes for people
- The CTR approach is helpful but the quality of risk assessments can be patchy
- Some CTRs have identified that the CTRs are not well received in an already well-established, statutory care and treatment review process such as CPAs and MH Tribunals.

Feedback from CTRs in individual boroughs can be found in appendix A.

We will be continuing with CTRs at local, borough level, and through the South East London Transforming Care programme we will ensure greater consistency is how CTRs are carried out. We will also review the feedback from CTRs across

the CTP as a whole and use this to inform how we develop pathways and commission services.

4 The South East London Transforming Care Partnership

The South East London Transforming Care Partnership (TCP) covers the areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The Partnership includes the six CCGs and six councils of these areas and NHS England Specialised Commissioning. The South East London TCP has a Board, with representatives from all thirteen organisations and people with lived experience.

The South East London TCP Board will oversee this programme and owns this programme initiation document. More information about the South East London TCP Board is in its terms of reference, which is appendix B of this paper and the governance structure is shown in section 7.5 below.

5 South East London – current picture

5.1 Population across South East London

The table below shows population data for each of the six areas in the South East London TCP. More detailed information about the local population in each area is provided in appendix C.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	TOTAL
Total registered population	233,808	344,373	278,727	375,051	310,561	315,321	1,857,840
Total adult population	179,305	264,724	216,061	309,737	241,730	247,199	1,458,758
LD (adults - up to 64)	3,511	4,728	4,328	5,771	4,886	5,443	28,667
LD (adults - 65 and over)	828	1,180	584	495	571	495	4,153
LD adults	4,339	5,908	4,912	6,266	5,457	5,938	32,820
Adults with LD - challenging behaviour (18-64)	65	88	79	106	90	99	527
LD (children)	325	983	220	561	364	579	3,032
LD (total)							0
ASC (adult, 18 - 64)	1,404	1,895	1,775	2,364	1,971	2,216	11,625
ASC (adult, 65 and over)	359	514	257	216	253	216	1,815
ASC adults	1,763	2,409	2,032	2,580	2,224	2,432	13,440
ASC (children)	509		671	542	1,082	806	3,610

Whilst we have a view of people from BME backgrounds in each local borough, we do not yet know the numbers of people with LD and/ or autism who are from BME backgrounds or their ethnicity. We will ensure that programme takes account of this – in how we set up the Forum and in individual projects (see section 7.8 below). In undertaking projects within the South East London TCP we will carry out equalities impact assessments where feasible.

5.2 Making the case for change

5.2.1 People in inpatient settings

Across South East London we have been actively managing the number of people in inpatient settings and each area has been undertaking care and treatment reviews (CTRs) of those in inpatient beds or at risk of admission. This has helped reduce lengths of stay and also avoided admissions in some cases.

The number of people in CCG-commissioned and NHS England specialised-commissioned beds is changing, but as at the end of March 2016, the numbers across South East London are:

	As at 31 March 2016		
Area	Number of people in CCG-commissioned inpatient beds	No. people in NHSE commissioned inpatient beds	Total
Bexley	3	2	5
Bromley	5	5	10
Greenwich	6	12	18
Lambeth	10	12	22
Lewisham	4	4	8
Southwark	7	7	14
TOTAL	35	42	77

The planning assumption number for inpatient beds for South East London, based on the guidance in Building the Right Support, are:

NHS England upper limits, by April 2016 (unverified):	
CCG-commissioned:	**22**
NHS England-commissioned:	**36**
TOTAL	**58**

As it stands, the number of individuals in inpatient beds is 19 more than the upper limit of our planning assumptions. Given the complexity of needs of these individuals, safely discharging people in the community and ensuring that there is suitable high quality community-based support available requires a concerted effort.

The numbers of people with complex LD and/ or autism, who may need to use inpatient services at certain times in their lives, is very small – we currently have 81 adults in inpatient beds out of an adult population of 1.8M (less than 0.005%). Whilst the number of individuals who are in or may need inpatient services is

very small, these are people with enduring, complex needs and it is essential we have the right support available to enable them to live well.

Commissioning for this number of people is done better across the larger footprint of the TCP area, than within CCG boundaries, as we share knowledge, expertise and experience to address the wide range of needs more effectively. If we are to be in a position where we only need 58 commissioned inpatient beds in South East London, then we must work across the TCP area and with NHS England specialised commissioning to commission together for inpatient provision and work together to put in place high quality community services. The numbers alone make a compelling case for working beyond borough and organisational boundaries.

5.2.2 People at risk of admission

Winterbourne View, time for change highlights the fact that inpatient numbers since the Winterbourne View crisis have remained largely static not because people have not been discharged, they have, but because other individuals have been admitted to inpatient beds. These are people with LD and/ or autism who are not well supported in the community and also children and young people from mental health settings. Moreover, the needs of people with complex LD and/ or autism can fluctuate and can be unpredictable.

Therefore as a programme, in order to enable people to live in community-based settings, we need a range of support services which are based in the community. These services need to be appropriate for children and young people as well as adults.

CCGs and councils already have some community-based provision in place and are undertaking local Transforming Care initiatives, working with LD commissioners and providers as we all as commissioners and providers for adult and child and adolescent mental health services (CAMHS).

The Transforming Care programme represents an opportunity for all six areas to work together to ensure community based provision is consistent, high quality and appropriate not just for one local area, but to support people living across South East London TCP area to remain in the community and to support children and young people in CAMHS to live in the community and not move into adult inpatient settings where this is avoidable.

5.3 Existing provision of community-based support

All areas in the South East London TCP have existing community-based provision for people with LD and/ or Autism, however, there is recognition across the area that we need more support in the community, and a different model of care, for people with more complex needs.

Whilst some of these services are jointly commissioned across health and social care, on the whole they are commissioned on a borough basis. We commission from a wide range of providers, which are listed in appendix E.

Within a few areas, there are early intervention/ intensive support services available in the community, the provision is inconsistent across South East London. E.g. NHS Southwark has commissioned an early intervention service from the South London and Maudsley Trust. This service provides crisis support for individuals and families, to prevent hospital admission, and also step down support for people being discharged into the community. Lambeth is looking into commissioning a similar service.

Intensive support in the community is essential to avoid hospital admissions and readmissions. As part of the South East London Transforming Care programme, we will be looking to build on existing provision in the South East London TCP area to provide high quality intensive support service(s) which uses a positive behaviour support (PBS) approach to support people with LD and/ or autism who display behaviour which challenges.

5.4 Supporting transition

As shown above, effective transition planning and sensitively managed transitions was a key theme from families at our planning event. There is considerable work underway to support young people with LD and/ or autism through transition.

Lambeth has developed a multi-agency protocol for transitions that applies to all organisations involved in working with young people with LD and/ or autism.

Greenwich is currently undertaking a piece of work to look at/clarify and improve pathways for young people moving into Adults' Services. The project is looking at:

- Employment, education & training
- Health,
- Housing and
- Friends & Relationships

Lewisham is developing a transition team and have currently funded a project manager to map and improve the transition pathway and processes.

