Public Document Pack

WIRRAL

Health and Wellbeing Board

Date:	**Wednesday, 9 March 2016**
Time:	**4.30 pm**
Venue:	Tivoli Suite, Floral Pavilion Theatre

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AGENDA

1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

2. APOLOGIES FOR ABSENCE

3. MINUTES (Pages 1 - 6)

To approve the accuracy of the Minutes of the Health and Wellbeing Formal Board on 11 November, 2015.

4. GROWTH PLAN

To receive a verbal presentation.

5. REVIEW OF HEALTH & WELLBEING STRATEGY AND THE WIRRAL PLAN (Pages 7 - 14)

6. FIVE YEAR FORWARD VIEW OF MENTAL HEALTH (Pages 15 - 20)

7. NHS ENGLAND - QUARTERLY ACCOUNTABILITY REPORT (Pages 21 - 28)

8. TRANSFORMING CARE: IMPLEMENTATION OF NATIONAL PLANS ACROSS CHESHIRE & MERSEYSIDE (Pages 29 - 50)

9. HEALTHY WIRRAL: VALUE PROPOSITION

To receive a verbal presentation.

10. PRIMARY CARE COMMITTEE: REQUEST BY NHS ENGLAND FOR A MEMBER OF THE H&WB BOARD TO SIT ON THE COMMITTEE AS A NON-VOTING REPRESENTATIVE

To receive a verbal update.

11. DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting is Wednesday 13 July, 2016 at 4:00pm in Committee Room 1 Town Hall, Wallasey.

HEALTH AND WELLBEING BOARD

Wednesday, 11 November 2015

Present: Councillor Chris Jones (in the Chair)

Cllr P Gilchrist	Leader of the Liberal Democrat Group
Cllr T Smith	Cabinet Member Children & Family Services
Ms F Johnstone	Director of Public Health
Mr G Hodkinson	Director of Adult Social Services
Mr D Allison	Chief Executive, Wirral University Teaching Hospital
Ms V McGee	Director of Integration & Partnerships
Mr P Davies	Chair, Healthwatch Wirral
Dr P Naylor	Chair, Wirral CCG
Chief Superintendent John Martin	Merseyside Police
Mr P Byrne	Mersey Fire and Rescue
Mr A Styring	Cheshire & Wirral NHS Partnership Trust
Ms J Goodfellow	Healthy Wirral

11 DECLARATIONS OF INTEREST

Councillor Chris Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

12 APOLOGIES FOR ABSENCE

Apologies were received from Councillors P Davies, JE Green, Lesley Rennie, Mr J Develing, Wirral CCG, Mrs A Roberts, VCAW, Mr A Crawshaw, NHS England, Mr R Freeman, NHS England, Ms K Howell, CEO Wirral NHS Trust, Julie Webster, Head of Public Health and Ms S Cumisky, Cheshire & Wirral NHS Partnership Trust.

13 MINUTES

Resolved – That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 8 July, 2015 be approved as a correct record.

14 VANGUARD - UPDATE

The Health and Wellbeing Board considered a report that provided an update on the Healthy Wirral Vanguard Programme that was being sponsored and delivered by all Wirral Health and Social Care Partners. Jo Goodfellow, Programme Director Healthy Wirral, attended the meeting to present the report and responded to members questions.

The Board had previously been been briefed that the Wirral Health and Social Care Community application to the national NHS New Models of Care Vanguard programme had been successful. The application had been driven by all health and social care partners from across the system. This was a significant national opportunity to redesign all the norms which were currently accepted about the current approach for health and social care commissioning and provision and offered both

the local population and colleagues a radical new way of working, which was hoped would drive a much more integrated and sustainable system going forwards, helping to meet the dual challenges of improving quality and reducing cost.

The local Vanguard Programme would be known as Healthy Wirral to reflect the Wirral Partners vision that people will live longer, healthier lives regardless of where they lived on Wirral.

Members were informed that the Healthy Wirral Programme had been asked to submit a Value Proposition to NHS England New Care Models Team to describe its new model of care and the funding sought over the three year period (2015-16, 2016-17 and 2017-18) to enable the delivery of the New Care Model. The Value Proposition had been submitted on 30th June and had been subject to a number of iterations to clarify the details of costing within the plan.

The Healthy Wirral Programme had been allocated £3.46m in tranche one of 2015-16 funding, with the opportunity to bid in December 2015 for a second tranche of funding for 2015-16. The Healthy Wirral Programme Management Office had allocated £3.46m to the work streams under implementation in 2015-16.

The report outlined the work streams that included: Expansion of Integrated Care Co-ordination Hubs, Development of level one of the local social prescribing model, Older People's Pathways of care, Diabetes Pathways of Care – Development of a Diabetes Community Service, Respiratory Pathways of Care, Wellness, Rapid community response teams that provide an urgent response to GPs where patients are in crisis but do not require acute hospital care, Single front door model to enable people attending the A&E department to be signposted to the most appropriate care setting and Population Health Management and Interoperability of local IT systems to create a new single care record.

Members were advised that a Healthy Wirral Launch Event was being held on 25th/26th November 2015 at the Floral Pavilion, New Brighton which would be open to Wirral Partner organisation staff (25th November) and the public (26th November). All Partner organisations had been asked to nominate Healthy Wirral Champions who would be provided with training to support them in their role. Additional champions would be sought at the launch event.

Jo Goodfellow responded to questions and informed members that she would report back to a future meeting of the Board detailing how Vanguard was impacting.

Members welcomed the report and the Chair offered the Board's congratulations to Jo Goodfellow and thanked all those who had worked on Vanguard.

Resolved – That the progress of the Healthy Wirral Vanguard Programme be noted.

15 **HEALTH & WELLBEING BOARD / HEALTHWATCH / SCRUTINY PROTOCOL REPORT**

Members of the Board considered a report of the Strategic Director of Families & Wellbeing that requested that members of the Health & Wellbeing Board approve an agreement which was aimed at strengthening joint working arrangements between

Wirral Health and Wellbeing Board, Wirral Healthwatch and health scrutiny (currently undertaken by the Families and Wellbeing Policy & Performance Committee).

It was reported that during 2013, a scrutiny review entitled 'The implications of the Francis Report for Wirral' had been undertaken by a panel of elected members. The recommendations of the panel members had been subsequently approved by the Families and Wellbeing Policy & Performance Committee and by the Council's Cabinet.

The report noted that two of the recommendations of Wirral's scrutiny review were: Recommendation 11 – Protocol for effective working between Healthwatch and health scrutiny and Recommendation 12 – Framework for effective working between the Health & Wellbeing Board and health scrutiny. The Head of Policy & Performance / Director of Public Health had been requested to develop a framework to encourage a constructive working relationship between Health & Wellbeing Board and health scrutiny, ensuring that strategies reflected priorities and delivered outcomes.

The Robert Francis report, arising from events at Mid Staffordshire hospital, had stressed the necessity to "promote the coordination and cooperation between local Healthwatch, Health & Wellbeing Boards and local government scrutiny committees". Meetings of representatives of the three bodies had recently been held to review the practical working arrangements in Wirral. The appendix to the report contained the Agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny and outlined how the Health and Wellbeing Board would play its part in the protocol.

Resolved – That

1 the proposed agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny be approved.

2 Council Officers finalise any amendments to the draft agreement following the consultation with the three bodies.

16 **BETTER CARE FUND - UPDATE**

Members considered a report of the Director of Adult Social Services that provided an overview of the latest position of the Better Care Fund (BCF). The BCF had been signed off with assurance from NHS England in September 2014. The BCF represented partnership working between the Clinical Commissioning Group (CCG), Local Authority and key providers. The three appendices to the report contained the Scheme summary, Finance summary and the Performance Dashboard.

The Director reported that considerable progress had been made to progress implementation of key schemes to deliver against the national requirements and in particular, the achievement of the 3.5% reduction target for unplanned admissions. (Appendix 1 of the report showed a summary of all schemes) The importance of the commitment of all organisations that had worked proactively to streamline and integrate delivery of services and supported the BCF priorities was also highlighted.

The report detailed the key areas of progress and noted that Wirral was bucking the National trend and achieving a reduction in admissions with the schemes funded through the BCF playing a key role.

Resolved – That the progress with regard the BCF priorities, monitored via the section 75 pooled budget, be noted.

17 **ORDER OF BUSINESS**

The Chair agreed to vary the order of business.

18 **ALL AGE DISABILITY STRATEGY**

Members of the Board considered a report of the Director of Adult Social Services who briefed the Health & Wellbeing Board on the work that had been completed with regards to Wirral's All Age Disability Strategy. Members were informed that people with disabilities needed to have a stronger voice and Wirral had now written a draft All Age Disability strategy to ensure that the priorities of disabled people in Wirral were being met. The strategy had been developed through consultation and was now ready to be shared for feedback. The All Age Disability Strategy would be the overarching strategy which would have all strategies that would have an impact on disabled people in Wirral would sit under. The draft Wirral's All Age Disability Strategy: People with Disabilities Living Independent Lives 2016-2020 was attached as an appendix to the report.

The Director of Adult Social Services informed the Board that there had been a number of consultation sessions with all stake holders to identify the key priorities for people with disabilities in Wirral. The 'draft' strategy was now ready to be shared with all of the individuals and groups of people who attended the consultation sessions, and it would also be sent to people who have autism, carers, Health and Social Care professionals, other departments in the Council, providers and the third sector. DASS had led a joint piece of work between CYPD and CCG that looked at the whole age draft strategy and identified areas that were considered to be priorities for disabled people in Wirral.

Resolved – That: -

1) the draft All Age Disability Strategy be agreed and signed off so that it can be implemented by the Disability Partnership Board.
2) the Board note that resources are to be taken into consideration to ensure that the work can be completed and the strategy launched.

19 **WIRRAL AUTISM STRATEGY**

A report of the Director of Adult Social Services updated the Health & Wellbeing Board on the work that had been completed with regards to Wirral's Autism Strategy. It was reported that the National Autism Strategy had been implemented in 2009 and since then there had been an expectation that all Local Authorities would have a local Autism Strategy. Wirral now had a draft strategy that had been developed through consultation and had been agreed. Work was now needed to begin in order for the strategy to be implemented and members were informed that the Strategy would sit

underneath the All Age Disability Strategy which was attached as an appendix to the report.

The Director of Adult Social Services informed the Board that there had been a number of consultation sessions with all stake holders to identify the key priorities for people with autism in Wirral. Mr Hodkinson commented that one of the strategic objectives was the need to focus on how people with Autism were prepared for adulthood and how they were prepared for work. Councillor Tony Smith raised concern that compared to other authorities Wirral had a higher number of children who attended special schools and recognised the need that all children should be prepared for life.

Members were informed that the 'draft' strategy had been shared with all of the individuals and groups of people who had attended the consultation sessions, and it had also been sent to people who have autism, carers, Health and Social Care professionals, other departments in the Council, providers and the third sector. DASS had worked with CYPD and CCG, looking at the whole draft strategy and had identified areas that required updating/adding to in order to make the strategy an all age one. Members were advised that the strategy had been presented to Strategic Leadership Team in DASS, Departmental Management Team for Families and Wellbeing, Disability Partnership Board.

