

The background of the slide features a photograph of two women. The woman on the left has blonde hair and wears glasses and a purple top. The woman on the right has dark hair and is wearing a dark top. They are both looking down at a document held by the woman on the right. The entire image is overlaid with a semi-transparent blue geometric pattern of triangles.

Building the Right Support

For people with a learning disability and/or autism who display behaviour that challenges

Introduction to and supporting documentation for
VALUE BASED TRANSFORMATION FUNDING SITE
SELECTION

December 2016

The Planning Guidance for 2017-2019 set out that NHS England would:

1. Use the Best Possible Value framework approach to assess all transformation investment decisions.
2. Run a single co-ordinated application process to minimise the administrative burden on local areas who would be applying for funding. This **single co-ordinated application process** will support NHS England to make best possible value investment decisions.

Sustainability and Transformation Plans (STPs) are central to this process and all bids should be explicitly linked to the relevant local STP plans. This process is open to any STP, although individual organisations or alliances may bid on behalf of an STP for this funding; submission of applications must be via STPs.

For each national programme there is a set of Call to Bid documents which follow the same approach and outline:

1. A clear set of interventions with supporting evidence base that the national programme is looking to fund.
2. The parameters to funding, governance and delivery requirements.
3. How the Best Possible Value framework approach has been applied to the national programme's interventions and how the framework will be used to appraise the bids received.
4. A standard application form for all interventions within a programme which is aligned to the appraisal criteria. The Call to Bid documentation and application forms are set up such that **applicants only have to fill in the sections applicable for the interventions that they wish to bid for.**

This document sets out the Learning Disabilities and/or autism interventions which have transformation funding from NHS England.

Contents	Page
Overview of Interventions and Process	3
Timeline	7
Intervention 1 : Reducing reliance on specialist inpatient care	8
Intervention 2 : Reduction in children placed away from their home and local community	13

Following the publication of *Building the right support* in October 2015, across England Transforming Care Partnerships (TCPs) have set out and are now delivering against three year plans for reforming services for people with a learning disability and/or autism who display behaviour that challenges. They have been strengthening support in the community and closing specialist inpatient services.

In 2017/18 and 2018/19, up to £20 million in national transformation funding is available to support TCPs as they continue to implement their three year plans.

To be eligible for funding, interventions must be aimed at **reducing reliance on specialist inpatient care** by building better community-based support for people with a learning disability and/or autism, whilst improving their **quality of life** and the **quality of care** they receive.

These interventions are set out in the national service model published in October 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). To be eligible for funding, **bids must be in line with the national service model.**

Up to £1 million of this funding is available to enable TCPs to put in place Positive Behavioural Support-based **services for children**, improve support for children/young people who display behaviour that challenges and prevent the escalation of behaviours that can lead to restrictive interventions and the need for children and young people to be looked after away from their home and local community.

TCPs can bid for funding to reduce reliance on specialist inpatient care **and/or** for funding to reduce/manage challenging behaviour amongst children.

- All bid participants must have agreed control totals before any transformation funds will be released.
- The bids must be explicitly linked to Sustainability and Transformation Plans (STPs). Governance of delivery will also need to be cross-system.
- This process is open to any STP, although TCPs may bid on behalf of an STP for this funding.
- The funding available is revenue only; it is intended as transitional funding to support TCPs with short-term costs associated with transformation. There is no capital funding available.
- National funding must be accompanied with local match transformation funding. By 2019, transformation is expected to have been implemented, with the costs of new community provision met by using the money spent across local systems more effectively, including through reinvestment of savings from reduced use of hospital care. Bids will need to set out how the bid participants plan to do this.
- The continued provision of national funding to successful bidders will be linked to delivery against TCP plans. NHS England reserves the right to discontinue funding where TCPs cannot deliver the outcomes that the funding is intended to achieve.
- Bids are expected to be from:
 - Individual Transforming Care Partnerships (TCPs)
 - Clusters of TCPs coming together on a city-wide, sub-regional basis or pan-regional basison behalf of STPs. **All Bids must be submitted via STPs.**
- Please note, that potential applicants in the Greater Manchester devolution area are not eligible for this application process, as they have received a proportion of the funding through the funding top slice for Greater Manchester.
- Bids must have the formal support of all the partners in the Transforming Care Partnership – CCGs, local authorities and NHS England specialised commissioning.
- They should also be linked to revised TCP finance plans, signed off by all the partners in the TCP – CCGs, local authorities and NHS England specialised commissioning.
- In return for funding:
 - applicants will be required to sign up the programme financial governance and monitoring arrangements (guidance on this will be issued with the funding decision).
 - we are expecting delivery of outcomes as outlined in the logic models on pages 10 and 15.

