

Objectives: The Programme seeks to transform local learning disability provision aligning Health and Social Services to provide lifelong, consistent and high quality provision for the local Learning Disability population. The Programme focusses on the design and implementation of a vehicle for achieving increased accountability in the delivery and experience of integrated pathways of care that improve the individuals experience of care and deliver on a defined set of population attributed outcomes. The main objectives of the programme are: 1. To meet the national Transforming Care requirements of a reduction in the use of specialist inpatient beds 2. Increase the level and responsiveness of community based provision to provide early intervention and person centred responses 3. Align our financial resources as an enabler to early intervention and improved outcomes 4. Co-locate our health and social care frontline workforces to provide consistent and skilled responses 5. Enhance community capacity and resilience and 6. Improve access to healthcare by increasing annual health checks and supporting Primary Care. 7. Develop the entire workforce (including families) to increase resilience and ensure capacity

Background: *Transforming Care: A national response to Winterbourne View Hospital* published in December 2012, and more recently; *Building the Right Support* (NHSE 2016) and *Transforming Care – a National Model Specification* (NHSE 2017) describe local system requirements to improve the quality of care and life for people with a learning disability and their families. This programme parallels with the NHS 5 Year Forward View, the Care Act 2014 and the Children and Families Act 2014 all of which place a focus on outcomes, personalisation and the integration of services. Across the country Transforming Care Partnerships (TCP's) have been established to take accountability in driving local transformation according to the local Transforming Care Plan, published in 2016. A Transformation Board oversees the delivery of Northamptonshire's local plan as well as transformation across a wider range of services relevant to people with a learning disability.

Key activities 18/19

- Meet bed reduction trajectories agreed with NHS England
- Transform frontline services to establish an all age joint assessment and intervention function
- Contractualise the jointly agreed Outcomes Based Commissioning Framework (OBCF) for implementation
- Develop the workforce to ensure capacity of competent and skilled support.
- Support GPs to increase the number of annual health checks and health action plans for people fourteen years and over and complete the national mortality review
- Develop a range of pathways to assist in clearer processes and information

Scope:

- Children and adults with a learning disability who are the responsibility of NHS Nene CCG, NHS Corby CCG or Northamptonshire County Council
- By definition this includes individuals who may be living outside of Northamptonshire

Resources:

- Clinical and managerial leadership
- Analytical support
- Specialist Procurement and Contracting support
- Quality assurance support
- Key Stakeholders

Key Project Risks:

- Barriers to cultural change
- Financial savings required impact on intended outcomes
- Change not supported by stake holders
- Inadequate capacity to drive through changes at pace

Deliverables & Measures of Success:

- Metrics capture improved outcomes for individuals and there is a commensurate reduction in spend across a 3 year period
- Enhanced community support and gate keeping for people with an LD is enabling access to the right services at the right time and early intervention is preventing hospital admissions and costly packages of care
- Joint assessment and intervention reduces the cost of packages of care and improves an individuals experience of care
- People receive health checks and action plans to enable them to remain healthy and avoid unnecessary acute hospital admissions.
- People with a learning disability are supported to stay healthy and well

Links and Alignment to STP:

- Management of individuals with complex needs
- New Models innovation
- New model CHC (packages of care)