Resolved – That;

1) the draft Autism Strategy be agreed and signed off so that it can be implemented by the Autism Sub-group.
2) the Board note that resources are to be taken into consideration to ensure that the work can be completed and the strategy launched.

20 **WIRRAL PLAN PLEDGES**

Fiona Johnstone, Director of Public Health gave the Board a verbal update to provide Members with an understanding of the strategies involved in the Wirral Plan that set out what areas the Council would prioritise over the next five years.. The Wirral Plan, published in June 2015, set out a series of 20 pledges which the council and its partners would work to achieve by 2020, focusing on three key themes: protecting the most vulnerable; driving economic growth and improving the local environment. Dr Peter Naylor, Chair Wirral CCG, agreed that it was important that strategies be aligned as there was a great deal of overlap. The Chair of the Committee indicated that it was important that all members own the Plan and Val McGhee, Director of Integration and Partnerships, commented that it was incumbent on all members to have connections and work together to support each other.

Resolved – That Fiona Johnstone be thanked for the verbal report.

21 **DATE OF NEXT FORMAL BOARD MEETING**

The date of the next formal Board meeting would be Wednesday 9 March, 2016.

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WIRRAL

HEALTH AND WELLBEING BOARD

9TH MARCH 2016

REPORT TITLE	REVIEW OF HEALTH AND WELLBEING STRATEGY AND THE WIRRAL PLAN
REPORT OF	ROSE BOYLAN, POLICY AND STRATEGY MANAGER, WIRRAL COUNCIL

REPORT SUMMARY

At the Health and Wellbeing Board development session on 13th January 2016, the Board considered an update on the latest developments of the Wirral Plan, 20 Pledges and emerging Strategies. The Board discussion included a focus on:

- How the Wirral Plan and 20 Pledges relate to the work of the Board;
- How the Plan relates to the emerging NHS Sustainability and Transformation Plan; and
- How the Board can add value to help deliver more effective and efficient partnership working to achieve our priorities

The Board agreed that a follow up discussion was required to understand and agree, within the Wirral Plan and emerging strategies:

- Which strategies are top priorities for the Board;
- Which strategies does the Board want to; Lead; Influence; or be kept informed (see Fig 1)

To help inform the follow up discussion, this note brings together some supporting information. This aims to draw out the strategic linkages between the draft Health and Wellbeing Strategy and the Wirral Plan in order to help partners agree the future focus, priorities and strategic direction for the Board.

RECOMMENDATION/S

The Board are asked to advise:

a) Whether the suggested linkages set out Fig 1 are the correct ones;
b) Any additional activity and priorities that should be reflected;
c) Any additional key cross cutting issues that need to be reflected eg Mental Health

SUPPORTING INFORMATION

1.0 Strategic Responsibilities of the Health and Wellbeing Board

The Health and Wellbeing Board has a remit (defined by the Health and Social Care Act 2012) to work together to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities; and
- promote the integration of services
- The statutory duties of the Health and Wellbeing Board are:
- to produce the Joint Strategic Needs Assessment
- to produce the Health and Wellbeing Strategy
- to foster integration of services; and
- to oversee the successful implementation of Better Care Fund arrangements locally

More detail about these responsibilities is set out in Appendix 1.

2.0 Development of Wirral Health & Wellbeing Strategy

2.1. During 2015, the Health and Wellbeing Board had a number of discussions about the development of a new Wirral Health & Wellbeing Strategy. The overarching vision for the strategy was agreed, together with the key principles. A development session of the Board was held on 26 May 2015, and the following strategic aims were agreed - that:

- We want to make Wirral a place where people are not disadvantaged by where they live, who they are or the circumstances they were born into
- We do not want any child in Wirral to live in poverty
- We will support Wirral residents to do as much as possible to keep themselves healthy, manage their own health, and live long, fulfilling lives
- We want people to receive the right support, at the right time, in the right place

2.2. Six areas for focus were put forward that had the following in common:

- They are all areas that require significant local improvement
- They are all areas where effective joint action could bring significant benefits to large numbers of our population
- They are all areas where effective joint action could result in significant savings for our local economy

The six areas for action discussed at the session were: alcohol, employment, childhood poverty, respiratory disease (including smoking), hypertension and the implementation of a new model of care.

2.3. Further work has been underway to scope out and refine the Board's priorities – for example to consider; what should be included in the children's priority; the need to include mental health within the priorities; and older people. A draft outline of a possible Health and Wellbeing Strategy framework was subsequently considered by the Board in July 2015, and is set out below.

2.4. Draft Health and Wellbeing Framework

"Health is a resource for everyday life" (WHO definition of health)

Health is something that when we're younger is often taken for granted. As we get older it becomes more important; we see the impact health has on those we know and love, and on ourselves. The idea of health as a resource is an important one. Being healthy should enable us to achieve our goals in life; rather than being a goal in itself, and many factors influence our ability to be healthy.

In Wirral we see very varying experiences of health. Over the past ten years, the number of years that an average person might be expected to live has increased. Unfortunately we have not seen the years lived in healthy life increase in the same way. On average, men start to experience poor health at around 60 years of age, and for women at 62. This means that people may be living many years with health problems that restrict their enjoyment of life into older age.

We know that in the next 15 years the numbers of people aged 65 and over will increase to a third of our local population and that our over 85 year olds are similarly increasing rapidly. This is positive, but if quality of life is not great during those years, then the impact on people, their families and services is significant.

Children and young people achieve well, despite some difficult circumstances for some. But an unacceptable number live in poverty, or are in care. We know that a child's experience in the early years has a major impact on their health and life chances.

The amount of money we have to put into all public services is shrinking, with much less to invest in services that support people who are unwell or unable to support themselves. This means that we have two important priorities: to keep people healthy for as long as possible; and to make sure that those who do need help and support get the best possible.

Our Health & Wellbeing Board will lead this work, through a number of approaches:

We want to see people empowered at different stages of their lives: getting the very best start in life through to enjoying their older age. This is not a case of doing things to people – we need to do this with our communities – to respond to ***what matters to you***.

We hope to keep people well for as long as possible by reducing the levels of the main risk factors that can lead to poor health – alcohol, tobacco, high blood pressure, mental health.

We will reshape health & social care: providing high quality integrated care and reducing the need for emergency admissions to hospital.

To achieve these aims we are producing four key plans:

(i) A positive start to life
(ii) A healthy older age
(iii) Keeping people well
(iv) Supporting vulnerable people

These plans will be produced with our communities so that we better understand what matters, and how we can be at the edges of people's lives, not at the centre. From that insight we will focus our actions to make a real difference. For each plan we will consider:

- what is (are) the issue(s) on Wirral
- what do we want things to look like in 5 years – what are our ambitions?
- what are the actions that we feel are a priority?

3.0 Development of the Wirral Plan, 20 Pledges and emerging strategies

3.1. Since then, there have been a number of wider strategic discussions with partners from across the borough to consider how we can work together collectively to achieve better outcomes for Wirral residents. Key messages from the Partnership Summits include:

- All partners are facing considerable financial challenges, but recognise that this also presents significant opportunities for much greater collaboration;
- There is some excellent existing partnership activity, but often there are too many meetings, and actions not always followed through;
- Partners feel that there is a need for greater focus on a smaller number of priorities;
- Partners welcome the Council's role in leading greater collaboration, and broadly support the priorities set out within the 2020 Vision;
- Partners are committed to working together to agree a new Wirral Plan, and some shared priorities that we will really focus our efforts on

3.2. Partners have agreed that the Wirral Plan and the priorities set out within it form a single collective Vision for the borough. A number of strategies and action plans are being developed, as well as new ways of partnership working to enable the most efficient and effective collective approach to implement the Plan.

3.3. All of the priorities and strategies reflect a strong evidence base and are based on feedback and insight from our residents.

3.4. The diagram set out below starts to draw out some of the linkages between the 4 priorities of the Health and Wellbeing Strategy, and the related pledge within the Wirral Plan. This can help inform the Board's discussion about which of the pledges it wants to focus on, who could champion and the reporting requirements.

Fig 1: Health and Wellbeing Strategy and the Wirral Plan

Health & Wellbeing Priority	Wirral Plan Pledge	Wirral Plan Strategy	Partnership	Health and Wellbeing Board to:	Suggested HWB link
A positive start to life	Children are ready for school	Children and Young People's Strategy	Children's Joint Commissioning Group	Influence*	Julia Hassall
	Young people are ready for work and adulthood				
	Vulnerable children reach their full potential				
	Reduce child poverty	Improving Life Chances Strategy	Child Poverty steering group	Influence	Fiona Johnstone
Healthy Older Age	Older people living well	Older People Strategy	Ageing well steering group	Influence	Annette Roberts
Keeping people well	Wirral residents live healthier lives	Healthier Lives Strategy Alcohol Strategy Tobacco Strategy	HWB HWB	Lead Lead	Jon Develing
	Leisure and cultural opportunities for all	Leisure Strategy Culture Strategy	Steering Groups	Influence	Clare Fish
Supporting Vulnerable People	People with disabilities live independent lives	People With Disabilities Strategy	All Age Disability Partnership Board	Influence	Graham Hodkinson
	Zero tolerance to domestic violence	Domestic Abuse Strategy	Community Safety Partnership	Influence	John Martin

Health & Wellbeing Priority	Wirral Plan Pledge	Wirral Plan Strategy	Partnership	Health and Wellbeing Board to:	Suggested HWB link
	Wirral's neighbourhoods are safe	Community Safety Strategy	As above		Gary Oakford
Indirect links					
	Greater job opportunities in Wirral Workforce skills match business needs Increased inward investment Thriving small businesses Vibrant tourism economy	Growth Strategy	Growth Board	Influence	Cllr Phil Davies
	Good quality housing that meets the needs of residents	Housing Strategy	Growth Board	Influence	Cllr George Davies
	Attractive local environments for Wirral residents	Waste Management Strategy Environment Strategy	LCR Waste Partnership TBC	be informed	??

***Suggested reporting and governance**

	HWB Role	Reporting
Lead	HWB plays a lead role in implementation and delivery of the theme	Regular updates, key part of HWB work programme
Influence	Most appropriate Partnership leads on a theme but HWB can call into account delivery; review performance; make things happen to unblock barriers	Reporting to HWB by exception
Be informed about	HWB receives occasional updates or can request specific thematic update	Primarily to another group/Board

4.0 FINANCIAL IMPLICATIONS

The Wirral Plan and strategies have been developed in partnership with the public, private and voluntary sectors, to ensure the best outcomes for the residents of Wirral from the available collective resources. As the detailed delivery plans for the strategies are developed, financial implications will be identified as part of the project plan.

5.0 LEGAL IMPLICATIONS

There are no legal implications arising directly from this report. As projects to deliver the strategy are developed the legal implications will be identified as part of the project plan.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The Wirral Plan and associated strategies are being co-ordinated in partnership by existing staff resources. Any additional resource requirements are being identified as the detailed delivery plans are developed.

7.0 RELEVANT RISKS

The Corporate Risk Register will be refreshed in line with the new Wirral Plan developments to ensure that any risks to delivery are understood and mitigating actions are put in place as appropriate.