Why use a Value Framework?

The Best Possible Value framework is a standardised framework which aims to place consideration of value to population, to patient and to taxpayer at the heart of decision-making, enabling NHS England to evaluate and compare different options using an evidence based methodology.

The value framework will:

- Identify the evidence base upon which the programme and interventions are built.
- Allow the consistent comparison and monitoring of value across the applicants.
- Support the appraisal panel and the NHS England Investment Committee to allocate investment to applicants in a robust, value-based manner.
- Enable the applicant to bid for funding in a clear, objective manner.

The key steps in the value framework approach are set out in the picture on page 6. The programme has been through steps one to three to create programme specific value equations, logic models and a set evidence base which supports the intervention they wish to fund. These tools have then been used to create value based appraisal criteria. Bidders are encouraged to use these tools and the appraisal criteria to develop their application. Once received the application will be scored against the criteria and an appraisal dashboard and prioritisation matrix will be generated to inform the investment decision.

The Best Possible Value framework was developed through the Future Focused Finance programme. More information about the wider Best Possible Value programme can be found on the Best Possible Value Website <http://bpv.futurefocusedfinance.nhs.uk/>

Value Framework Process - Key Steps



Appraisal Criteria for reduction in inpatient care

Criteria	Weight	Score
1. Reduction in inpatient care (per 1000 patients)	30%	1-5
2. Reduction in inpatient care (per 1000 patients)	20%	1-5
3. Reduction in inpatient care (per 1000 patients)	10%	1-5
4. Reduction in inpatient care (per 1000 patients)	10%	1-5
5. Reduction in inpatient care (per 1000 patients)	10%	1-5
6. Reduction in inpatient care (per 1000 patients)	10%	1-5
7. Reduction in inpatient care (per 1000 patients)	10%	1-5
8. Reduction in inpatient care (per 1000 patients)	10%	1-5
9. Reduction in inpatient care (per 1000 patients)	10%	1-5
10. Reduction in inpatient care (per 1000 patients)	10%	1-5

Application form for the NHS Value Framework

Applicant details: Name, Address, Email, Phone

Applicant details: Name, Address, Email, Phone

Applicant details: Name, Address, Email, Phone

Applicant details: Name, Address, Email, Phone



What are the **key components driving value** for the early adopter?

- **Outcomes?** (clinical, patient experience, safety/quality, financial sustainability)
- **Resources to put model in place?** (revenue / capital costs, staff)

What **value generation assertions** underpin each element?

- Elements of the plan delivering value?

For each element, what **evidence of value generation** exists?

- What **further evidence is required** to prove value ?

How will success be measured?

- Which **metrics and targets** are we going to use to track value ?
- When will they be realised?

Appraisal Criteria has been developed based on the outputs from steps 1 to 3.

This appraisal Criteria assesses applications against **strategic consideration, value, and risk** in a robust objective manner.

Bidders should apply the outputs of step 1 to 3 of the value framework as set out in this pack to their applications.

Standard applications forms have been provided for each programme.

- The appraisal of the applications will result in:
 - **Appraisal dashboard** illustrates all applicants results against the appraisal criteria.
 - **Prioritisation matrix** maps all applicants graphically
- These outputs will be used to identify the best value investments

This Call to Bid document sets out how we have applied the value framework to this specific programme

Bid Requirements and Timeline

- Please fill out the application form and attach the financial plan requested.
- Bids should be **submitted via STPs** to England.tcddata@nhs.net
- Before the bid deadline, TCPs who wish to can share draft bids with regional teams for feedback.