The South East London Transforming Care programme is an opportunity for all areas in South East London to improve transition support and this work will be undertaken under the 'Pathway Re-design and Contracting' work stream. (More information about each of our work streams in provided in section 7.6 below).

5.5 Existing accommodation-based services

There is a range of accommodation provision across the South East London TCP area for people with LD and/ or autism, as shown in the table below. Moreover, all local areas are currently reviewing accommodation options for people with LD and/ or autism. The table shows a summary of existing provision and details of provision in individual areas can be found in appendix E.

Residential homes	Supported living	Shared Lives
All areas use a number of different providers, mostly within the South East London TCP area. Whilst there is a desire to minimise use of residential facilities, we recognise that there is a need for some provision of residential care, for some individuals. As part of the South East London Transforming Care Programme, we will be reviewing use of residential facilities across the TCP area, with a view to optimising the residential care commissioned.	All areas within the South East London TCP are reviewing their local accommodation and some are developing new supported living schemes: Bexley – have recently re-tendered their supported living provision Greenwich – reviewing options for new supported living development Lambeth – commissioning a new supported living scheme Southwark – commissioning a new enhanced supported living scheme As part of our Transforming Care Programme, we plan to commission a feasibility study of accommodation across the TCP area.	Within the South East London TCP we have a number of highly regarded Shared Lives schemes: Bexley – adult fostering 'shared lives' arrangements are well established and recently nominated for an LCG award Greenwich - subject to a review of its own provision, Greenwich Council will seek to increase the capacity of its own Shared Lives service. Lambeth – a provider, Grace Eyre, manages a Shared Lives scheme that sees local people sharing their home with someone who needs care and support Lewisham – undertaking a review to strengthen and develop Shared Lives services in the borough. Currently considering an option appraisal regarding whether to develop the service currently managed in house or to collaborate with Greenwich As part of the South East London Transforming Care Programme, we will be sharing good practice around Shared Lives schemes across the TCP area.

5.6 Criminal justice system

A disproportionate number of people in prison have an LD and/ or autism, but there is very little specialist health provision for those individuals. People with LD and/ or autism can also come into contact with the police and there is little specialist support for people in custody.

Within South East London, there are three prisons in Greenwich: Belmarsh, Isis and Thameside and one in Lambeth, Brixton prison. There is limited specialist LD provision, with one trained LD nurse in Isis and one in Brixton.

An initial needs analysis by NHS England's Health in the Justice System Team suggests that there are over 170 prisoners with LD and potentially more, who do not yet have a diagnosis. Therefore, much more needs to be done to increase understanding of the LD population in prisons and their needs.

We plan to undertake work with the criminal justice system. The initial needs analysis by the Health in the Justice System Team is included here are appendix D and we have planned to commission a piece of work scoping the needs of people with LD and/ or autism in the criminal justice system to identify gaps and possible solutions.

5.7 Existing personal budget/ personal health budget offer and related support services

All six areas within our Transforming Care Partnership offer personal health budgets to adults and children eligible for continuing care, and are offering direct payments. Personal budgets are also offered to children and young people through SEND and to adults eligible for adult social care.

In addition, some areas offer integrated budgets, e.g. for the last two years Southwark has a programme to support people in long term mental health placements to move into the community, with support and integrated health and care budgets.

Four areas within the South East London TCP, Greenwich, Lambeth, Lewisham and Southwark, were early implementers of personal health budgets, introducing them for people eligible for NHS Continuing Healthcare as part of the national Personal Health Budgets pilot programme. As well as offering personal health budgets to people eligible for NHS Continuing Healthcare, as mentioned above, Southwark has a large programme to support people to move out of long term mental health placements, supported with community support including integrated health and care budgets. Some boroughs in South East London have also started to develop their plans to expand the offer of personal health budgets.

We are cognisant of the requirement in the NHS Mandate to expand the offer of personal health budgets and the Transforming Care Programme has given the personalisation agenda added impetus.

Our vision includes increased provision in the community, this will include personal budgets and personal health budgets. The South East London Transforming Care Partnership is an opportunity for the organisations in the partnership to work together on expanding personal health budgets, using resources from NHS England to support this work. We will be developing a joint approach to personalisation as part of our six area Sustainability and Transformation Plan.

5.8 Gaps and areas for improvement

Across the South East London TCP area, the provision of services for people with LD and/ or autism is varied. All areas identified intensive support/ early intervention in the community as a gap and some have started commissioning theses services.

Given the need for a concerted, TCP-wide effort to safely discharge people from hospitals and support them in the community, we need a South East London TCP-wide approach to high quality community-based intensive support. We also need to set up South East London TCP area-wide commissioning and expand our offer around personal health budgets and embed personalisation.

These immediate priorities have shaped the early projects that will be delivered by the South East London Transforming Care Programme. More information about these initial projects is given in section 7.8 below.

6 New service model – our vision

Our vision for the South East London Transforming Care Programme was developed with people with lived experience and commissioners from CCGs and councils. Our vision for South East London is:

- To achieve equality of life chances and opportunities for people with learning disability and autism including those with a mental health problem.
- For people with LD and autism to grow up and live as independently as possible as adults, giving life-long support where this is needed.
- For mainstream services to enable people with LD and autism to access services to enable them to live healthy lives.

6.1 'I' statements for the South East London TCP

We believe that setting a clear vision from the start of the programme is essential and that vision needs to include what people with LD and/ or autism and their families experience. We reviewed the 'I' statements set out in *Building the Right Support* and have revised them with individuals and families in South East London and added an additional statement about work and activity:

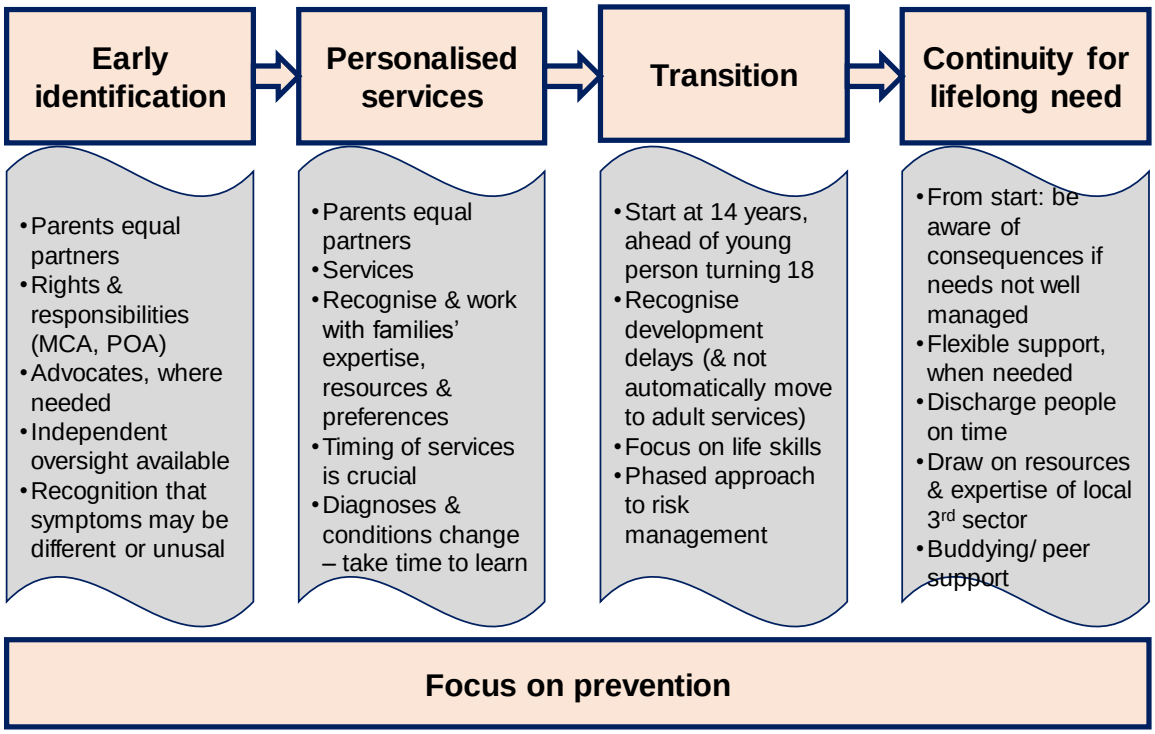
I have a good and meaningful everyday life.	***Graphic/ symbol – being developed***
My care and support is person-centred, planned, proactive and coordinated.	***Graphic/ symbol – being developed***
I am supported to have choice and control over how my health and care needs are met.	***Graphic/ symbol – being developed***
My family and paid support and care staff get the help they need to support me to live in the community.	***Graphic/ symbol – being developed***
I have a choice about where I live and who I live with.	***Graphic/ symbol – being developed***
I get good care and support from mainstream health services.	***Graphic/ symbol – being developed***
I can access specialist health and social care support in the community.	***Graphic/ symbol – being developed***
If I need it, I get support to stay out of trouble.	***Graphic/ symbol – being developed***
If I am admitted for assessment and treatment in a hospital setting, it is high-quality and I don't stay there longer than I need to.	***Graphic/ symbol – being developed***

I have the help I need to get work	***Graphic/ symbol – being developed***

The 'I' statements set out above will underpin all of the work of the South East London Transforming Care programme, for all client groups, adults and children and young people.

6.2 Pathway – overall

The vision set out above was further developed into a pathway for anyone with LD and/ or autism within the South East London TCP area:



6.3 Pathway for people in inpatient settings

Too often, people spend longer than is needed in hospitals and end up staying in assessment and treatment units beyond the completion of any treatment. Moreover, when people are discharged, they may then be moved to residential care homes away from their local areas.

Our vision is for people to in stay in hospitals only when they need treatment and for the shortest time possible. We want earlier, better, discharge planning and a model of gradually declining support. On discharge, most people will need

intense support but, wherever possible, this should be reduced to a maintenance level.

Personalised support planning is required and housing needs assessments, which should be updated regularly, at least every six months.

The aim is that, wherever possible, people should move from inpatient settings to supported living and eventually to living in the community. This needs to be done in a way that meets the needs of individuals and at a pace that works for them.

During the planning phase, of the programme, we have identified that for some people, their first experience of services is admission to hospital. This suggests a need for improved diagnosis and early identification of LD and autism.

6.4 Pathway for people with complex LD and/ or autism (at risk of admission)

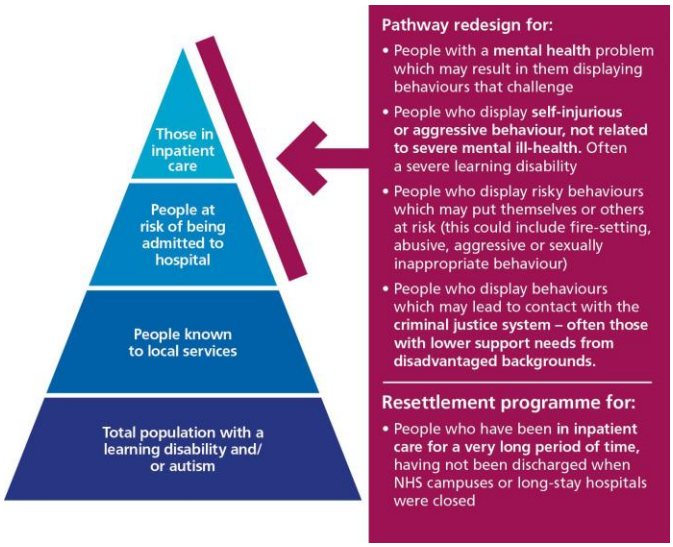
We are already working towards identifying those at risk of admission and want consistent, high quality early intervention/ intensive support in the community to support individuals and families when there are crises. The early intervention/ intensive support service should help avoid admission for some individuals. For others, referral to a step-down unit may be more appropriate.

7 The South East London Transforming Care Programme

7.1 Programme scope

At the South East London TCP we recognise that the Transforming Care agenda is broad and encompasses everyone who has LD and/ or autism.

We appreciate the clarification in *Building the Right Support,* which sets out the population of people with LD and/ or autism and how they will be affected by Transforming Care, as shown in the diagram below, taken from *Building the Right Support*:



In *Building the Right Support*, there are three groups of people whose needs the programme needs to address:

1. People in inpatient units - resettlement of people who have been in inpatient care for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed

2. People with a learning disability and /or autism in inpatient care or at risk of being admitted to hospital

- have a mental health problem which may result in them displaying behaviours that challenge
- display self-injurious or aggressive behaviour, not related to severe mental ill-health (often a severe learning disability)
- display risky behaviours which may put themselves or other at risk (this could include fire-setting, abusive, aggressive or sexually inappropriate behaviour) and
- display behaviours which may lead to contact with the criminal justice system – often those with lower support needs from disadvantaged backgrounds.

3. people with a learning disability and/or autism, including those with a mental health condition.

Our programme will cover all three groups, and some work will be directly *programme managed* whereas other areas of work will be *programme contributing* (to be delivered by local areas). Work on services for the first two groups will be directly programme managed, whereas other work is more likely to be programme contributing. However, people's conditions and needs are variable, change over time and can be unpredictable. We are therefore clear that

the scope of the South East London Transforming Care programme is the whole of the population of people with LD and/ or autism in South East London.

7.2 Programme objectives

- Improve the way we identify and meet the needs of people with LD/ autism are supported in community settings with good quality, responsive services.
- Ensure consistent transition planning for all children from aged 14 upwards to plan how they will live as independent adults wherever possible
- Enhance crisis intervention for people with LD and/ or autism where people are at risk of being admitted to hospital to prevent admission
- Develop proactive support for people with LD and/ or autism so that people can live independently in the community settings
- Improve hospital care and discharge planning for people with LD and/ or autism and discharge planning

In order to enable the South East London TCP to achieve these objectives consistently, we will, through the programme management office (PMO):

- Set up TCP-wide commissioning arrangements for people with complex LD and/ or autism and use the total budget to commission for this group
- Develop and agree a set of performance metrics (measures) to monitor, measure and report on performance against agreed programme targets and intended programme benefits.

