

Transforming services for people with Learning Disabilities

Planning guidance and
support for 'fast track'
areas

July 2015



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1. Introduction

- Transforming care for people with learning disabilities and/or autism and challenging behaviour or 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, five ‘fast track areas’ (collaborations of CCGs, local authorities and NHS England specialised commissioners) will receive additional support to help them plan and implement change at greater speed. Through the process, NHS England, the LGA and ADASS will also co-develop with the fast track areas an approach to transformation for later application nationally.
- 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 fast track area. It is designed to empower local leaders to lead and control the change whilst ensuring a consistent standard of delivery at a regional and national level.

2.1 What we are asking fast tracks to do

- We are asking commissioners (CCGs, LAs, NHSE specialised) to formulate a **joint transformation plan, to close some inpatient services and strengthen support in the community.**
- This needs to be based on a **population approach** – CCGs, LAs and NHSE specialised hubs looking at what services are needed for the local population with LD/autism in the fast track area.
- 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.
- Transformation plans in fast track areas will impact on commissioners elsewhere (e.g. because of the impact they have on local providers). So **commissioners in each fast track area will need to liaise with other commissioners** as appropriate (plan template flags this in various sections). Where two fast track plans impact on one provider in a significant way, plans will need to be clearly consistent.

2.2 What we are asking fast tracks to do

While plans will be bespoke 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 will be incorporated in all local plans:

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

We will work with fast tracks to agree suitable metrics for these outcomes.

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

1. **This is about a shift in power** as much as a change in service configuration: people with LD and/or autism and their families should be supported to co-produce transformation plans, and plans should give people with LD/autism more choice and control, including through the expansion of Personal Health Budgets and personal budgets
2. Plans should be consistent with **national standards** – particularly, a national service model currently being developed by NHS England and the LGA, which we will test and further refine with fast track areas, and upcoming national guidance on Care and Treatment Reviews and pre-admission checks.
3. Strong **stakeholder engagement**: providers of all types (inpatient and community-based; public, private and voluntary sector) should be involved in the development of the plan, and there should be one coherent plan across both providers and commissioners. Stakeholders beyond health and social care should be engaged in the process (e.g. public protection unit, probation)

3.1 Financial underpinning

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 fast track 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. Further guidance will be issued.

The costs of transitioning to the future model of care

- will need to be funded out of existing allocations, through additional investment in LD/autism services and/or efficiency savings.
- For the 5 fast track areas, there will be access to a £10 million national transformation fund in 2015/16 to help fund some of these transition costs (with that funding to be matched by additional funding from CCGs either in 2015/16 or 2016/17).

3.2 £10 million transformation funding

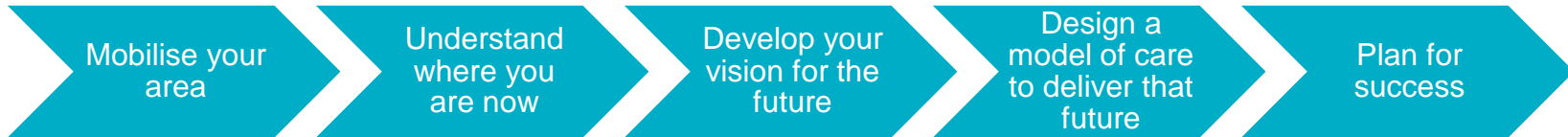
- **£10 million transformation funding is being made available** for 2015/16.
- This is part of a much bigger financial picture. The NHS and local government spend many billions on care for people with a learning disability, and we want to work with fast tracks on spending that money more effectively, against a new service model. **The £10 million is *not* intended to fund all the costs in that new service model, but to help fund transitional costs in 2015/16.**
- We are asking for fast track plans to set out how they would use that funding. Proposals will need to demonstrate:
 - **Impact** (what reduction in reliance on inpatient care will be achieved per pound spent?).
Minimum quality bar: to be agreed in coming weeks, following discussion with fast tracks.
 - **Credibility** (are the proposals likely to lead to the impact envisaged?).
 - **Speed** (are the proposals for spending by March 2016 credible?).
 - **Sustainability** (are the proposals sustainable?).
 - **Buy-in** (do the proposals have match-funding from local CCGs, either from 2015/16 or 2016/17?)
- To avoid lack of clarity and the potential for later delays/disputes, proposals will need to articulate clearly which organisation will receive the funds, to which partners the funds will subsequently be distributed (within the fast track geography or outside it), and on what triggers.
- Proposals will be evaluated by expert panels including NHS and local government representatives, who will advise NHS England on distributing the money. This will be part of a single process for approving plans and evaluating proposals for the £10 million transformation funding.
- If proposals are judged to require further work, we will ask for that to happen at pace in September to give areas a reasonable timetable in which to use the funding in the rest of 2015/16.
- Fast track areas are not guaranteed to receive the total indicative budget. Following evaluation of proposals, NHS England may choose to award less funding than the total requested.