8.0 ENGAGEMENT/CONSULTATION

The Wirral Plan and strategies have all been developed through extensive engagement, consultation and feedback from residents, partners and other stakeholders.

9.0 EQUALITY IMPLICATIONS

The potential impact has been reviewed with regard to equality and the impact assessment can be found at:
https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impactassessments

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REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board Development Session Agenda Item: Update on Wirral Plan and Pledges	13th January 2016
Health and Wellbeing Board Agenda item: Draft Health & Wellbeing Strategy	8 July 2015

APPENDIX 1: Statutory Responsibilities of Health and Wellbeing Board

Integrated working

- A duty to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area and to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of partnership arrangements under section 75 of the National Health service Act 2006 in connection with the provision of such services.
- A discretion to encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board and/or with persons who arrange for the provision of any health or social care services ("health-related services" means services that may have an effect on the health of individuals but are not health services or social care services).

Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

- The HWB must exercise the functions of the Council and the Clinical Commissioning Group in relation to the preparation of a Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWBS)[1]
- The Council is required to publish the JSNA and the JHWBS
- The HWB may give an opinion on whether the authority is discharging its duty to have regard to the JSNA and JHWBS
- The CCG must consult the HWB when it prepares or revises its commissioning plan.
- The HWB must give an opinion to the CCG on whether the plan takes proper account of the JHWBS[2]
- The HWB may give the NHS Commissioning Board a copy of the opinion
- The HWB must be consulted in the preparation of the CCG's annual report
- The HWB must give the NHS Commissioning Board its views on the CCG's contribution to the delivery of the JHWBS when the NHS Commissioning Board conducts a performance assessment of the CCG

Pharmaceutical Needs Assessments

A duty to:

- assess needs for pharmaceutical services in its area; and
- publish a statement of its first assessment and of any revised assessment**.**

[1] In preparing a JHWBS the HWB must (a) consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way), (b) have regard the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006 and guidance issued by the Secretary of State (c) involve the Local Healthwatch organisation for the area of the responsible local authority and (d) involve the people who live and work in the area. The HWB may include in the strategy a statement of its views on how arrangements for the provision of health-related services in the area of the local authority could be more closely integrated with arrangements for the provision of health services and social care services in that area.

[2] The CCG must include a statement of the opinion of the HWB in its published commissioning plan.

WIRRAL

HEALTH AND WELLBEING BOARD

9 MARCH 2016

REPORT TITLE	*The Five Year Forward View for Mental Health*
DISCUSSION LEAD	*Sheena Cumiskey, Chief Executive, Cheshire & Wirral Partnership*

REPORT SUMMARY

As part of the NHS Five Year Forward View, NHS England Chief Executive Simon Stevens commissioned an independent taskforce to produce a ten-year strategy for improving mental health outcomes across health and care. The taskforce was chaired by Paul Farmer, Chief Executive of Mind, with Jacqui Dyer, an expert by experience and carer, as Vice Chair. The taskforce put an emphasis on co-production with people with mental health problems and carers, over twenty-thousand of whom responded to the consultation and shaped the report.

The report builds on issues covered in recent mental health policy, particularly the Department of Health's (DH) 2011 report, No Health without Mental Health, and the 2015 report on children's mental health, Future in Mind. It identifies that significant progress has been made in areas such as public attitudes, improved outcomes, and developing services like psychological therapies. However there are also huge challenges; an increase in people using services, insufficient funding, lack of parity between physical and mental health care, differences in funding between CCGs, and variations in outcomes in local areas mean that must more needs to be done.

The report calls for a 'fresh mindset' with leaders taking 'decisive steps' to make improvements in the three main areas of prevention, seven-day services and integrated physical and mental healthcare. Within this there should be a focus on people at high risk of developing mental health problems, such as those in poverty or unemployed, people facing other forms of discrimination and children and young people – the age at which many mental health problems start.

The report sets out recommendations for national and local organisations in the areas of commissioning, workforce, regulation, data and funding. £1 billion additional investment will be required to make the improvements.

NHS England has accepted the recommendations in the report. It expects that the measures identifies will be reflected in local sustainability and transformation plans, and in how CCGs allocate their budgets.

RECOMMENDATION/S

It is proposed that the Health & Wellbeing Board commission a response to what our health and social care system are planning to do respond to the report's recommendations.

1.0 SUPPORTING INFORMATION

The report provides a comprehensive picture of the current priorities and problems in mental health. The key issues and priorities are summarised here.

Mental health problems are widespread – one in four adults experience at least one diagnosable problem in any year. Mental health problems are estimated to disadvantage the economy by £105 billion a year. Some groups and life situations are particularly connected with the risk of mental health problems.

Children and young people – nearly half of mental health conditions start before the age of 14, and 75 per cent by age 24. One in ten children between the ages of five and 16 have a diagnosable mental health problem – with children from low income families three times more likely to be affected than those on a high income. However most get no support, the wait for psychological therapy was 32 weeks in 2015/16 and the small number of people needing inpatient care can be sent anywhere in the country.

Pregnant women and mothers – one in five women suffer depression, anxiety or psychosis during pregnancy or in the first year following childbirth. Suicide is the second leading cause of maternal death (behind cardiovascular disease). Forty per cent of localities provide no specialist community perinatal services, and less than 15 per cent provide fully effective services.

The connection between physical and mental health problems – people with chronic mental health conditions are at risk of dying 15 to 20 years earlier than the general population; two-thirds of deaths are from avoidable illness such as heart disease, often caused by smoking. However there continues to be a lack of access to physical healthcare. People with long-term physical illness who develop mental health problems suffer more complications.

Employment and housing – stable employment and housing are both major factors in successful recovery, but there is a lack of specialist occupational health support, and a 65 per cent gap in employment for people with severe mental health problems – just 43 per cent of people with mental health problems are in employment. There is a link between mental health problems in children and poor housing.

Armed forces veterans – only half of veterans with mental health problems seek help from the NHS and those that do are rarely referred to effective support. NHS England is currently consulting on support for this group.

Older people – one in five older people in the community, and 40 per cent of those in care homes are affected by depression, but often do not receive appropriate support.

Marginalised groups – people from marginalised groups such as black, Asian, lesbian, gay, transgender and disabled people are at greater risk of poor mental health.

Criminal justice system – nine out of ten people in prison have a mental health, drug or alcohol problem.

Suicide – rates are rising after many years of decline. Men are three times more likely than women to commit suicide, which is the leading cause of death for men aged 15- 49. Most people had been in touch with a GP/health professional shortly before their death. Inpatient suicides have significantly declined due to better safety precautions.

2. Priority Actions for delivery by 2020/21

2.1 A seven-day NHS providing access to urgent crisis care in the same way as physical health care

Early interventions by dedicated teams have been shown to improve outcomes and reduce costs, but the CQC found that just half of community based crisis response teams across England could offer a 24/7 service. The report also indicates that only a minority of A&E departments offer 24/7 psychiatric liaison that meets quality standards. Improved crisis response will help reduce suicides and will help to provide a better service to marginalised groups.

Recommendations

- By 2020/21, NHS England should ensure that community-based mental health crisis support is available as an alternative to inpatient admission across England. This should involve investment to expand crisis resolution and home treatment teams for adults, and the development of an equivalent service for children and young people.
- Out of area placements should be reduced and eliminated as quickly as possible.
- By 2020/21 all acute hospitals should offer mental health liaison and at least 50 per cent should meet the core 24 hour services standard as a minimum.
- People experiencing their first episode of psychosis should have access to a NICE approved care package within two weeks of referral. By April 2016 more than half of people should have access to early intervention in psychosis services, rising to at least 60 per cent by 2020/21.
- Lives lost through suicide should be reduced by ten per cent by 2020-21. Every area should develop a multi agency suicide prevention plan that demonstrates how areas will address high risk locations and population groups.
- National and local commissioners must tackle unwarranted variations in care, and the DH should appoint a new equalities champion to drive change.
- By April 2017 the DH should establish an independent system for assuring the quality of investigations into the deaths of NHS funded inpatients, and should establish a national service framework for sharing learning.

2.2 Integrated mental and physical healthcare

The ‘Mandate to the NHS’ establishes parity between mental and physical health care, but this is not reflected in funding or outcomes. Despite evidence that addressing mental health as part of integrated provision can improve outcomes, this generally goes unaddressed.

Recommendations

- By 2020/21 NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period, including access to psychological therapies and the right range of specialist community or inpatient care.
- By 2020/21 at least 280,000 people with severe mental health problems should have their physical health needs met through screening and secondary prevention. For instance, the current incentive scheme for GPs to encourage monitoring physical health should continue. Mental health inpatient services should be smoke free by 2018.
- Despite the huge expansion of access to psychological therapies, this is still meeting only 15 per cent of needs. NHS England should increase access to reach 25 per cent of needs, so that at least 600,000 more adults receive support by 2020/21. There should be greater focus on people with physical and mental health needs, the unemployed and people with severe mental health problems.

2.3 Promoting good mental health, preventing poor mental health and creating mentally healthy communities

The report points out that preventing mental health problems is not just the remit of the NHS but spans national and local government. The task force sets out cross-agency recommendations to build on the Prime Minister's commitment to 'a mental health revolution'.

Recommendations

- By 2020/21 at least 70,000 more children and young people should have access to high quality mental health care when they need it. NHS England should continue to work with partners to fund and implement the whole system approach set out in Future in Mind so that outcomes are improved. Local Transformation Plans should be implemented, and integrated into Sustainability and Transformation Plans.
- The Children and Young People's Improving Access to Psychological Therapies Programme should be rolled out by 2018, with access standards for Child and Adolescent Mental Health Services in place by March 2017. The DH should establish an expert group to address the complex needs of children at risk of mental health problems, such as care leavers and those with disabilities. The Government should review the best way to ensure the expansion of parenting programmes announced by the Prime Minister, and ensure these are integrated with Local Transformation Plans.
- The NHS must play a greater role in supporting people with mental health problems to find or keep a job. By 2020/21 each year up to 29,000 more people should be supported to find or stay in work through increasing access to psychological therapies. Access to Individual Placement and Support, which results in 30 per cent of users gaining employment, will help an extra 30,000 people with severe mental illness. By 2020/21 at least nine thousand more people will be in employment.
- The taskforce points to the importance of local government in the promotion and prevention agendas. It recommends the creation of joint local Mental Health Prevention Plans, building on the success of local Crisis Care Concordat Plans. Health and wellbeing boards should do this by 2017, and should be supported by a National Prevention Concordat Programme established by Public Health England (PHE). The plans should cover elements such as mental health and drug/alcohol misuse, parenting programmes, and housing.
- The DH, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, supported with new investment.
- The DH, Department for Communities and Local Government, NHS England, the Treasury and others should work with local authorities to develop specialist housing support, and to make the case for the use of NHS land for supported housing.
- The Department for Work and Pensions should ensure the right levels of protection are in place for people who use housing support, in light of the housing benefit cap on local housing allowance.
- The Ministry of Justice, Home Office, DH, NHS England and PHE should work together to help people in the criminal justice system by expanding liaison and diversion schemes nationally.
- The DH and PHE should continue to help local communities to raise awareness of good physical and mental health, and to end stigma.