7.3 Programme principles

The principles which will underpin all work carried out under the South East London Transforming Care programme:

- **Co-production**: that is co-design and co-delivery of services whenever possible, and acknowledging that people have resources which should be central to how they are supported.
- **Collaborative working**: to work across geographic boundaries, and offer support around the needs of the individual not just what is available locally.

- **Personalisation**: ensuring that, wherever possible, support fits around individuals and families, rather than individuals and families having to fit around services.

- **Integration**: to work across organisational and professional boundaries, where needed to provide support that is centred around individuals and families.

- **Efficiency and financial sustainability**: as far as possible all, the programme as a whole and individual initiatives will consider efficiency and financial sustainability.

- **High ambition**: deliver real change in the lifetime of the programme quickly and not just comply with policy and guidance.

7.4 Our approach to co-production and stakeholder engagement

7.4.1 People with lived experience

Our ambition for the South East London Transforming Care Programme is that it is co-produced with people who have LD and/ or autism and their families. Individuals, from across South East London, who have lived experience of services participated in our planning workshop. Their experiences, views and ideas have shaped this PID and we will review the final version with those individuals.

We will also set up the South East London Transforming Care Forum. This is a group of individuals with lived experience, some from user-led organisations and LD Partnership Boards in the six areas, who will shape the programme for its duration. The Forum will be kept informed about the programme and will provide advice and act as a 'critical friend'. The Forum will select two of its members to be full members of the South East London Transforming Care Partnership Board.

7.4.2 Working with providers

As part of our programme, we will also be engaging with providers. We will work closely with the two NHS providers of inpatient beds in South East London – Oxleas and the South London and Maudsley Trust. We will also liaise with other providers via existing provider networks in local areas and set up a TCP-wide reference group for providers. Our SRO is currently meeting NHS providers individually.

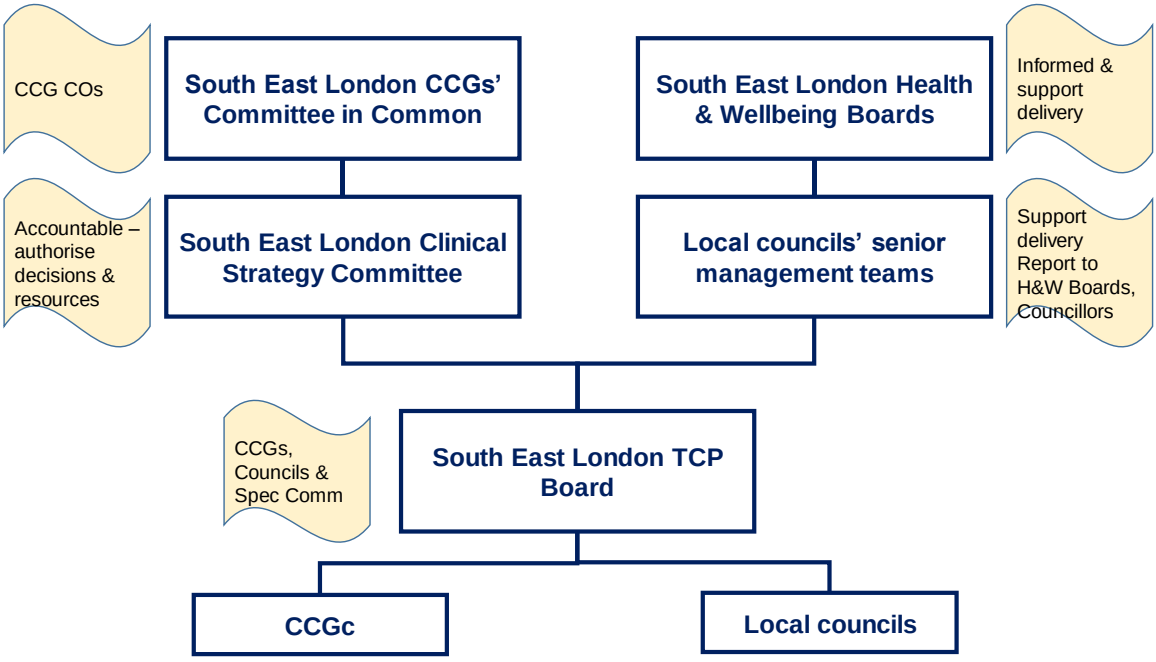
In addition, we will use existing six-area working arrangements, set up through the Our Healthier South East London (OHSEL) Programme to support engagement. The OHSEL Programme has a Stakeholder Reference Group,

which includes health scrutiny, local government scrutiny, Healthwatch and CCG lay representatives in South East London. We will liaise with this group as part of our engagement, to raise awareness of the Transforming Care agenda and support providers to move to different ways of working.

More information about our approach to communications and engagement is provided in the South East London TCP Communications and Engagement plan.

7.5 Programme structure & reporting

In South East London, we already have an existing six area programme infrastructure, through the *Our Healthier South East London Programme.* The diagram below shows how the South East London Transforming Care Programme will fit within this existing governance structure and our six area Sustainability and Transformation Plan:



The Senior Responsible Officer for the programme, and chairperson of the South East London TCP Board is Annabel Burn, Chief Officer at NHS Greenwich CCG. The TCP Board is accountable to the CCGs and the local councils in South East London.

The South East London TCP Board reports to the already established South East London Clinical Strategy Committee, which in turn reports to the Committee in Common of the six CCGs. The Committee in Common consists of the Chief Officers of all six CCGs and can take decisions on behalf of the CCGs.

Please see appendix B for the terms of reference of the South East London TCP Board. Decisions about the work of the programme will be taken as close to

services as possible and programme board approval will be sought where there is a change in scope or requirement for resources.