National programme **specific webinars** will be set up:

1. To help applicants to understand the Best Possible Value framework.
2. How to best apply this to their applications.
3. To provide additional information such as additional evidence and the scoring system for each intervention.

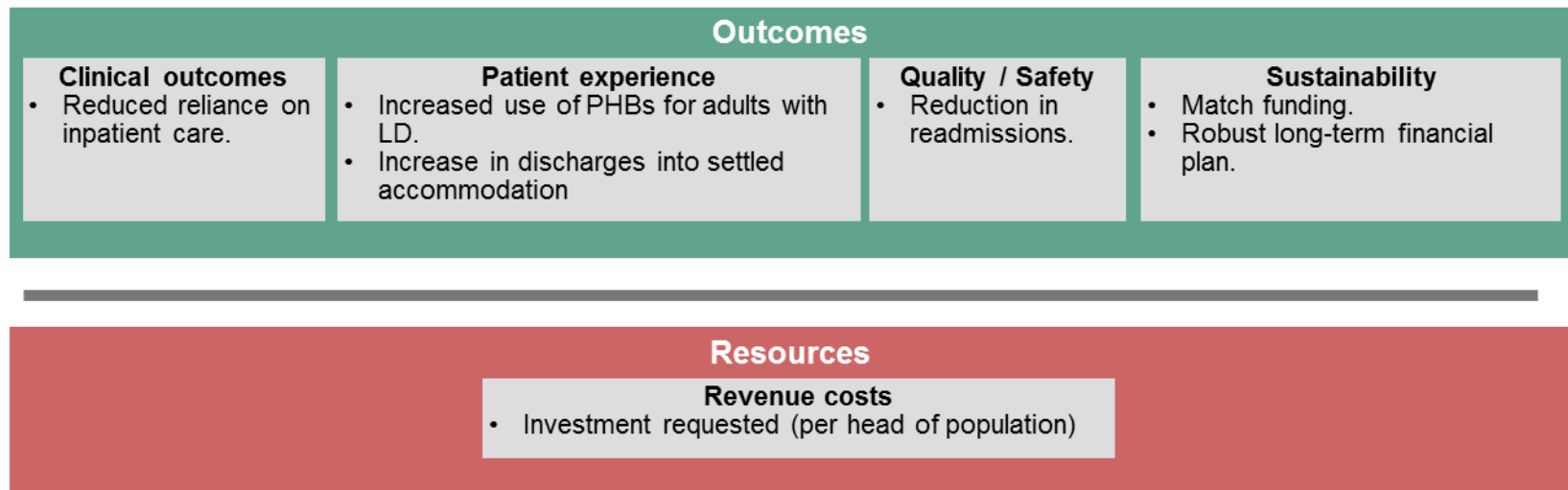
Bidders should contact the programme on England.tcddata@nhs.net for further information.

Date	Action
12 th December 2016	Process launched and Call to Bid documents published
December 2016 and January 2017	Support provided to bidders through Webinars sessions for each programme
18th January 2017	Submissions deadline for bidders
February 2017	Investment Decision taken by NHS England Investment Committee
March 2017	Notification of investment decisions

Intervention 1

Reducing reliance on specialist inpatient care

Value Equation: Reducing reliance on specialist inpatient care



Logic Model for reducing reliance on specialist inpatient care

TCPs should invest in the range of services described in the national service model, because doing so will reduce reliance on specialist inpatient care, mean higher-quality care, and improve quality of life



For more detail, see the full national service model available <https://www.england.nhs.uk/learningdisabilities/care/>