2.4 Changes to supporting systems

The report makes recommendations in the areas of innovation and research, strengthening the workforce, transparency and data, and fair regulation and inspection. Recommendations include:

- Health Education England should work with NHS England, PHE, the LGA and others to develop a costed, multi-disciplinary workforce strategy by 2016. Social work should be

considered routinely in mental health workforce planning, and the Think Ahead fast-track training scheme for mental health social workers should be expanded.
- DH should carry out a review of existing regulation under the Health and Social Care Act to identify disparities and gaps between provisions relating to physical and mental health services.
- The CQC should set out how it will strengthen its approach to inspecting and regulating NHS-funded services to include mental health.

2.5 Funding and delivery

The taskforce identifies that an extra £1 billion investment is needed by 2020/21 to make the improvements set out in the report – this will also allow efficiency savings to be generated, which should be reinvested in prevention and early intervention. New models of care, health and social care integration and devolution all present opportunities to improve how mental health services are commissioned and funded, such as moving towards population-based commissioning and personal budgets. However, the risks associated with ambitious, new systems must be carefully managed. A focus on mental health, and keeping up levels of spending, must be maintained, despite the challenging financial circumstances.

The taskforce identifies eight principles to underpin reform: locally-led, evidence-based; co-produced with users and carers; reduces inequalities; integrated care across physical and mental health and social care; prevention and early intervention prioritised; safe, effective, personal care in the least restrictive setting; good data used to drive and evaluate progress.

Recommendations

- A Mental Health Advisory Board, reporting to the Five Year Forward View Board, should be established to publicly report on implementation of the report's recommendations. The Cabinet Office and DH should establish cross-government oversight of system-wide recommendations.
- NSH England and NHS Improvement should lead on developing a revised payment system for mental health providers by 2017/18 to provide the financial basis for implementing the report's recommendations.
- As a minimum, by 2016/17 CCGs should be able to demonstrate how they increase mental health investment within their overall allocation increase. By 2020/21 CCGs should be required to publish a range of benchmarking data to provide transparency about mental health spending and performance.
- By April 2017 place-based budgets should be in place for CCGs commissioning specialised services. The task force welcomed the NHS England initiative which allows mental health providers to mange specialised service budgets to improve community and inpatient pathways.
- NHS England should work with partners to develop and publish a clear and comprehensive set of care pathways for the range of mental health interventions, along with quality standards and guidance.

REFERENCE MATERIAL

: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

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Update Report to Wirral Health & Wellbeing Board

This report

The aim of this report is to update Health and Wellbeing Board. This report outlines the national and regional context together with specific updates on priorities that the Local Teams are responsible for delivering and progress against established milestones.

Strategy and planning

The Delivering the Forward View: NHS planning guidance 2016/17- 2020/21 was published in December 2015, setting out national priorities for 2016/17 and longer-term challenges for local systems. It outlined the need to deliver the Five Year Forward View, to restore and maintain financial balance and to deliver core access and quality standards for patients.

The guidance requires health economies to create Sustainability and Transformation Plans (STPs) using place-based planning methodologies. CCGs are being given the ability to influence an increasing proportion of the local and regional NHS commissioning resources, including primary care and specialised services. This will put them in a better position to match investment decisions with the needs and aspirations of their local communities, for example to improve primary care and mental health services. Additionally, a Sustainability and Transformation Fund (STF) will be dedicated to delivering initiatives such as the new care models through and beyond the vanguards, primary care access and infrastructure, technology roll out-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health.

There is a requirement to develop two separate but connected plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with emerging STP

For 2016/17 there are 9 ‘must dos’, as outlined below:

- Develop a high quality and agreed STP and deliver critical milestones for accelerating progress in 2016/17
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues
- Deliver access standards for A&E and ambulance waits
- Improvement against and maintenance of the NHS Constitution standard for 18 weeks RTT
- Deliver the NHS Constitution cancer standards and make progress in the improving one-year survival rates

- Achieve and maintain the mental health access standards and dementia diagnosis rate
- Deliver action plans to transform care for people with learning disabilities
- Develop and implement an affordable plan to make improvement in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

A Cheshire and Merseyside wide stakeholder event took place on Friday 29 January with representatives from commissioning bodies, providers, local authorities, public health authorities, NHS Improvement and NHS England. It determined that the health economy would mobilise on a Cheshire and Merseyside footprint with smaller area delivery units underpinning the STP. A considerable amount of work is underway to develop a robust 2016/17 operational plan in parallel to organising STP governance structures for 5 year plans.

New Care Models Programme – Vanguard sites

- In January 2015, the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the new care models programme- one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. In Cheshire and Merseyside, the following 4 sites were successful. West Cheshire Way: Multi-speciality Community Provider
- Healthy Wirral: Integrated Primary and Acute Care Systems
- Cheshire and Merseyside Women's and Children's Service: Acute Care Collaboration
- The Neuro Network: Acute Care Collaboration

These sites are working on developing blueprints for the new models of care to be used to spread these new ways of working across the NHS. This work is supported with transformation funding and access to a national support package linking national policy makers with local innovations.

On 8th February 2016 the four Cheshire and Merseyside vanguards submitted their value propositions describing their new care mode, the impact it will have and the support requirements needed to implement it. These value propositions are being considered by NHS England, peer vanguards and patient leaders.

Delivery and assurance

Primary Care

NHS England Cheshire and Merseyside has identified resources to invest in primary care and in support of the wider system including SRGs resilience plans and transforming Primary Care through partnership with CCGs.

Primary Care will have invested in a number of initiatives by the end of March 2016.

Schemes include:

- Improving provision of dental care for people living with dementia
- Increasing the delivery of effective preventive care through Delivering Better Oral Health and Making Every Contact Count
- Antimicrobial resistance: reducing the level of unnecessary prescriptions for antimicrobials in primary dental care
- Further investment in the continued roll out of the Electronic Prescribing Service linking GP practices to Pharmacies
- Increased uptake of the Healthy Living Pharmacy scheme and Making Every Contact Count
- Integration of GP IT systems
- Transforming Primary Care through partnership with CCGs

Public Health

0-5 Healthy Child Programme

Commissioning responsibility for children's public health services was successfully transferred from NHS England to Local Authorities in England on the 1st October 2015. The Cheshire and Merseyside position relevant to key NHS England commissioning objectives 2013-2015 is summarised below:.

Commissioning objective: Health Visitor workforce growth
Increase the number of full time equivalent (FTE) Health Visitors in England by 4,200 by March 2015 from a 2011 baseline position. Each NHS England regional and sub-regional office was tasked with meeting local Health Visiting workforce trajectories to ensure delivery of the national target.

In March 2015, all Cheshire and Merseyside Heath Visiting providers reported a workforce full time equivalent (FTE) on or over planned national targets. The over target achievement in Cheshire and Merseyside supported the regional position (North of England) with an additional 18.9 FTE.

Provider capacity was successfully maintained in Cheshire and Merseyside, ensuring that at transfer, on the 1st October 2015, Local Authorities received Health Visiting services at their planned target workforce capacity.

Commissioning objective: Health Visitor Service Transformation
Implementing an expanded, rejuvenated and strengthened Health Visiting service by April 2015; this required implementation and embedding of a new Health Visiting service delivery model supporting both a universal and targeted offer that reflected the level and type of support children and families should receive based on identified needs.

Providers were required to deliver a four tier service delivery model, to demonstrate conformity to the national health visiting specification and to be prepared to deliver to

and report on the number of mandated visits to the resident population that each provider was commissioned to support.

All Health visiting Providers in Cheshire and Merseyside completed a national health visiting specification compliance exercise. This aimed to demonstrate the extent of delivery of the four tier model by self-assessment against the national health visiting specification 2015/16. Local Authorities across Cheshire and Merseyside supported this exercise establishing evidence of the baseline position at transfer in October 2015. All Providers achieved the level of delivery planned for March 2015. NHS England Cheshire and Merseyside continues to explore opportunities to engage with 0-19 commissioners and Providers to support the development of pathways and initiatives that require a multi- agency approach or require progression across the Cheshire and Merseyside footprint.

NHS England Cheshire and Merseyside developed a local dashboard for performance monitoring against implementation of the universal core contacts/offer. Data was collected quarterly and providers supported reporting for benchmarking purposes. At the end of September 2015, a national interim data collection/reporting process was proposed for Local Authorities. In an initial test prior to the October 2015 transfer and supported by Public Health England, 7/9 local Authorities in Cheshire and Merseyside successfully reported to the national data set.

In recognition of local government responsibilities to their residents, the transfer of commissioning responsibility of 0-5 public health services required a shift from registered to resident population service delivery. Plans to transition service delivery in Merseyside were developed and overseen by a multi-agency steering group. Merseyside providers commenced the transition to a resident population service delivery on the 1st July 2015 and this exercise was almost completed by the 1st October 2015. Cheshire providers completed a resident population service delivery transition in 2014/15; with the exception of children and families resident in North Wales and registered with an English General Practitioner.

Immunisations

Seasonal Flu plans

Seasonal flu plans, including the roll out of the national pharmacy flu scheme, were rolled out this winter. Evaluation of the seasonal flu programme 2015/16 is awaited. Seasonal flu planning for the 16/17 season has commenced with NHS England supporting CCG and Local Authority partners in developing 16/17 contracts with local providers that are supportive of a whole system approach to seasonal flu planning.

Rollout of the universal childhood flu vaccination programme

Roll out of the universal childhood seasonal programme was completed as planned for 2015/16 with all school nursing providers in Cheshire and Merseyside successfully offering all children in primary school years 1 and 2 a seasonal flu vaccination. All providers reached the necessary vaccination uptake to achieve interruption of transmission of the flu virus in our communities; with many achieving

an over-target position. Evaluation of the universal childhood seasonal flu programme is awaited.

Introduction of Meningitis ACWY vaccine for teenagers/ young adults

There has been a rise in the "W" strain of meningococcal meningitis in England over the past 4 years, which particularly affects young adults. In response, a new vaccinations programme is in place to call all young people, who were 18 by 31st August 2015, for the Meningococcal ACWY vaccine to protect against the "W" strain, and three other strains.

From 1st August 2015, those age 17 years to 18 years (date of birth, 1/9/96 to 31/8/97), will be invited via a call-recall process to receive the Men ACWY vaccine at their GP surgery, and commissioned via a primary care DES. This programme continues to be offered and will complete on 31st March 2016.

University entrant (Freshers) and secondary school Men ACWY vaccination programmes were offered in the autumn and winter of 2015/16. A national uptake report covering the Freshers campaign is due shortly. Secondary school Men ACWY programmes are ongoing in Cheshire and Merseyside as the vaccine only became available in January 2016.

Meningitis B vaccine

This vaccine is given as an addition to the primary infant schedule and the programme commenced on the 1st September 2015. The Men B vaccine is offered at the same time as other routine immunisation visits at ages 2 months and 4 months with a booster dose at age 12 months. This vaccine can cause a fever and so paracetamol is recommended at the same time. Men B uptake data will be available imminently and accessible to the public. Preliminary data suggests that excellent uptake of this vaccine programme has been achieved.