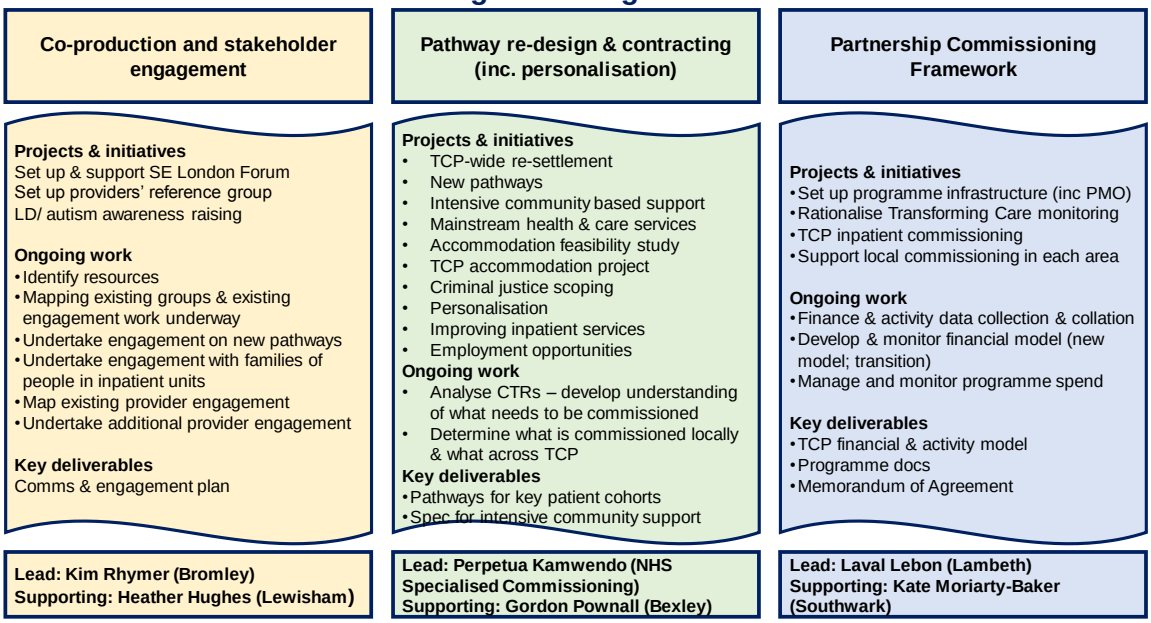
The South East London TCP Board also reports to the local councils' senior management teams and they in turn are accountable to local Health and Wellbeing Boards.

7.6 Programme work-streams

The scope of the South East London Transforming Care Programme is broad. Some work will be directly programme managed and delivered by the core programme team, across all six areas. Other work will contribute to the programme and will be delivered primarily in local areas, but be supported and monitored by the core team.

Each work-stream will involve all six areas in the South East London TCP and we are all jointly responsible for delivering the work. However, there will be a lead and supporting area for each, which take accountability for the work-stream. The work-streams, and some of the planned work, are shown below:

South East London Transforming Care Programme - Work-streams



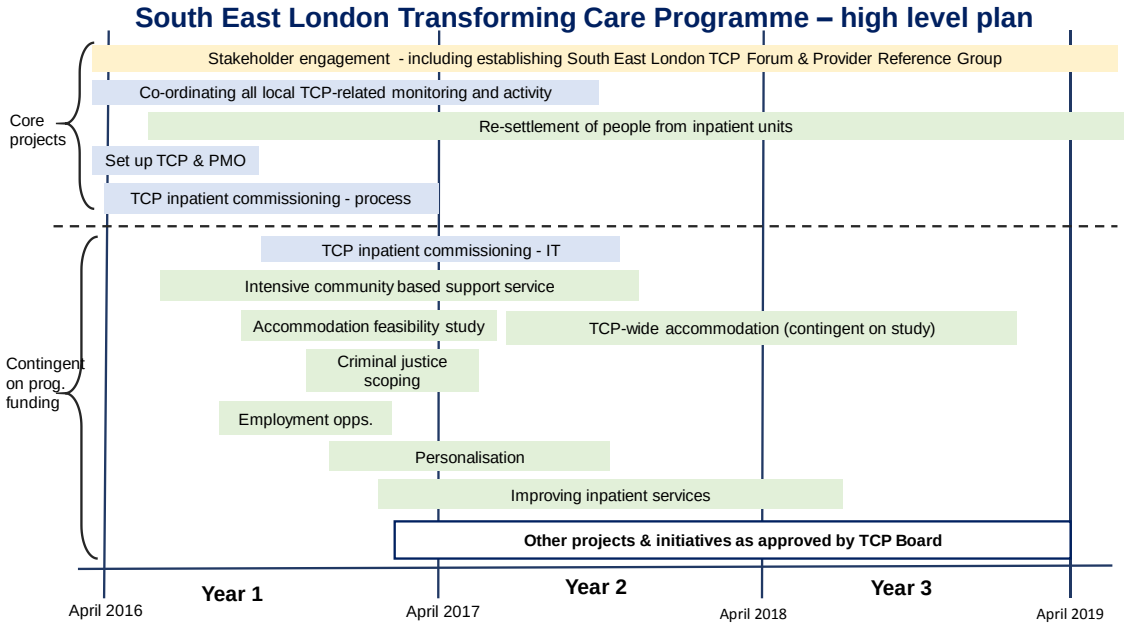
Our finance lead is Julie Witherall, Assistant Director of Financial Management, who has helped develop this PID.

7.7 High level programme plans and key milestones

The programme plan will develop over the course of the three-year programme. The high level plan shown below is our programme plan as it is now. This will be

periodically refreshed and revised as programme funding is finalised and new initiatives identified.

The plan includes a number of core projects, which the South East London has started from April 2016. It also includes a number of projects which are contingent on programme funding:



Some initial milestones in the high level plan include:

- April 2016 – PMO established and programme manager appointed
- May 2016 – South East London TCP programme management office set up
- June 2016 – South East London TCP Forum set up
- June 2016 – start six-area programme of re-settlement of patients from inpatient units (N.B. this is separate from, but will incorporate, existing work on re-settlement in local areas)
- July 2016 – ensure South East London TCP programme plan is included in local commissioning intentions
- August 2016 – monitoring of all local TCP activity co-ordinated and a single progress monitoring and reporting approach in place
- September 2016 – hold South East London TCP event to review and refresh TCP programme plan, and link with commissioning cycle.

7.8 Projects and initiatives

The Transforming Care programme is broad in scope and covers at least a three-year period. Some work under the Transforming Care programme is already underway in local areas, and has been going on for the last two years. Eventually, the South East London Transforming Care Programme needs to have an overview of all activity under the Transforming Care agenda, some of which will be directly programme managed and some of which will be programme contributing, and delivered in local boroughs.

As it stands, we can only plan some of the directly programme-managed activity now and other individual projects and initiatives will emerge during the lifetime of the programme. The South East London TCP Board will determine which projects are implemented across the South East London TCP area, based on where there are gaps and where it makes sense to work across the whole TCP.

Some of the projects and initiatives we know we will be undertaking across the South East London TCP are:

- Setting up the programme management office and TCP-wide monitoring
- South East London TCP-wide re-settlement of people into the community
- Establish South East London TCP commissioning arrangements
- Expand provision of intensive support in the community
- Capital projects - undertake a feasibility study into increasing accommodation that can be used by anyone in the TCP area; IT solution to support TCP-wide commissioning
- Scoping the work required in the criminal justice system
- Sharing good practice across the South East London TCP area.

Some of these projects, our core projects, are started or will start soon, and others are contingent on additional programme funding which we have bid for from NHS England.

More information about each of these initiatives is given below.

7.8.1 Set up the South East London TCP and supporting PMO

The South East London Transformation is broad in scope and covers all six areas. A dedicated programme management office is established to support the work of the programme. A programme manager is in post for the planning phase

of the programme and will support the set up of the programme management office.