4. Technical support

- Each area will receive up to £100k of technical commissioning support, to help draw up robust plans
- Providers on NHS Lead Provider Framework have been asked to offer a flexible menu of support, covering help with:
 - Programme Management Office (PMO) function
 - Needs assessment
 - Market mapping
 - Analytics
 - Stakeholder engagement/consultation
 - Procurement strategy
 - Finance
- This support should be additional to & complement any existing support arrangements
- Bids are being evaluated with local commissioner input and providers should be ready to start imminently

5. Planning methodology

- We are suggesting a five-stage methodology for the development of fast track plans to transform local services for people with learning disabilities.



- These five 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.
- The next few slides set out the objectives for each phase, the activities local areas should consider undertaking, the outputs anticipated from the activities and the support available to local areas.
- The following slides also include ideas for how fast tracks might want to use the centrally-funded technical support outlined above

5.1 Mobilise your area



The challenge: There is a complex range of stakeholders who will need to be engaged and supportive of transformation. These stakeholders are not necessarily used to working together, some will have very different views, and there may not be governance in place to support decision making. We anticipate that the transformation of services will require complex governance covering a wide variety of organisations.

The objective of this phase: To ensure local areas have a solid foundation of sound governance, engagement and commitment to joint working on which to base the future transformation programme.

Governance and Planning Arrangements

- Data available to determine patient population base.
- Provider base identified.
- Commissioning and collaborative arrangements are in place to support FT.
- Patient flows are understood and any complication etc. have been considered.
- Key players identified and are in agreement with the plans

Achieved by:

24th July 2015

How you might want to use technical support we are procuring:

- Facilitation support to bring stakeholders together and build a sense of joint purpose.

5.2 Understand where you are now



The challenge: Data, activity information and financial information are not always readily available for Learning Disability services, which can make it challenging to understand the precise issues that need to be addressed through the transformation. The data and 'hard' evidence will need to be complemented with the experience of people with LD/autism and their families as well as staff working in provider and commissioner organisations.

The objective of this phase: To ensure all stakeholders understand the current situation and where the key issues that need to be addressed. This will allow the local area to build a Case for Change that is underpinned by a robust and measurable evidence base.

Baseline assessment of needs and services:

- Different patient cohorts have been identified. .
- Size of patient cohorts understood.
- Appreciation and understanding of any changes. FT to have identified how current population and demographics are being catered for.
- Evidence that current performance against national outcome measures are understood.
- Description of the case to change is clear and identifies current challenges in baseline and how they can be improved through implementing the agreed plan..

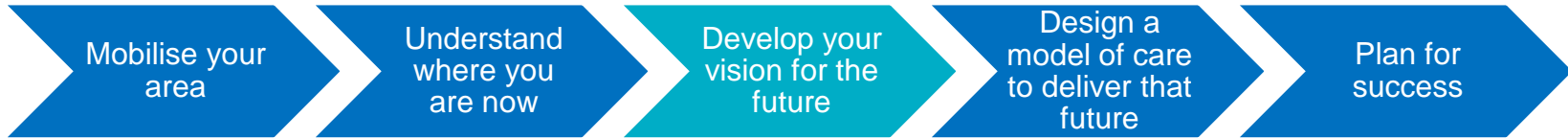
Achieved by

24th July 2015

How you might want to use technical support we are procuring:

- Bespoke facilitation support for stakeholder and/ or patient engagement
- Bespoke analytical and finance support.
- National team will also share data with you where we can

5.3 Develop your vision for the future



The challenge: All stakeholders, regardless of their organisation, need to be bought into the same vision for the future, and need clarity and buy-in around the support that will be needed from them to make it happen. This will require a careful balance of local priorities alongside those standards that need to be set at a national level.

The objective of this phase: To develop a shared vision for the future and an agreed set of goals for services locally. All stakeholders should have an understanding of the 'bigger picture' as well as the importance of their organisation's role in its delivery. This vision should be aspirational, motivational and galvanise the area into action.

Vision, strategy and outcomes:

- Aspirations for LD services have been clearly identified and include
 - Clinical Outcomes
 - Patient Experience
 - Sustainability
- Principles being adopted to support people with LD defined and are consistent with National principles.
- Success criteria identified which clearly determine
 - What outcomes will change
 - What will the change be?

Achieved by:

7 Aug 2015

How you might want to use technical support we are procuring:

- Bespoke facilitation support for stakeholder and/ or patient engagement.

5.4 Design a model of care to deliver that future



The challenge: The vision for the future will need to be realised through a workable model of care, that brings together the whole health and care economy. The model must articulate the roles and responsibilities of each organisation, as well as how progress and quality will be measured and monitored to ensure the vision can be achieved.

The objective of this phase: Development of a model of care that articulates what the service landscape will look like for people with learning disabilities and/or autism, and how this is different from the current model.

Proposed service changes - strategic alignment:

- Future system described and include
 - Key themes
 - Changes in care system
 - Commissioning arrangement determined
 - Enablers to support change including, estates, IT etc.
- Model identifies the difference the changes will make for the patient, families, staff and providers.
- Evidence that there is a collective system response isAll other interdependant strategies and plans have been identified in place.