Accident & Emergency 4 Hour Waiting Time Standard

The performance across Cheshire and Merseyside area has been challenging and for most Hospital providers has been below the NHS constitutional standard of 95% of patients waiting less than 4 hours. This has been a particular issue since October 2015. The key challenges vary across our various health care systems and in specific Trusts. System Resilience Groups are working across Cheshire and Merseyside to understand these differences, to address the challenges, and to learn from the experience of this winter.

Cancer 62-day Urgent Referral Waiting Time Standard

Performance against the 62-day Standard for local acute hospitals is on track, but the standard is not being met for tertiary providers. This is due to the complex referral pathways for patients which results in these providers receiving a significant number of referrals later than they require in order to arrange and carry out treatment before the 62-day standard is breached. Overall performance for NHS Wirral has

been positive with the exception of October and December in recent months. Action plans are being developed and implemented to reduce delays, for example to streamline diagnostic and decision-making processes.

18 Week Referral to Treatment Waiting Time Standard

Performance against this Standard has been usually been good across the Cheshire & Merseyside area, NHS Wirral CCG have seen challenges to performance from September 2015.

Health Outcomes

Safeguarding

NHS England is dedicated to ensuring that the principles and duties of safeguarding adults and children are consistently and conscientiously applied with the well-being of all, at the heart of what we do. Areas we cover include:

Lampard Inquiry (Savile report)

On 26 November 2015, the Department of Health published a response to the final report relating to Jimmy Savile https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-response-to-lessons-learnt-report

The report has been shared with named GPs, other relevant health care professionals and safeguarding groups for children and adults. Lisa Cooper, Deputy Director Quality & Safeguarding, NHS England has liaised with Local Authority Designated Officers (LADO) across Cheshire and Merseyside with regard to ensuring processes are robust and link with NHS England when there are concerns relating to Primary Care contractors.

Goddard Inquiry

In June 2015, Lord Justice Goddard sent a letter to all Trusts; Safeguarding Boards; Local Authorities; Police Forces; and Education establishments regarding retention of records germane to her Inquiry. The letter can be found at: https://www.iicsa.org.uk/sites/default/files/letter-to-nhs-ceos.pdf

NHS England National Team forwaded this letter in October 2015 to all Regional Directors for dissemination across Trusts.

There are ongoing discussions with the Department of Health and NHS England regarding the practical and financial implications of this directive. However, the NHS England National Safeguarding Lead has advised that until further notice all Trusts should be aware of the letter and should have taken action in accordance with Lord Justice Goddard's request.

The letter has been re-sent to all Directors of Nursing, CCG Leads and Designated Nurses in December 2015 for review and action.

Female Genital Mutilation (FGM)

Mandatory reporting came into force on 31 October 2015 and all health providers are aware of the duty to report. Health policy and processes relating to FGM have been agreed across Cheshire and Merseyside for all health providers

Parity of Esteem
NHS England has established a Parity of Esteem program to focus effort and resources on improving clinical services and health outcomes.National priorities for Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis (EIP) and Dementia have challenging targets set for 2015/16.

- NICE implemented care for people suffering from anxiety and depression and first episode of psychosis
- IAPT first MH mandated waiting time target to be introduced for RTT for 6 and 18 weeks
- National ambition for dementia. Maintaining and improving diagnosis rate of 66.7%

Improving Access to Psychological Therapies

£2m was made available to achieve fully validated waiting lists and good operational processes in all IAPT services and £6m towards the clearance of backlogs in services experiencing long waits.

Locally - 10 out of the 12 CCGs applied for Waiting List Initiative (WLI) funding. 9 bids were successful with matched funding of 50:50 by the CCG. Decision letters were sent to CCGs on 4/9/15. The total additional funding to C&M CCGs is £774,190
A second tranche of WLI monies has been identified in Q4. 2 C&M CCGs have successfully bid and an additional £345K has been committed.

CCGs and their Providers submitted a joint baseline assessment on the state of preparedness to deliver the Early Intervention in Psychosis new standards from 1 April 2016. A tripartite assessment was undertaken and feedback obtained on the level of assurance their plans provided.

A series of MH deep dive meetings were carried out across C&M by NHS England to review the findings and gain assurance on the readiness to meet the new standards.

CAMHS

All CCG's in Cheshire & Merseyside submitted their partnership based CAMHS transformation plans, in line with NHS England requirements with the deadline date being 16th October. Following an assurance process co-ordinated by the NHS England Mersey and Cheshire Medical Directorate with input from the Strategic Clinical Network, all plans have been signed off as fully assured thus enabling the

financial resources assigned to these plans being released to all CCG's. All areas were required to publish their CAMHS transformation plans by 31st December with an ongoing commitment to continue to make these more reader friendly for young people.

Plans to transform Eating Disorders Services formed part of these CAMHS Transformation plans and the funding for this aspect of the transformation will be released to CCG's following quarter 3 assurance.

Indicative 2016/17 financial allocations for CAMHS Transformation in 2016/17 have been communicated to all CCG's and include an uplift from the 2015/16 allocation. This funding will be allocated to CCG's as part of the baseline allocation and all CCGs and their partners will be required to demonstrate how this funding is being used to deliver improvements in CAMHS services and outcomes.

Extensive work is taking place at national and local level to determine the support needed by local partnerships to aid the transformation of CAMHS, including work around Data, Service Transformation, Workforce, and Prevention & Early Intervention

CYP Mental Health Improvement teams are being established also in each of the SCN's to help support this transformation. This includes dedicated Clinical and Local Authority Advisor capacity & expertise.

NHS England

Transforming Care: Implementation of National Plans across Cheshire and Merseyside

January 2016

Transforming Care: Implementation of National Plans across Cheshire and Merseyside

Version number: 1

First published: December 2015

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Classification: OFFICIAL

1. **Purpose of report**

The purpose of this report is to update Cheshire and Merseyside Health and Wellbeing Boards with regard to the national, regional and local programme of work with regard to Transforming Care for people with Learning Disabilities.

2. **Background**

As a result of the Winterbourne View Review: Concordat: Programme of Action (2012) NHS England is committed to improving the health and outcomes of people with learning disabilities and autism, and transforming services to improve the quality of care throughout peoples' lives.

Transforming Care for People with Learning Disabilities - Next Steps, (July 2015) outlined an ambitious programme of system wide change to improve care for people with learning disabilities and/or autism, and behaviour that challenges (learning disabilities).

Next Steps (July 2015) set out clear expectations that six organisations - NHS England, Department of Health (DH), Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Care Quality Commission (CQQ) and Health Education England (HEE) - would work together more effectively, to drive forward change.

There is now a single shared Transforming Care programme that recognises the scale of the change required, and ensures that we address the underlying causes of why so many people remain in, and are continuing to be placed in, hospital settings.

The five areas in the Transforming Care programme are:

- **Empowering individuals** – giving people with learning disabilities and/or autism, and their families*, more choice* and say in their care.

- **Right care in the right place** – ensuring that we deliver the best care now, including a new approach to *care and treatment reviews*, whilst re-designing services for the future, starting with five fast-track sites to accelerate service re-design and share learning.

- **Regulation and inspection** – tightening regulation and the inspection of providers to *drive up the quality of care*.

- **Workforce** – developing the *skills and capability* of the workforce to ensure we provide high quality care.

- **Data and information** – making sure the *right information is available* at the right time for the people that need it, and continuing to track and report progress (Appendix 1).

3. **National Transforming Care Programme 2015 - 2019**

Next Steps (July 2015) set out a clear ambition for a radical re-design of services for people with learning disabilities. A draft service model has been recently published,

which sets out nine overarching principles which define what ‘good’ services for people with learning disabilities and/or autism whose behaviour challenges should look like.

These principles will underpin how local services are redesigned over the coming months and years – allowing for local innovation and differing local needs and circumstances, while ensuring consistency in terms of what patients and their families should be able to expect from local decision-makers.

The establishment of six Fast-Track areas, announced by Simon Stevens at the NHS Confederation conference will ‘test; the draft Service model during the summer of 2015.

NHS England have continued to seek the views of clinicians, commissioners, providers, people with learning disabilities and/or autism who have a mental health condition or display behaviour that challenges (including offending behaviours) and their families, ahead of the publication of a final version published in autumn 2015. This will help to support commissioning intentions and financial planning 2016/17.

In line with the priorities of the Transforming Care programme, it is intended that this will involve a significant shift in commissioning towards high quality community-based services over the next 18 months, allowing the closure of inpatient beds and facilities.

Friday 30 October 2015 saw a key milestone in the Transforming Care programme with the publication by NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) of; ‘Building the right support: A national implementation plan to develop community services and close inpatient facilities and a ‘New Service Model’ (2015).

Taken together, these documents have asked Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services and close unnecessary inpatient provisions over the next 3 years and by March 2019.

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

While local areas will be able to design bespoke services with those who use them, the national plan (2015) also sets out the need for:

- Local councils and NHS bodies to join together to deliver better and more coordinated services

- local housing that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff
- a rapid and ambitious expansion of the use of personal budgets, enabling people and their families to plan their own care, beyond those who already have a legal right to them
- people to have access to a local care and support navigator or key worker, and investment in advocacy services run by local charities and voluntary organisations so that people and their families can access independent support and advice
- pooled budgets between the NHS and local councils to ensure the right care is provided in the right place
- Using the nine principles set out in the 'New Service Model' (2015) TCPs should have the flexibility to design and commission services that meet the needs of people in their area

There is also an expectation as part of the national Transforming Care programme of work for:

- A 10% reduction in in-patient admissions using the pre 31.3.15 cohort of patients as the baseline, by 31 March 2016 and,
- Care and Treatment reviews (CTRs) for all people in an inpatient bed to become 'business as usual'.

4. Transforming Care Partnerships (TCPs)

Cheshire & Merseyside have had an historic Learning Disability Network that has undertaken much work from the Winterbourne View Recommendations over the past 3 years. Discussions through this network resulted in an agreed consensus to progress developments via one Transforming Care Partnership or unit of planning across the Cheshire & Merseyside footprint to ensure commissioning at scale, with three geographical collaborative commissioning delivery hubs as outline below.

Cheshire and Merseyside Unit of Planning			
Hub	**CCGs**	**Local Authority**	**Total Population**
Hub 1 Cheshire	Wirral West Cheshire, East Cheshire, South Cheshire Vale Royal	Wirral West Cheshire & Chester East Cheshire	1,078,886 Population
Hub 2 Mid Mersey	Halton St Helens Warrington Knowsley	Halton St Helens Warrington Knowsley	701,952 Population
Hub 3 North Mersey	South Sefton Southport & Formby Liverpool	Sefton Liverpool	786,383 population

This approach builds on:

- existing CCG/LA collaborative commissioning arrangements
- current clinical pathway service delivery
- joint purchasing arrangements between some CCGs
- joint CCG/LA arrangements, including governance for joint decision-making
- excellent CCG/Provider working relationships
- provider financial viability and clinical sustainability

NHS England has proactively facilitated the bringing together of local delivery hubs and local discussions have already commenced

4.1 Cheshire & Merseyside Transforming Care Board

In response to the national programme (Building the right support, 2015) a Cheshire & Merseyside Transforming Care Board has been established; with Alison Lee, Accountable Officer, West Cheshire CCG as Senior Responsible Officer for this programme of work and Sue Wallace-Bonner, Director of Adult Social Care Halton Council as Deputy Chair. There are current discussions underway with the North West Confirm and Challenge service user group to establish a co-chair position.