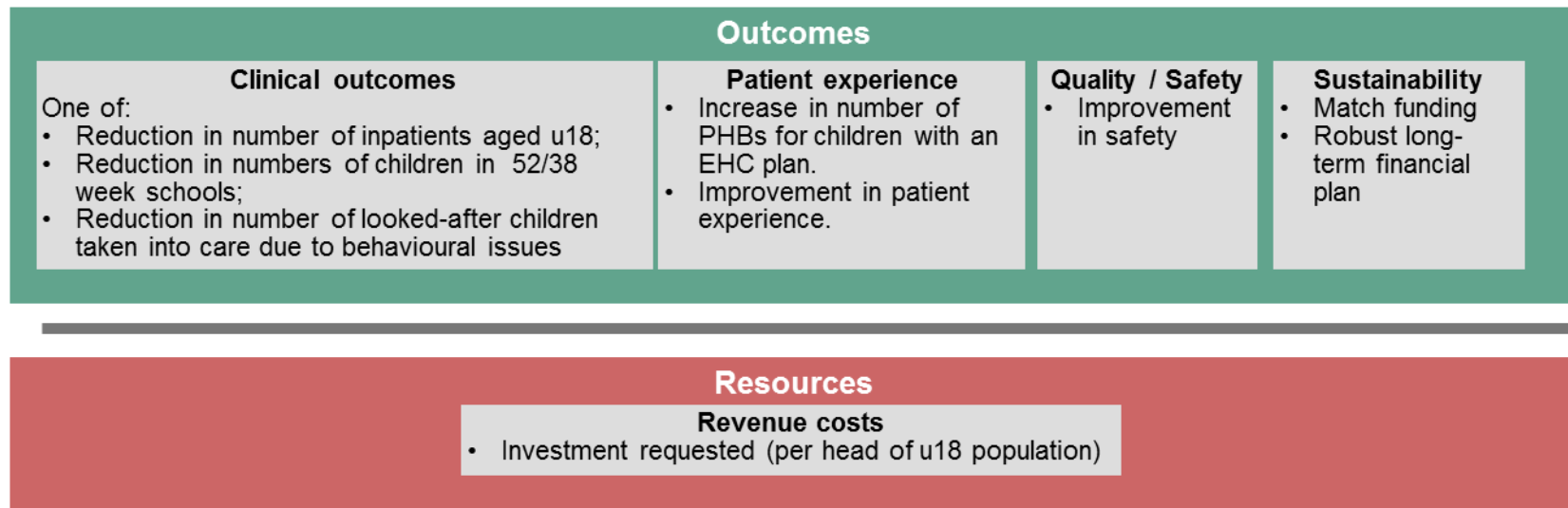
Evidence Tracker for reducing reliance on specialist inpatient care

	Primary assertion	Sub-assertion	Evidence available	Metrics	Target
Clinical	<ul style="list-style-type: none"> Implementing the NHSE/LGA/ADASS national service model will enable people to live ordinary lives in the community, reducing reliance on inpatient care. 	<ul style="list-style-type: none"> Implementation of the 9 elements of the service model will lead to: <ul style="list-style-type: none"> - Reduction in usage of CCG-funded specialist beds. - Reduction in usage of NHS England-funded specialist beds. 	<ul style="list-style-type: none"> Reduction in admissions throughout 2016/17 as TCPs start to implement the service model. 	<ul style="list-style-type: none"> Inpatient numbers reported in Assuring Transformation. 	<ul style="list-style-type: none"> Maximum 30-40 inpatients per million population.
Patient Experience	<ul style="list-style-type: none"> Giving people greater control over their care, and security in their own homes, will improve patient experience. 	<ul style="list-style-type: none"> Personal Health Budgets (PHBs) give people greater control over their care and thereby improve experience/quality of life. Settled accommodation as defined by the Cabinet Office gives people greater security in their own home. 	<p>PSSRU evaluation of Personal Health Budgets.</p> <p>Adult Social Care Outcomes Framework.</p>	<ul style="list-style-type: none"> Number of PHBs for adults with LD, from Markers of Progress. Discharge data from Assuring Transformation. 	<ul style="list-style-type: none"> Expansion of PHB numbers set locally by TCP. Set locally by TCP.
Safety / Quality	<ul style="list-style-type: none"> Implementing the service model will enable people currently reliant on hospital to live safely in the community. 	<ul style="list-style-type: none"> Appropriate community services lead to fewer breakdowns in care packages. 	<p>Reduction in admissions throughout 2016/17 as TCPs start to implement the service model.</p>	<ul style="list-style-type: none"> Readmission data from Assuring Transformation. 	<ul style="list-style-type: none"> Set locally by TCP.