The functions of the programme management office include:

- plan, monitor, quality assure and have oversight of all activity under the Transformation Care agenda in South East London – whether it is directly programme managed or contributing to the programme thought borough-based work
- undertake programme communications and reporting, through the governance structure outlined in section 7.5 above, and to NHS England
- actively support and facilitate projects and initiatives within the programme, through providing additional capacity or expertise or facilitating processes and making connections
- be the repository for all programme resources and ensure resources are used appropriately and well.

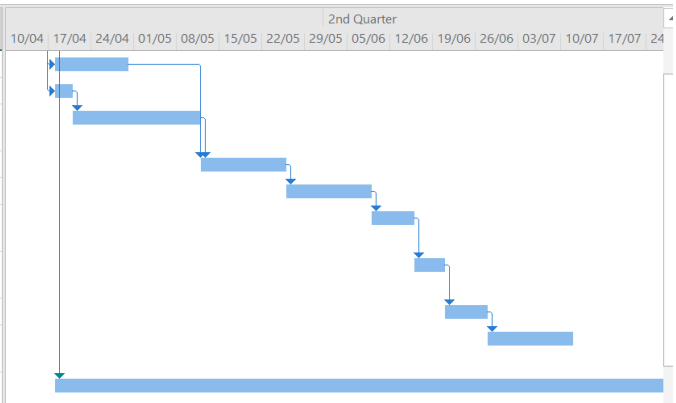
7.8.2 TCP-wide resettlement of people into the community

The number of people from South East London CCGs currently in inpatient beds is higher than the upper limit of the planning assumptions. We therefore need a South East London TCP-wide initiative to safely discharge people from these beds and support them in the community.

This work is already underway in each local area and all six areas are carrying out care and treatment reviews (CTRs), however there is an urgent need for a TCP project to accelerate inpatient discharges.

The draft project plan, a section of the overall progamme plan for South East London Transforming Care, below shows the work required:

Task Name	Duration	Start	Finish
Collate data on patients across TCP-area	10 days	Mon 18/04/16	Fri 29/04/16
Identify key stakeholders	3 days	Mon 18/04/16	Wed 20/04/16
Identify and understand needs of patients & families	15 days	Thu 21/04/16	Wed 11/05/16
Set up TCP-wide monitoring of inpatients	10 days	Thu 12/05/16	Wed 25/05/16
Collect & review info from CTRs	10 days	Thu 26/05/16	Wed 08/06/16
Collect & review good practice on CTR process	5 days	Thu 09/06/16	Wed 15/06/16
Produce CTR good practice & share across TCP	3 days	Thu 16/06/16	Mon 20/06/16
Identify barriers to discharge	5 days	Tue 21/06/16	Mon 27/06/16
Conduct peer review of local CTR process (cross-CTP)	10 days	Tue 28/06/16	Mon 11/07/16
Ongoing discharge and re-settlement	100 days	Mon 18/04/16	Fri 02/09/16



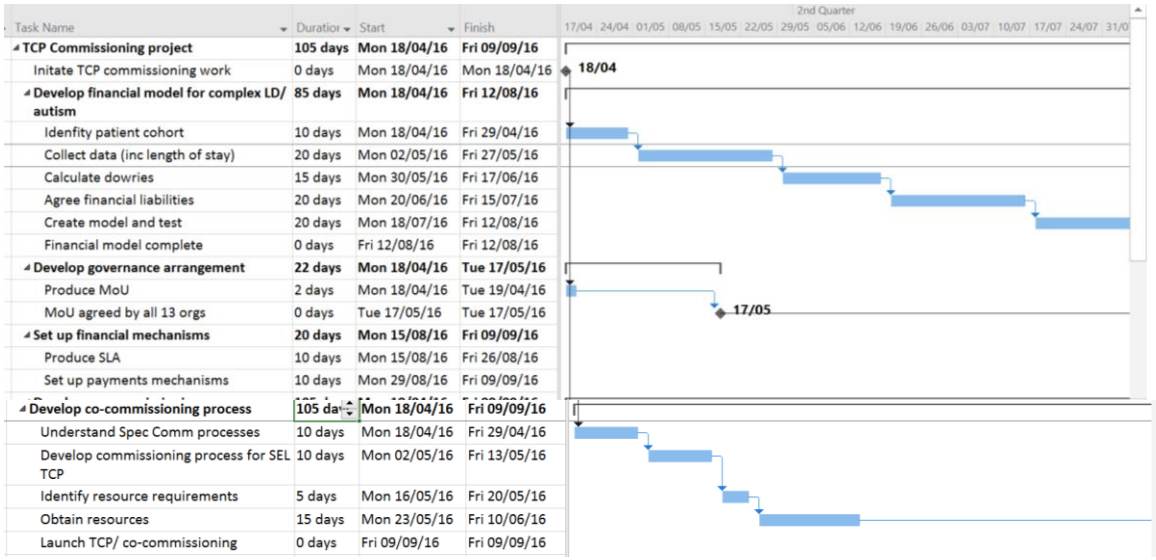
We know that providing suitable accommodation and appropriate and flexible support in the community is key to helping people come out of hospital and stay out of hospital. The population of South East London is ethnically diverse and our local councils will ensure that community based support is able to meet the needs of this diverse population.

The plan for this project, along with others in the Transforming Care programme, will be further developed with local commissioners and people with lived experience and reviewed periodically.

7.8.3 Set up TCP-wide commissioning arrangements

In year 1, we will set up co-commissioning arrangements with NHS England Specialised Commissioning and then move towards place-based commissioning, with the South East London TCP managing the whole budget for people in South East London with complex LD and/ or autism.

An initial plan for this project within our programme is shown below:



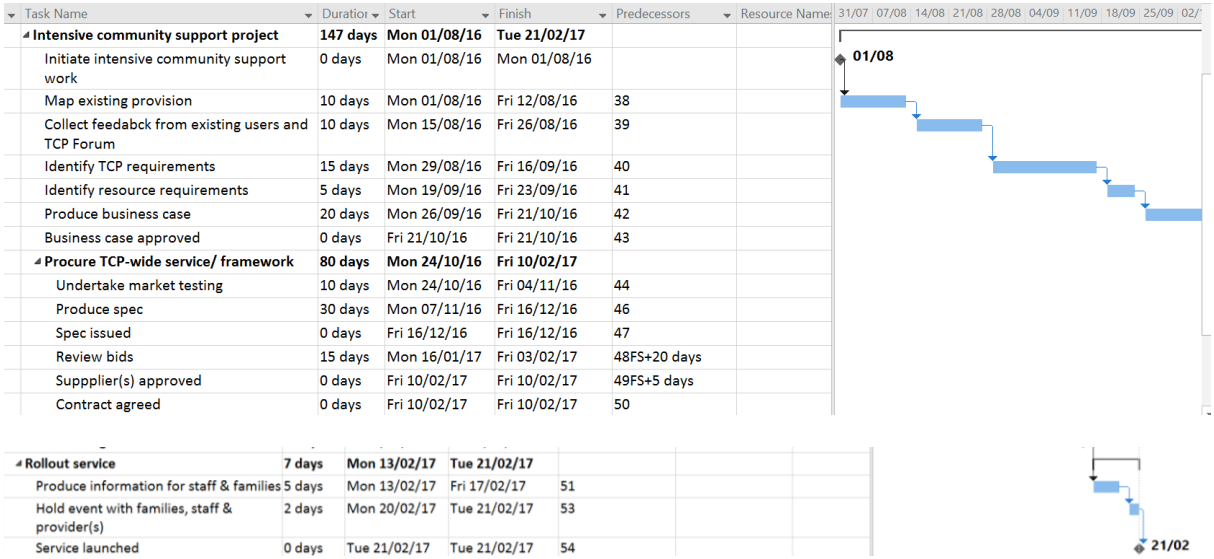
Task Name	Duration	Start	Finish
TCP Commissioning project	**105 days**	**Mon 18/04/16**	**Fri 09/09/16**
Initate TCP commissioning work	0 days	Mon 18/04/16	Mon 18/04/16
Develop financial model for complex LD/ autism	**85 days**	**Mon 18/04/16**	**Fri 12/08/16**
Idenfity patient cohort	10 days	Mon 18/04/16	Fri 29/04/16
Collect data (inc length of stay)	20 days	Mon 02/05/16	Fri 27/05/16
Calculate dowries	15 days	Mon 30/05/16	Fri 17/06/16
Agree financial liabilities	20 days	Mon 20/06/16	Fri 15/07/16
Create model and test	20 days	Mon 18/07/16	Fri 12/08/16
Financial model complete	0 days	Fri 12/08/16	Fri 12/08/16
Develop governance arrangement	**22 days**	**Mon 18/04/16**	**Tue 17/05/16**
Produce MoU	2 days	Mon 18/04/16	Tue 19/04/16
MoU agreed by all 13 orgs	0 days	Tue 17/05/16	Tue 17/05/16
Set up financial mechanisms	**20 days**	**Mon 15/08/16**	**Fri 09/09/16**
Produce SLA	10 days	Mon 15/08/16	Fri 26/08/16
Set up payments mechanisms	10 days	Mon 29/08/16	Fri 09/09/16
Develop co-commissioning process	**105 days**	**Mon 18/04/16**	**Fri 09/09/16**
Understand Spec Comm processes	10 days	Mon 18/04/16	Fri 29/04/16
Develop commissioning process for SEL TCP	10 days	Mon 02/05/16	Fri 13/05/16
Identify resource requirements	5 days	Mon 16/05/16	Fri 20/05/16
Obtain resources	15 days	Mon 23/05/16	Fri 10/06/16
Launch TCP/ co-commissioning	0 days	Fri 09/09/16	Fri 09/09/16

7.8.4 Intensive support in the community

In South East London, we do not have sufficient provision of community-based early intervention/ intensive support across the TCP area. One of our early projects therefore is to ensure everyone living in the South East London TCP area has access to early intervention/ intensive support outside hospitals, when they need it. This is not to say there is no provision in the TCP area – there is

and this project will build on what we already have in place in some local boroughs. The intensive support service(s) will need to be personalised and be able to meet individuals' and families' cultural needs as well as health and social care needs.

The plan below is an initial project plan for this work which will be further developed in the coming weeks:



Task Name	Duration	Start	Finish	Predecessors	Resource Names
Intensive community support project	**147 days**	**Mon 01/08/16**	**Tue 21/02/17**		
Initiate intensive community support work	0 days	Mon 01/08/16	Mon 01/08/16		
Map existing provision	10 days	Mon 01/08/16	Fri 12/08/16	38	
Collect feedabck from existing users and TCP Forum	10 days	Mon 15/08/16	Fri 26/08/16	39	
Identify TCP requirements	15 days	Mon 29/08/16	Fri 16/09/16	40	
Identify resource requirements	5 days	Mon 19/09/16	Fri 23/09/16	41	
Produce business case	20 days	Mon 26/09/16	Fri 21/10/16	42	
Business case approved	0 days	Fri 21/10/16	Fri 21/10/16	43	
Procure TCP-wide service/ framework	**80 days**	**Mon 24/10/16**	**Fri 10/02/17**		
Undertake market testing	10 days	Mon 24/10/16	Fri 04/11/16	44	
Produce spec	30 days	Mon 07/11/16	Fri 16/12/16	46	
Spec issued	0 days	Fri 16/12/16	Fri 16/12/16	47	
Review bids	15 days	Mon 16/01/17	Fri 03/02/17	48FS+20 days	
Suppplier(s) approved	0 days	Fri 10/02/17	Fri 10/02/17	49FS+5 days	
Contract agreed	0 days	Fri 10/02/17	Fri 10/02/17	50	
Rollout service	**7 days**	**Mon 13/02/17**	**Tue 21/02/17**		
Produce information for staff & families	5 days	Mon 13/02/17	Fri 17/02/17	51	
Hold event with families, staff & provider(s)	2 days	Mon 20/02/17	Tue 21/02/17	53	
Service launched	0 days	Tue 21/02/17	Tue 21/02/17	54	

7.8.5 Capital projects

Feasibility study into increasing TCP-wide accommodation

Within the South East London TCP, Lambeth and Southwark are both developing new supported living facilities, however across the TCP as a whole we need more suitable accommodation, with the right support, to allow people with LD and/ or autism to live independently in the community.

A capital project of this nature, across the TCP, is a significant undertaking. As well as requiring major investment, it needs to overcome existing barriers to developing accommodation-based services across borough boundaries. We therefore plan to commission a feasibility study into a TCP-wide accommodation project, using capital funding from NHS England.

TCP IT solution to support TCP-wide commissioning

Our ambition is to be able to commission services for patients with complex LD and/ or autism across the South East London TCP area. However, at the moment, there is no mechanism for us to be able to share patient data across South East London. We want to invest capital funding in an IT solution that would support South East London TCP-wide integrated commissioning. We would be interested in linking with other London TCPs to develop a shared system.

7.8.6 Scoping work in the criminal justice system

We need to better understand the needs of people with LD and/ or autism who are in prison. To this end, we want to commission a study to scope the work required to better support people with LD and/ or autism who come into contact with the criminal justice system.

The findings of this study will then inform projects and initiatives undertaken by the South East London Transforming Care Programme. This work may include awareness raising and training for prison staff and developing better links with LD/ autism specialists working in the community.

7.8.7 Sharing good practice across the South East London TCP and beyond

Within each of the six areas in the South East London TCP, work on the Transforming Care agenda is already underway. The South East London Transforming Care Partnership provides a mechanism for us to share good practice and share learning across the South East London TCP area, across London and nationally.