The Board are undertaking 2 pieces of work in the first instance. The first is to establish the population need to enable commissioning of high quality services moving forward. We have commissioned a Joint Strategic Needs Assessment across Cheshire & Merseyside to inform current work programmes in partnership with Public Health England and Liverpool John Moore's University.

The second is a look back exercise to evaluate were we have come from in terms of bed usage and models of care and where we need to get to as a health and social care economy.

It is recognised that Cheshire & Merseyside have already undertaken a significant amount of service improvement in this area and recognising the journey so far is significant when reviewing in-patient provision. To this end the Board will:

- Undertake a retrospective review of LD service provision and activity from 2010-2015 focussing on Assessment and Treatment beds, Locked Rehabilitation beds and Neuro Psychiatry beds, both in and out of area. Within this work there will be a look at:

    - The trend analysis and identify complementary activity within local NHS in patient provision in assessment and treatment units.

    - Identify elements of key community services that contribute to care and prevent admission, and accelerate discharge.

    - Performance as measured in the LD Self-Assessment Framework over this period.

- Developing a model of care for the coming 3 years, 2016-2019, for LD services for Cheshire and Merseyside that builds on the strengths identified in the retrospective study that draws on Government Policy and the NHS 5 Year Forward View (NHS England 2015).

The target completion date for this work is January 2016.

It is expected that the TCPs will now follow the same programme of work as the six national fast track sites. Therefore the programme plan of transformation will include:

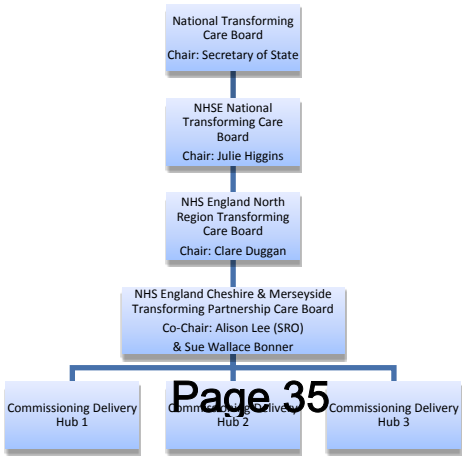
- Development of local plans that support the development of new models of care and long term bed closures, underpinned by a robust learning disability joint strategic health needs assessment.
- Rapid expansion and improvement in community provision, encompassing a range of supported living options and housing with accompanying care and support, to enable the transfer of people from inpatient facilities.
- Any use of in-patient services must be based on robust assessment of an individual's needs. People that do require in-patient care due to the severity of their condition should have the highest quality of care and an agreed plan to return to their community placement as quickly as possible.
- Repatriation of out of area placements

4.2 Governance arrangements to support delivery

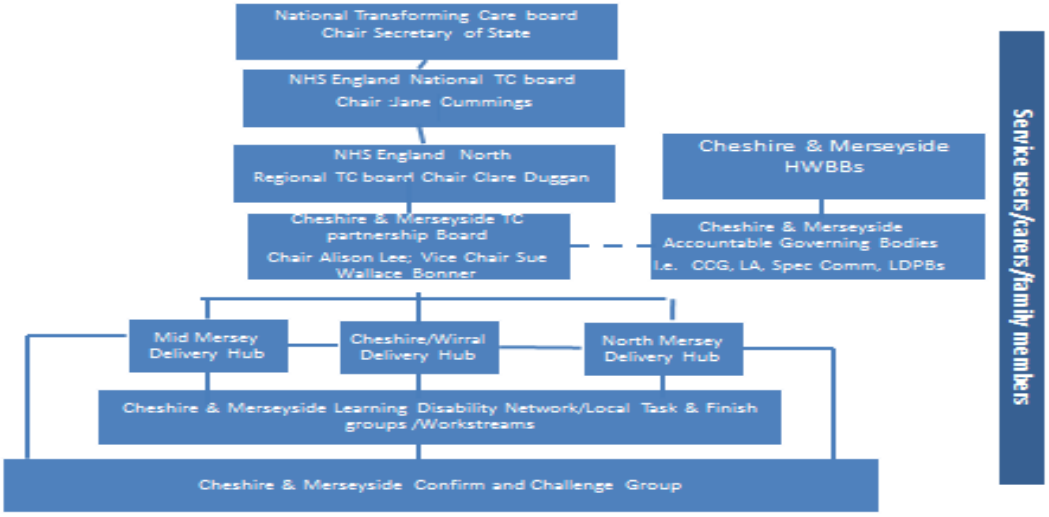
There is a well-established Cheshire & Merseyside learning disabilities network with CCG, LA, Provider and service user representation. This group will now undertake task and finish work on behalf of the board. One of the current strategic work themes is, 'Safe and Responsive services' for which a full work plan has been developed. However it is envisaged that this work plan will be captured and continue as part of the Cheshire and Merseyside Transforming Care Board which will hold partners to account for delivery of the National Implementation programme (2015).

There will be financial support via a national budget to progress some of this work; the amount and process for access to funding is still yet to be agreed nationally, but there is local agreement that a project management office function be established to facilitate the work programme locally.

The **national governance structure** to support delivery of the national plan is outlined below:



As NHS England is not a Governing body the suggested **local governance structure** to support delivery of the national plan is outlined below:



4.3 National and Local Focus 2016 – 2019

The expectation is that the non-fast track areas (Cheshire & Merseyside being one of them), will start to mobilise using the learning from the fast track areas and begin collaborative working to enable the system to realise the start date of April 2016 for:

- A reduction in in-patient admissions using the pre 31.3.15 cohort of patients of 10% by 31 March 2016
- Long term learning disability bed closures in
    - Assessment and Treatment beds
    - Locked Rehabilitation beds
    - Neuro Psychiatry beds

  (Forensic beds, low, Medium and High secure are being led by Specialised Commissioning)
- Development of new models of care.

4.3.1 Care and Treatment reviews

Care and Treatment reviews (CTR) are offered to all patients who are or have been an inpatient for 6 months or longer and patients have a right to request these at any time. More recently the expectation is that patients should be offered a CTR prior to admission or alternatively within two weeks following admission and then 6 monthly thereafter.

Cheshire and Merseyside CCGs and 3 main LD NHS Providers (Merseycare, 5 Borough Partnership and Cheshire Wirral Partnerships NHS Mental Health Trusts) are fully engaged in the CTR process and have pooled clinical resource to enable delivery in a consistent manner. Pathways Associates/North West Training and

Development Team provide Experts by Experience (service users, families and carers). There has been local proactive development of local operational models to ensure CTRs are 'business as usual' from September 2015. The patient stories of individuals who have had Delayed discharges have been collated which is useful in detailing some of the challenges in the system and will be considered in the new service models.

As of December 2015:

- 135 CTRs have been undertaken across CCGs for CCG commissioned services.
- There are 5 patients who have a delayed discharge; the main reasons being accessing an appropriate community provider, no local care package availability and requirement for housing adaptations to be undertaken.
- The use of the pre admission / blue light CTR protocol has avoided 4 hospital admissions during the period October-December 2015

Specialised commissioning

CTRs are also undertaken for patients in forensic/secure commissioned services. The aim being to progress the patient along the secure/forensic pathway into CCG commissioned services or community settings.

To aid progress NW Specialised Commissioning team have established quarterly meetings with local commissioners to ensure the number of Cheshire and Merseyside patients moving along the secure/forensic pathways of care into CCG commissioned placements is planned and funded for.

As of December 2015 the number of Cheshire and Merseyside patients in Specialised Commissioned services is outlined below:

CCG	Stepdown	LSU	MSU
East Cheshire		1	0
West Cheshire		3	0
Halton		0	4
South Cheshire		2	0
Vale Royal		0	0
Warrington		2	1
Wirral		1	2
Knowsley		1	1
South Sefton	1	4	3
Southport		0	0
St Helens		3	2
Liverpool	1	5	4
Totals	2	23	17

(Data source NHS England Specialist Commissioning Tracker Dec 2015)

4.3.2 In patient reduction & bed closure programme

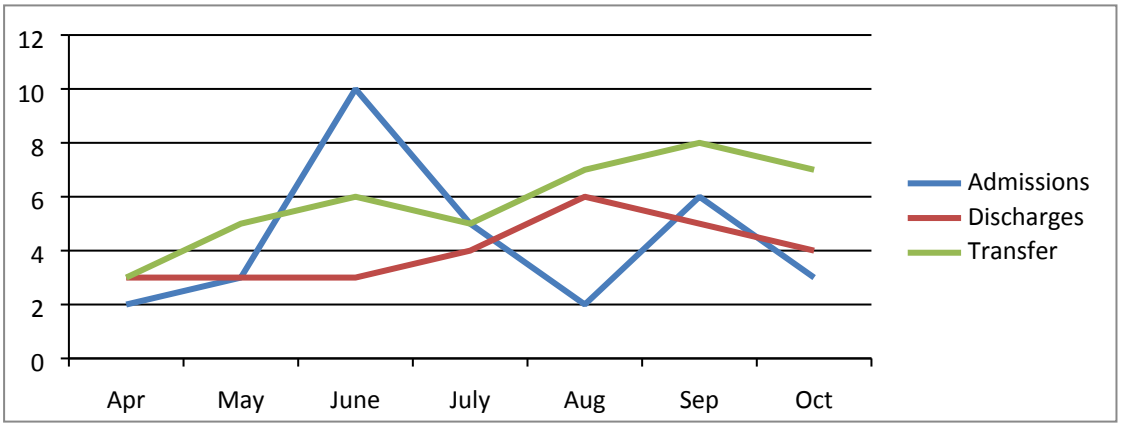
In patient reduction

One of the main responses to the Winterbourne View Concordat (2012) was the requirement to discharge patients from in patient settings if clinical safe to do so. The National Transforming Care board set a national discharge trajectory of between 10% - 13% for patients currently in an inpatient setting as of 31.3.15 to be achieved by 31. 3.16