Achieved by:

7 Aug 2015

How you might want to use technical support we are procuring:

- Bespoke support for options development and analysis
- Bespoke facilitation support for stakeholder and/ or patient engagement.
- Bespoke financial advice
- We will also provide a draft ‘service model’ and guidance on pre-admission checks/CTRs, which plans need to be consistent with and which we also want to test/amend with you over the summer.

5.5 Plan for success



The challenge: Articulating on paper the journey that your area has been through is essential to ensure that the plan has longevity over a number of years as the transformation happens. It will also be an essential condition for accessing the £10 million of central transformation funding

The objective of this phase: A well written, logical plan to provide a road map for local teams to deliver their chosen model of care and achieve their vision for the future, including proposals for using a share of the £10 million transformation funding to kick-start change in the second half of 2015/16.

Implementation plan:

- Programmes of change required to deliver new model is in place. Programme leads for delivering new model identified and in place..
- Risks, assumptions, issues and dependencies of implementing the new service model included and all mitigations clearly identified.
- Stakeholders involvement and continued involvement with people with LD are incorporated in success criteria .
- Financial benefits and net financial position for new model incorporated in new service model.
- Clear identification of any investment required to support plan is defined and includes - capital and workforce.

Achieved by:

First Cut
21 Aug 2015
 Second Cut
28 Aug 2015

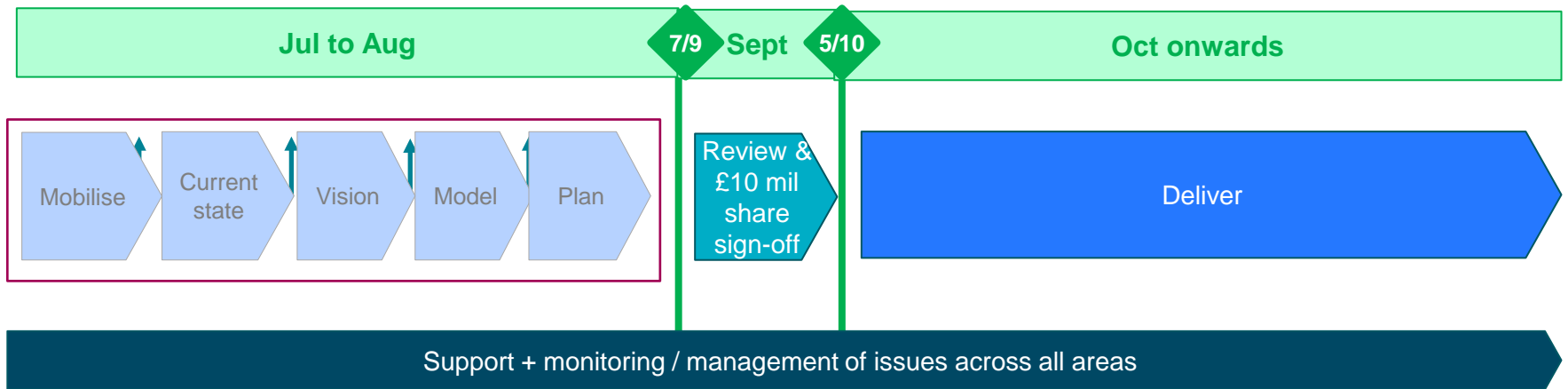
How you might want to use technical support we are procuring:

- Bespoke support for plan development, for example, in mobilising the PMO.

6. Plan improvement/funding sign-off

- All fast track **plans will be reviewed by expert panels, to provide useful feedback but also to help develop an approach to reviewing plans subsequently in other parts of England.** These panels will include NHS England and LGA/ADASS representatives. They will review and make recommendations to ensure:
 - That the long-term benefits of the change have been articulated and are measurable to ensure that change is sustainable across a period of time
 - That the proposed plan is likely to achieve improvement on the nationally-selected outcomes
 - That the national principles outlined above are being upheld in the local plan
 - That the proposed plan is credible and supported by evidence that demonstrates the logic behind the approach, that the budget is realistic and that there is sufficient resource and leadership in place to make it happen.
 - That the proposals for a share of the £10 million national transformation funding are in line with criteria
- **Panels may want to speak to fast tracks about some areas of the plan in more detail, via calls/meeting** with key individuals in early September.
- Fast tracks will then be given **feedback and suggested plan improvements, along with one of 3 options for funding sign-off:**
 - Immediate confirmation of a share of £10 million transformation funding, OR
 - Confirmation of a share of £10 million transformation funding, conditional on amendments to plan, OR
 - Significant re-working required before any share of £10 million can be awarded
- This **review process will happen in September.**

7.1 Fast track timeline



- Named LGA/NHS England contacts will be available to discuss issues
- They will be in touch at regular intervals to take a ‘temperature check’ on progress. We will be particularly keen to ensure ambitious planning assumptions are being developed (cf. request for 15 July), and that robust proposals for £10 million transformation funding are being developed.
- We will bring fast track areas together to share learning (e.g. on future service models).

7.2 Timeline for other areas