Appraisal Criteria for reducing reliance on specialist inpatient care

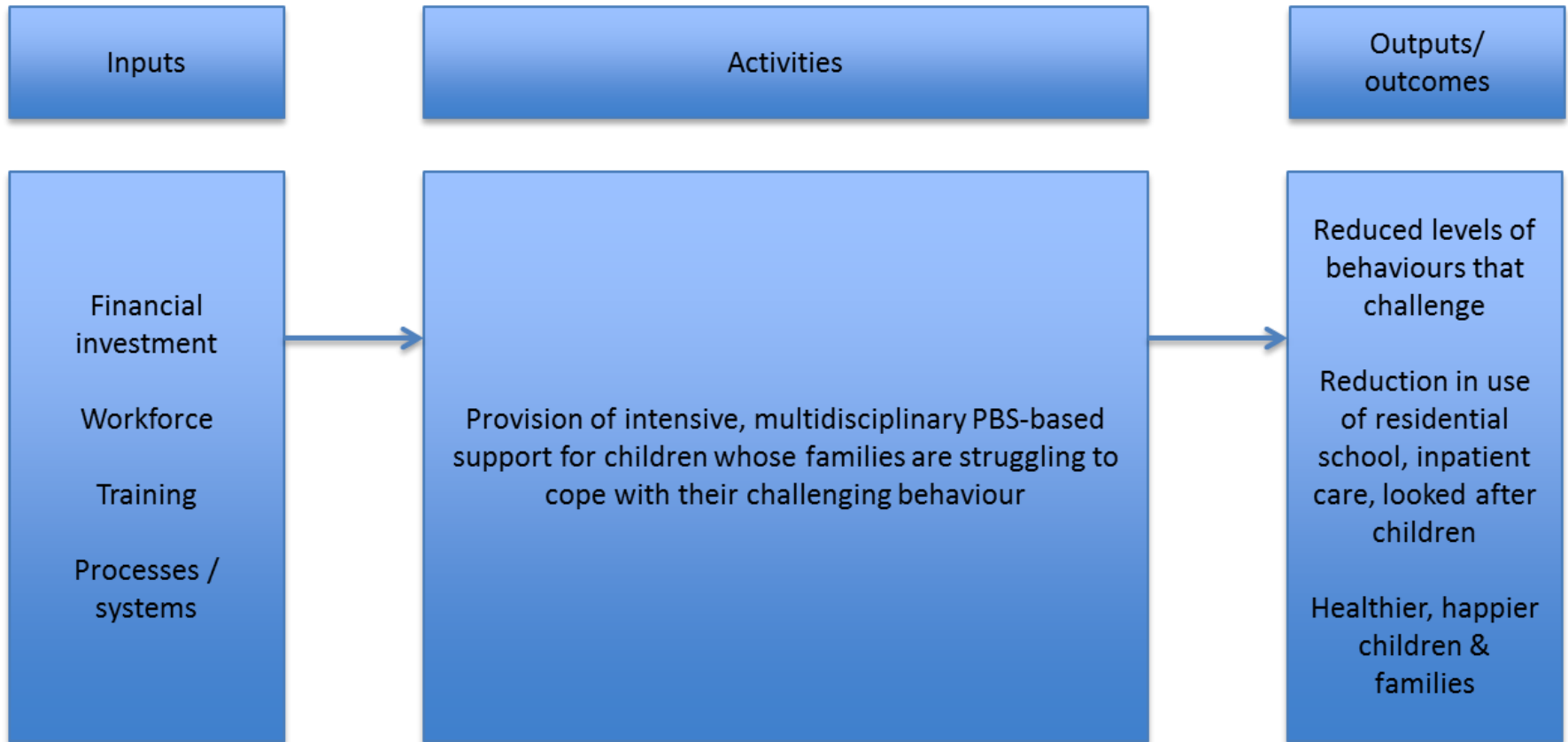
Value equation		Ref	Outcomes/Criteria	Importance (%)
Outcomes	Clinical	1	Reduced reliance on inpatient care (overall)	25%
		2	Reduced number of patients in hospital for 5 years or more	25%
	Patient Experience	3	Increased use of PHBs for adults with a learning disability	7%
		4	Increase in discharges into settled accommodation	7%
	Safety/quality	5	Reduction in readmissions	6%
	Sustainability	6	Robust long-term financial plan	20%
RESOURCES		7	Investment requested (per head of population under 18)	10%
Risk			Risk/confidence implied by use of 16/17 funding (if applicable)	50%
			Risk implied by overall TCP delivery to date	50%
Strategic considerations			If TCP received funding in 16/17, risk to TCP plan deliver if funding is not continued	80%
			Alignment with relevant STP plan(s)	20%