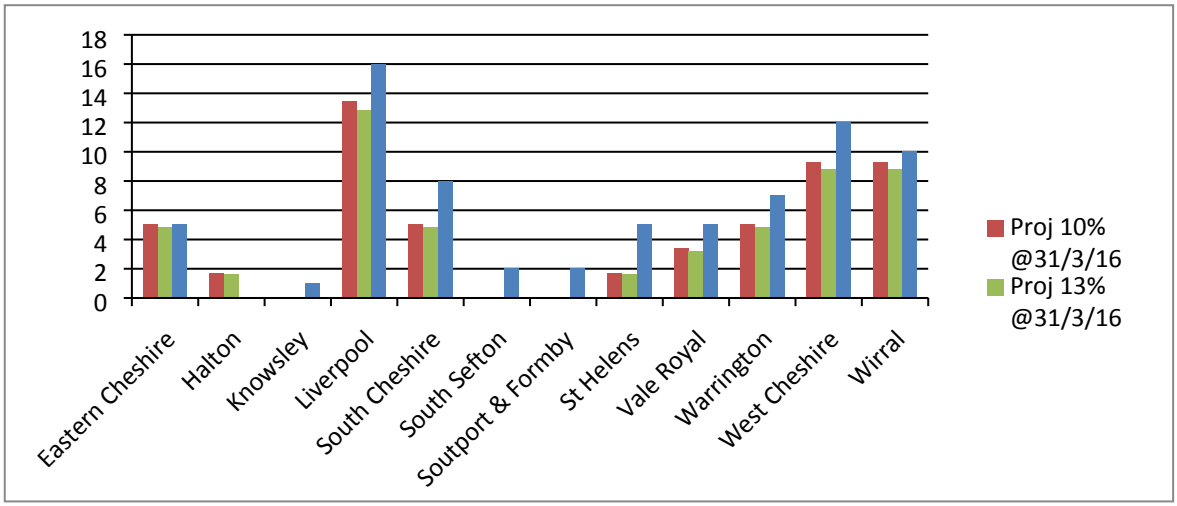
Progress to date for Cheshire and Merseyside's discharge trajectory is outlined below;

Team / CCG	Baseline@31/3/15	April	May	June	July	Aug	Sep	Oct	Nov	Proj 10% @31/3/16	Proj 13% @31/3/16	Diff to P1	Diff to P2
North of England	**994**	**928**	**950**	**969**	**970**	**979**	**954**	**959**	**947**	**893**	**861**	**-66**	**-98**
Cheshire & Merseyside	**64**	**56**	**61**	**66**	**73**	**69**	**71**	**68**	**73**	**54**	**51**	**-19**	**-22**
Eastern Cheshire	6	5	5	5	5	6	6	5	5	5	5	0	-0
Halton	2	2	1	0	0	0	0	0	0	2	2	2	2
Knowsley	0	0	0	1	1	1	1	1	1	0	0	-1	-1
Liverpool	16	15	16	15	17	17	17	16	16	13	13	-3	-3
South Cheshire	6	7	7	8	8	6	7	6	8	5	5	-3	-3
South Sefton	0	0	0	1	2	1	1	1	2	0	0	-2	-2
Soutport & Formby	0	0	0	0	1	1	1	1	2	0	0	-2	-2
St Helens	2	1	2	2	4	4	4	5	5	2	2	-3	-3
Vale Royal	4	4	5	5	5	5	5	5	5	3	3	-2	-2
Warrington	6	4	6	6	6	6	7	7	7	5	5	-2	-2
West Cheshire	11	9	9	12	11	10	11	12	12	9	9	-3	-3
Wirral	11	9	10	11	13	12	11	9	10	9	9	-1	-1

Data source: HSCIC Assuring Transformation dataset & NHS England TC Tracker Dec 15



Data source: NHS England TC Tracker Dec 15



Data source: NHS England TC Tracker Dec 15

4.3.3 Bed closure programme

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million populations
    - Cheshire & Merseyside target = 25 – 37 (CCG beds)
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million populations
    - Cheshire & Merseyside target = 50 – 62 (specialised beds)

The Cheshire and Merseyside Transforming Care board are currently undertaking the following baseline exercise which will help inform commissioners of bed activity as the new models are care are developed:

- A retrospective review of LD service provision and activity from 2010-2015 focussing on Assessment and Treatment beds, Locked Rehabilitation beds and Neuro Psychiatry beds, both in and out of area. Within this work look at:

    - The trend analysis and identify complementary activity within local NHS in patient provision with assessment units.

    - Identify elements of key community services that contribute to care and prevent admission, and accelerate discharge.

The detail from the baseline report will be available January 2016.

4. Potential risks that may prevent delivery

Risk	Risk Level	Mitigating Actions
Lack of robust baseline data	Medium	• Commissioned LD JSNA to understand robust population based needs • Timescales for completion of LD JSNA not in line with timescales for service development

Risk	Risk Level	Mitigating Actions
		• Commissioned look back exercise of bed state
Requirement for Efficiency savings	High	• Work with CCG/LAs to ensure funds are ring fenced for LD service development & delivery • Bids for capital funds available for adaptions etc. via NHS England
Viability of Providers	High/medium	• Providers to develop models of care that ensure trust viability • Providers to commence discussions with legal teams regarding consultation • Commission at scale to ensure viability of providers
Delayed discharges / transfers	High	• Work with LAs to ensure robust process in place to move patient to suitably commissioned supported living placements • Map current provision of commissioned services and benchmark against LD profile • Commissioners to hold providers to account in ensuring planned discharge date for individual on admission
Lack of sustainable community LD teams /services	High	• Commissioners to collaborate to develop strategic provider / preferred provider frameworks with commissioning collaborations need to be as local as possible • Work with commissioner to understand what community services are current commissioned – mapping & identifying 'what goods look like' to support shaping of future local service models • Development of bids to 'double run' services
Disruption to natural patient pathway/flows	Medium	• Clinical Leadership • Clear communication
Limited personalised social care	Medium	• Mapping of housing providers and social care providers • Establish market place

5. Service Change Assurance

The scale of change being envisaged (introduction of new care models and removal of beds may be considered a significant change, with associated risk of Judicial Review or referral to the Secretary of State.

To mitigate these risks NHS England with key partners (LGA, ADASS, Service users etc.) has a role in assuring the service change proposal before progress to the next stage. The assurance would need to be tailored to the specific circumstances and scale of the proposal. Details of assurance process are outlined in the document below:

9) Transforming Care Assurance Process Flc

6. Next steps

Following local discussions at the Regional Transforming Care engagement workshop (9 November 2015) the following areas were identified as essential to support delivery of the national implementation plan:

- Clear governance structures
- As the national plan is reflective of all age ranges, further mapping of stakeholders to ensure all relevant stakeholders engaged in local development work i.e. Children's commissioners, CAMHS etc.
- Review of current community learning disability team (CLDT) specifications
- Review of out of area patients and development of repatriation programme
- Mapping of current social care/housing providers with CCG & LA commissioners with the potential to develop a social care framework
- Hold social care provider forum to establish current and potential services on offer
- Consideration of interim residential placements for current in-patients cohort with delayed discharge
- Development of 'Step up Step Down beds' to support crisis management building on what models that are nationally/regionally evidenced to support local developments
- Establish a provider forum
- Strength the 'at risk register' development's with all stakeholders: including development and agreement of data sharing agreements
- Strength local authority involvement in work programme via ADASS leads
- Pooled budgets
- Hold a local stakeholder dialogue event

7. Cheshire & Merseyside Stakeholder event

A local stakeholder event was held on 16 Dec 2016 at Daresbury Park Warrington to understand the local 'ask' of the National Transforming Care programme across the Cheshire & Merseyside footprint.

Over 85 delegates attended the event, with representation from health, local authority, social care, NHS providers, Healthwatch, advocacy, housing, and experts by experience and family members.

Members of the National Transforming Care Programme (NHS England and LGA) outlined the national 'ask' and timescales for mobilisation and delivery. As Senior Responsible Officer for this programme of work, Alison Lee, Accountable Officer, West Cheshire CCG endorsed the progress and work to date in this field across Cheshire & Merseyside, but also acknowledged the challenge ahead.

Moving into their relevant delivery commission hubs, the stakeholders started to work together to:

- Describe the vision for services for people with a Learning disability/autism or behaviours that challenge living in Cheshire & Merseyside?
- Established the strengths and weakness of current LD service provision in their locality
- Identify any key stakeholder that are missing and need to be involved
- Describe what does success look like

- Identify some local quick wins, and
- Begin to prioritise services developments for Years 1, 2 and 3
- Give thought to how the delivery hubs will progress locally

Details from the event have been collated and shared with stakeholders present (Appendix 2). NHS England will now utilise the detail from the event together with the findings of the retrospective reviews to develop a strategic plan for Cheshire & Merseyside which will be shared with the 3 delivery hubs and relevant governing bodies.

8. Conclusion

It is recognised that Cheshire & Merseyside have already undertaken a significant amount of work with regard to service provision for people with learning disabilities and/or autism, and/or behaviours that challenge.

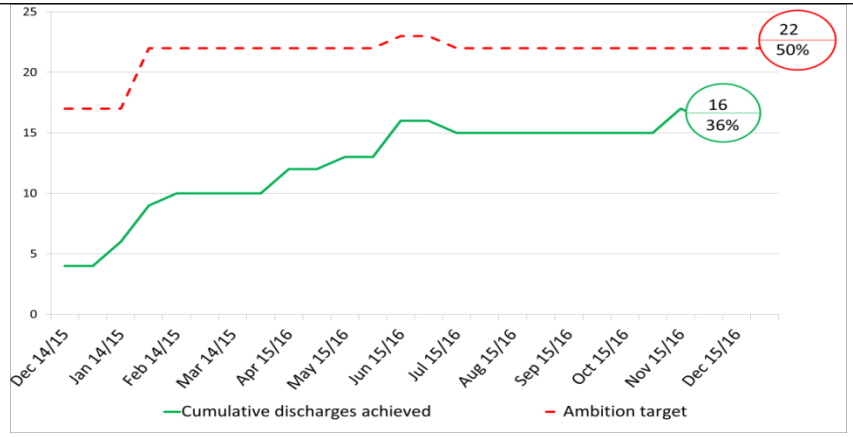
Telling the story of the journey so far is significant when reviewing in-patient provision to ensure we have adequate support for people who require it in times of deteriorating health or crisis. Alongside this the development of high quality services closer to home will enable people to live independent lives closer to their friends, family and carers.

The Cheshire & Merseyside Transforming Care Partnership Board will strive to delivery that national priorities locally, ensuring this is done in a co-productive manner with the patient's voice at the centre of the service model. Cheshire and Merseyside Health and Wellbeing Boards are asked to note the content of this report and support its implementation as a high priority area of work.