7.8.8 Others – over the programme period

Over the programme period, our Programme Board will identify areas of work to be delivered by the South East London Transforming Care programme. We will take a collective view on these and a business case for each one will be developed, to identify potential costs and benefits of doing these across the South East London TCP, rather than at borough level. Some potential initiatives may include:

- **Better understanding of needs of prison population** – work with NHS England's (London) Health In the Justice System team to commission a more detailed needs assessment for LD/ autism population in prisons in South East London and potentially undertake work to improve prisoner pathways.

- **Increasing employment opportunities** - Work across the statutory, voluntary and private sectors to improve employment and meaningful volunteering opportunities for people with LD and/ or autism as part of pathways to greater independence. We will draw on work already underway and support available through NHS England's LD Employment Programme.

- **Improving quality of inpatient provision** – work with existing inpatient units, within the South East London TCP area, to ensure that they are delivering high quality care and that staff supported, where needed. We

would want to draw on the support offered by Certitude, part of NHS England's Provider Delivery Taskforce, for this initiative.

- **Embedding personalisation -** continue working with health and social care providers to raise awareness and understanding of personalisation and person-centred care planning. Whilst there is growing awareness amongst social care providers, there is still work to be done in this area with mainstream NHS providers in particular.

7.9 Making it sustainable – linking with the commissioning cycle

Whist the South East London Transforming Care Programme has been set up as a separate programme, we are keen to ensure that the work of the programme is closely linked into our commissioning cycle. Each CCG starts developing its commissioning intentions in July and we will ensure that this programme is refreshed on an annual basis and that this will align to the sustainability and transformation plan (STP) timetable for South East London.

7.10 Programme resource

The South East London Transforming Care Programme has a number of work-streams, each being led by a nominated officer in a CCG and all with members from our six CCGs and six councils.

In addition, the South East London TCP has as dedicated programme manager. The TCP is also in the process of setting up a programme management office, to support delivery of the programme and to monitor work carried out across the TCP area under the Transforming Care agenda.

The Chief Officers of the six CCGs have approved funding for the programme management office and the core projects.

We have made a bid to NHS England for transformation and capital funding. The South East London GP registered population is approximately 1.9M people, which is around 3% of the total GP registered population of England. Therefore the South East London TCP submitted a bid for 3% of the total capital funding and 3% of the total transformation funding. This equates to £450k capital funding and £900k transformation funding.

If our bid is approved, the £900k transformation funding from NHS England is then contingent on match funding from the South East London TCP. This funding will be used to support delivery of the projects listed above and also the delivery of the programme as a whole.

The tables below show how the South East London TCP plans to use the transformation and capital funding:

Transformation funding

Transformation costs				
	£000			
	Year 1	Year 2	Year 3	Total
PMO	150	150	100	400
Comms & engagement	50	40	30	120
Projects				
Re-settlement	100	100	50	250
TCP commissioning	70	30	0	100
Intensive community-based support	200	150	100	450
Criminal justice scoping	30	0	0	30
Employment opportunities	0	50	50	100
Personalisation	0	80	50	130
Improving quality of inpatient provision	50	50	40	140
IT solution revenue costs	0	40	40	80
TOTAL	**650**	**690**	**460**	**1800**

Capital funding

	£000			
	Year 1	Year 2	Year 3	Total
Feasibility study	150	0	0	150
TCP IT solution	200	100	0	300
TOTAL	**350**	**100**	**0**	**450**

7.10.1 Match funding

The Chief Officers of all six CCGs are supportive of the programme and regularly updated on progress by the SRO. They have agreed to match fund the programme funding from NHS England and agreed to match funding.

7.10.2 NHS England-commissioned support

We welcome the support commissioned by NHS England and have stared liaising with the Provider Support Taskforce. We have met with Certitude, shared out initial thinking and will be finalising how best we utilise their support from April.

We have also contacted the NDTi and would like to utilise their facilitation support in setting up the South East London TCP Forum.

7.11 Links with other initiatives

7.11.1 Our Healthier South East London

Our Healthier South East London is a five-year strategy which aims to improve health and integrated care across South East London.

OHSEL has identified six priorities for improving local healthcare:

1. Community based care
2. Maternity
3. Children and young people
4. Cancer
5. Planned care
6. Urgent and emergency care.

Each of these areas of work is being shaped by a Clinical Leadership Group, each of which includes clinicians, commissioners, social care leads, Healthwatch representatives and other patients and members of the public from across south east London.

Learning disability and autism is not a separate area of work within the OHSEL strategy but we will ensure that each of the six priority areas listed above is reviewed to ensure that services are able to effectively meet the needs of people with LD and/ or autism who access these pathways. OHSEL is developing into the STP programme for South East London and the STP is being embedded into the STP.

7.11.2 NHS England Transforming Care initiatives

We have been in touch with NHS England's Learning Disability Employment Programme and attended their launch meeting. We support the objectives of that programme and will continue to support their work, and our own TCP work on employment.

We will also be participating in the workforce development workshop by Health Education England.

7.12 Benefits realisation and monitoring

The South East London has adapted and adopted the 'I' statements set out in the National Service Model. We want the South East London Transforming Care Programme to deliver a vision which makes these statements a reality for people with LD and/ or autism and their families.

We have therefore developed a monitoring framework across the South East London TCP that has these 'I' statements at its heart. The monitoring framework

includes metrics suggested by NHSE England in its planning template, part of the delivery pack for the national Transforming Care Programme. Our monitoring framework will be regularly monitored by the programme team and includes the following metrics:

Metric	Related 'I' statement
Number of people in inpatient beds/ area	I have choice about where I live and who I live with
Number of people with personal budgets/ area	My care is person-centres, planned, proactive and coordinated
Number of people with personal health budgets/ area	My care is person-centred, planned, proactive and coordinated
Number of people in supported living or shared lives arrangements/ area/ area	I have choice about where I live and who I live with
Number of people in residential care homes/ area	I have choice about where I live and who I live with
Number of people referred for intensive community support/ area	I can access specialist health and social care support in the community
% of children and young people with LD and/ or autism who have transition plans/ area	My care is and support is person-centred, planned, proactive and coordinated
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/ area	My care is person-centred, planned, proactive and coordinated
Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital/ area	I can access specialist health and social care support in the community
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)/ area	I good care and support from mainstream health services
Waiting times for referral for assessment for people with a learning disability or autism/ area	I can access specialist health and social care

	support in the community
Waiting times from assessment to treatment for people with a learning disability or autism/ area.	I can access specialist health and social care support in the community
Quality of inpatient units (within TCP area).	If I am admitted for assessment and treatment in a hospital setting, it is high quality and I don't stay there longer than I need to.

We will be monitoring the programme throughout its duration and regularly report to the Programme Board on progress, against this monitoring framework. We will use comparative data, collected using the monitoring framework, to ensure high standards and consistency across all areas in the South East London TCP.

8 Appendices

Appendix A - local engagement work and feedback from local people

Appendix B - South East London TCP terms of reference

Appendix C - local population information

Appendix D - Health in the Justice System – report on South East London prisons and provision for people with LD and/ or autism.

Appendix E - local provision

Appendix F – South East London TCP risk register.