Value Equation: Reduction in children placed away from their home and local community



Logic Model for reduction in children placed away from their home and local community

TCPs should invest in Positive Behavioural Support (PBS)-based services for children, because doing so will reduce the need for high-cost, restrictive care now and in the future, leading to better outcomes for children now and when they become adults



Evidence Tracker for reduction in children placed away from their home and local community

	Primary assertion	Sub-assertion	Evidence available	Metrics	Target
Clinical	<ul style="list-style-type: none"> Better support for children who display behaviour that challenges, meaning the child is at risk of being admitted to hospital, sent to residential school or taken into care will reduce those behaviours and enable them to stay with their families. 	<ul style="list-style-type: none"> Multi-disciplinary support, using a Positive Behavioural Support (PBS) approach, will be effective in reducing challenging behaviour amongst this group of children. 	<ul style="list-style-type: none"> See evidence summarised in <i>Early intervention for children with learning disabilities whose behaviours challenge</i> (Challenging Behaviour Foundation, 2014). 	<p>One or more of:</p> <ul style="list-style-type: none"> Under-18 inpatient numbers reported in Assuring Transformation. Number of children in 38/52-week school placements. Number of looked after children. 	<p>Set locally by TCP.</p>
Patient Experience	<ul style="list-style-type: none"> Giving children and families greater control over their care will improve patient experience. 	<ul style="list-style-type: none"> Personal Health Budgets (PHBs) give people greater control over their care and thereby improve experience/quality of life. 	<p>PSSRU evaluation of Personal Health Budgets.</p>	<ul style="list-style-type: none"> Number of PHBs for children with an EHC plan, from Markers of Progress. Locally-determined metrics. 	<p>Set locally by TCP.</p>
Safety / Quality	<ul style="list-style-type: none"> Early intervention support for these children will keep them safer by reducing behaviours that can put them at risk. 	<ul style="list-style-type: none"> Multi-disciplinary support, using a Positive Behavioural Support (PBS) approach, will be effective in reducing challenging behaviour amongst this group of children. 	<ul style="list-style-type: none"> See evidence summarised in <i>Early intervention for children with learning disabilities whose behaviours challenge</i> (Challenging Behaviour Foundation, 2014). 	<ul style="list-style-type: none"> Locally-determined metrics. 	<p>Set locally by TCP.</p>

Appraisal Criteria for reduction in children placed away from their home and local community

Value equation		Ref	Outcomes/Criteria	Importance (%)
Outcomes	Clinical	1	Choose one of: Reduction in the number of inpatients aged under 18 Reduction in the number of children in 52/38 week schools Reduction in the number of looked-after children taken into care due to behavioural issues	50%
	Patient Experience	2	Increases in the number of PHBs for children with an EHC plan	7%
		3	Improvements in patient experience	7%
	Safety/quality	4	Improvements in safety	6%
	Sustainability	5	Robust long-term financial plan	20%
RESOURCES		6	Investment requested (per head of population under 18)	10%
Risk		7	Risk implied by overall TCP delivery to date	100%
Strategic		8	Replicability of model	80%
		9	Alignment with STP plans	20%