ENDS

Appendix 1. Cheshire & Merseyside Local Progress 2015/16

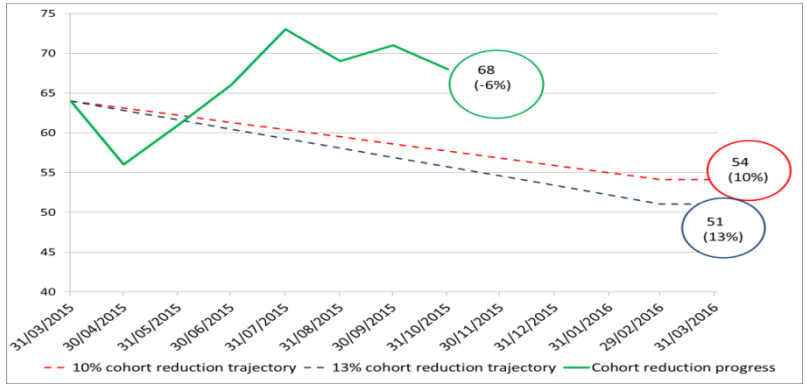
Empowering Individuals	Empowering people with learning disabilities and their families to have greater rights and say in their care, underpins the Transforming Care programme. We have been working with partners across the health, local authority and voluntary sectors to strengthen the collective voice of individuals with learning disabilities and their families, to ensure greater personalisation, increased choice about care, and greater influence over service design and delivery. An important milestone this year was the public consultation issued by the Government, 'No voice unheard, no right ignored', to strengthen the rights of people with mental health issues, learning disabilities and autism, so they can live independently, be included in their community, and make choices about their own lives. Locally we continue to work closely with Pathways Associates in: • Developing an expert hub of clinical reviewers and experts by experience to undertake Care and treatment reviews • ensuring we are asking whether people are getting support from advocacy through the revised approach to Care and Treatment • Reviewing Assuring Transformation data to gather information that tells us what sort of advocacy a person is receiving. • Developed a Co-production workstream to ensure the voice of the service user/Family carers is heard locally, regionally and nationally As a result of the work undertaken local we have successfully presented our methodology and how we have utilised the LDSAF validation process to improve and drive forward quality for people with LD locally at 2 national workshops run by IHAL. The workshops were held in June 2015 in Manchester and Bristol. Wirral CCG presented how this work at been used strategically at a local level to drive forward a joint action plan. As part of this they have streamlined processes, integrated stakeholders and worked towards joint ownership. **Governance: Co-production Sub Group of the Cheshire & Merseyside Transforming Care Board.**
Right Care, Right Place, Right Time	The national ambition is to discharge 50% of patients from an inpatient facility at 1 April 2014 to the community by 31 March 2015; and to carry out care and treatment reviews for any patients in that cohort who have not got a discharge date and are in a low secure setting. Cheshire & Merseyside position at November 2015:



50% discharge ambition: Currently on trajectory to achieve discharge ambition of 65% by Q4 leaving 15 inpatients from the 31 March 2014 cohort with discharge dates during 2016/17

There is a renewed focus on reducing hospital admissions from the 2013/14 baseline by 10% during 2015/16, reducing length of stay and tackling delayed discharges. This will require a focus on developing community based provision locally. Improving the patient experience and outcomes is a key factor to drive this initiative.

Cheshire & Merseyside position at November 2015:



10% discharge ambition: despite an increase in admission numbers over summer months (due to CCG's has found patients who were out of area) now on a downward trend and confident that the 10% ambition will be achieved by end of Q4. Current focus on 3 CCGs with highest admission rate: West Cheshire, Wirral and Liverpool CCGs.

Governance: Commissioning Hubs of the Cheshire & Merseyside Transforming Care Board.

Regulation & Inspection	NHS England has established an Enhanced Quality Assurance Programme (EQAP) with the specific role of making sure people are safe and monitoring the quality of care reviews. EQAP will seek the firmest assurances that patients have clear care plans and are receiving the support they need and deserve. CQC is working to ensure that its assessment methods are fully adapted to ensure robust inspections of hospital and community learning disability services. The CQC is further developing the work on registration, to ensure that: • Applications by any service provider to vary their 'service type', that describes the services that they offer, are only agreed when the new 'service type' accurately reflects a changed model of care. This will also ensure that any inappropriate models of care for people with learning disabilities do not continue after the 'variation' has been agreed; and • new applications are only agreed when the application reflects the agreed model of care for people with learning disabilities, which is currently being defined by the Transforming Care programme and outlined in the new Service Model for commissioners **Governance: Safe and Responsive Services Sub Group of the Cheshire & Merseyside Transforming Care Board.**
Workforce	Since the publication of Next Steps (July 2015), Health Education England (HEE) has been working with its Transforming Care partners, including Skills for Health and Skills for Care, to ensure that workforce development and planning supports the wider service re-design across health and social care. Work to date will includes the development and testing a new Learning Disability Skills and Competency Framework that outlines the competencies that staff needs to have, to fulfil certain roles, to ensure that we have the right skills in the right place. This Framework will be rolled-out in January 2016. **Governance: Safe and Responsive Services Sub Group of the Cheshire & Merseyside Transforming Care Board.**
Data and Information	Health and Social Care Information Centre (HSCIC) is the national electronic information data analysis system for the Assuring Transformation Clinical Platform. All local CCGs are registered with HSCIC and actively submitting data. Local CCG/LA leads are also required to submit fortnightly data to NHS England via the local Transforming Care tracker. This enables the local monitoring of CTRs, admissions, in patient length of stay and progress being made towards individual, anticipated and planned discharge dates. Work is currently ongoing between NHS England Transforming Care analytical team and HSCIC to enable all clinical data fields to be submitted via one clinical portal on HSCIC system. It is

	envisaged that the NHS England TC tracker will cease in December 2015. **Governance: Safe and Responsive Services Sub Group of the Cheshire & Merseyside Transforming Care Board.**
Learning Disabilities Mortality Review (LeDeR) Programme	The new Learning Disabilities Mortality Review (LeDeR) Programme has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and will run from 2015 – 2018. The Programme has been established as a result of the key recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). The aim of the Programme is to make improvements in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities faced by people with learning disabilities, through national and local reviews of deaths. There will be a phased roll-out of the programme across the 12 NHS Clinical Senate geographical areas of England from January 2016, following a piloting phase in autumn 2015. Once known, dates for C&M will be disseminated locally. **Governance: Health Inequalities Sub Group of the Cheshire & Merseyside Transforming Care Board.**

Appendix 2

Transforming Care Stakeholders event 16 December 2015 Daresbury Park Hotel Warrington

Cheshire Delivery Hub

Who's missing?
• Family Carer's • Carer's • CCG's • Eastern Cheshire CCG's • Educational Sector • Employment Services
Overall Vision for People with Learning Disabilities
• Care in the community / Closer to home • Safety • Proportionate risk taking • Right care, Right Treatment, Right time. • Own front door (Housing) • Working together (CCG, LA's, Independent Sector) • Forums - Culture change - Workforce development - Market shaping • 'Nothing about us without us'. • Honest • Self-Advocacy • Community Development • Leading 'own' support (Self/peer advocacy) • 'Good Lives' – People leading • Sharing Data • Working with service users. • Reducing Barriers. • Stream less Services / Transitions. • Sharing Resources - Useful tools - More co-production • Gaps in service (Autism) • Good Communication - Person centered. • Culture Change • Right People? - Employers - Children's Services
Shared Vision
• Meeting needs at times of crisis - Appropriate planning - Step up/step down beds - Person led • Individuals taking control of care planning • Safe happy and well • Supporting services to meet peoples neds • Individuals More in control of own budgets
What could be improved?
• Patient voice being heard.

- 24/7 support for service users in the community
- Transparency
- Patient-led care
  - Managing own budget
- Contingency planning
  - Crisis support
- Employment Service Users
  - Autism/LD
  - Opportunities
  - Improving quality of life, achieving goals.
- Involvement of employment and children's service and stakeholder groups.
- Care within home – Not sending out of area / secure units etc.

What does success look like?

- Working alongside service users - Closer collaboration.
  - Getting the best out of the services.
- Transparency
  - Between Services
  - Available Services
  - E.g. Development of land
- Shared Vision
- Meeting needs
  - Times of crisis
  - Appropriate planning step up / step down
  - Person-Led
- Individuals taking control of care planning.
- 'Safe, Happy and Well'
- Supporting services to meet person's needs.
- More In control of own budget (Service users)

What's Working Well?

- Local area coordinator's scoping available services – Individualised.
- Person – centred planning
- Improved communication – Hospitals / GP's
- Lots of work with Hospitals
  - Reasonable adjustments
  - GP Training
  - Health Champions (Training)
- Caring (CQC)
- Effectiveness (CQC)
  - Communication / Staff and carers
- Service users key role in recruitment.
- Service users assessing services
- Fewer people LD in assessment

What keeps you awake at night?

- Safeguarding issues – Problematic providers.
- Quality of service provision – Leadership
- Sending service users out of area
- Isolation
  - No support company

How are you going to progress locally?

- Out of area
  - Jan 16 meeting CCG's service users
- Single plan
  - Commissioner led
  - Strategic group set up
  - Joining commissioners / joined-up commissioners.
- Strategic Visions
  - Work streams working to same vision.
  -

Overall Vision for People with Learning Disabilities
• Gaps in provision need to be addressed such as post diagnostic services – for people with Autism / Asperger's. • Clarity of responsibilities of health provider 5BP • Better planning around transition and people coming through the service. • Involvement of voluntary sector to meet needs – potentially? • Housing / Builders being on board with transitional planning (Affordable housing) • Smarter intelligence and how we collate information of people coming through the transitional system. • Greater involvement of people of all ages including younger people. • Greater support for parents to understand the transitional process. Positive communication with people from birth.
What could be Improved
• Autism Post Diagnostics (decisions making) what will be decided when • Transitional Process • Reasonable adjustments process, explaining to people (Staff as well as service users) • Embedding reasonable adjustments in general practice. • Educating the wider population around learning disability awareness – Autism and Aspergers Syndrome. • Community Cohesion / resilience?
Gaps within the Process
• No Children's Service representation. • Ensuring the right cohort of people are involved (E.g. LD Social Work) • We need to ensure all professionals are communicated with. (E.g. GP's/CCG's) • Strategic Planning and building positive relationships with housing providers. • Ensuring people receive the right care in the right setting – -Improving transitional processes -Partnerships is second -Care particularly elder carers
What Does Success Look Like?
• Seamless Services • Establishing what is important to the individual • Co-ordinated support through the journey (navigation role)
What is Working Well?
• Cohesive approach and relationships. • Good advocacy • Integration • Co-production (Partnership boards) • Voluntary sector involvement to develop groups • Learning Disability Pathway • Skill up the workforce (Educate workforce) • Positive behaviour support working well in some areas. • PBS not a short term solution for crisis – Community teams generally pick VW's?? up.
What keeps you awake at night?
• Impact on family carers, particularly older family carers / significant others. • Needs to be more communication between professionals.

North Mersey Delivery Hub

Who's missing?
• Sefton Local Authority • Liverpool City Council • Autism Initiatives • Options • Natural Breaks • People First • Sefton and Liverpool Partnership • Education
Overall Vision for People with Learning Disabilities
• Right Care, Right Time, Right Place, Right Professionals • Individual/Personalised Care Packages • Care primarily provided in the community not hospital. • Communities that welcome support. • Care pathway relating to OATS • Efficient funding • History of wrap around care – third sector. • Good third sector providers.
What could be improved?
• Information and support to families early on. • Inclusive education systems. • Avoiding the cliff of transition. • Insufficient capacity in the autistic spectrum.
Gaps within the Process
• Post diagnostic support – Autism • Autism (Big Gap) • Crisis management capacity is not robust. • Refresh Green Light Tool Kit • No short term care in the home. • Crisis House – Crash Pads • Lack of agreed definition. • Pool budgets, Joint funding – Something needs sorting out. • Horizontal and vertical care integrated.
Quick wins.
• Develop a pathway – OATS repatriation. • Utilise Merseyside Partners and the Joint Training Partnership – To be invested in. • Review of the past five admissions. • Audit Green Light Tool Kit • Test PBS • Agree Service Specifications – CLT • Repatriate OATS • Revisit SAF • HWB Report • TC-The Local vision for CCG's