

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 21 April 2016

ADDENDA

4. Speaking to or Petitioning the Committee

The Chairman has agreed to the following people addressing the Committee:

Agenda Item 7 – Councillor Hilary Hibbert-Biles, (Local Member); and Dr Jonathan Moore (Chipping Norton Health Centre)

Agenda Item 8 – Councillor David Nimmo – Smith (Local Member); and Cllr Ian Reissman (Chair, Townlands Steering Group)

Agenda Item 12 – Councillor Jenny Hannaby (Local Member)

All persons will speak at the start of the item concerned with the exception of Cllr Nimmo – Smith who will address the Committee at Item 4.

10. Learning Disability Update

Appendix 1 – 'Oxfordshire's Health & Social Care Transformation Plans is attached.

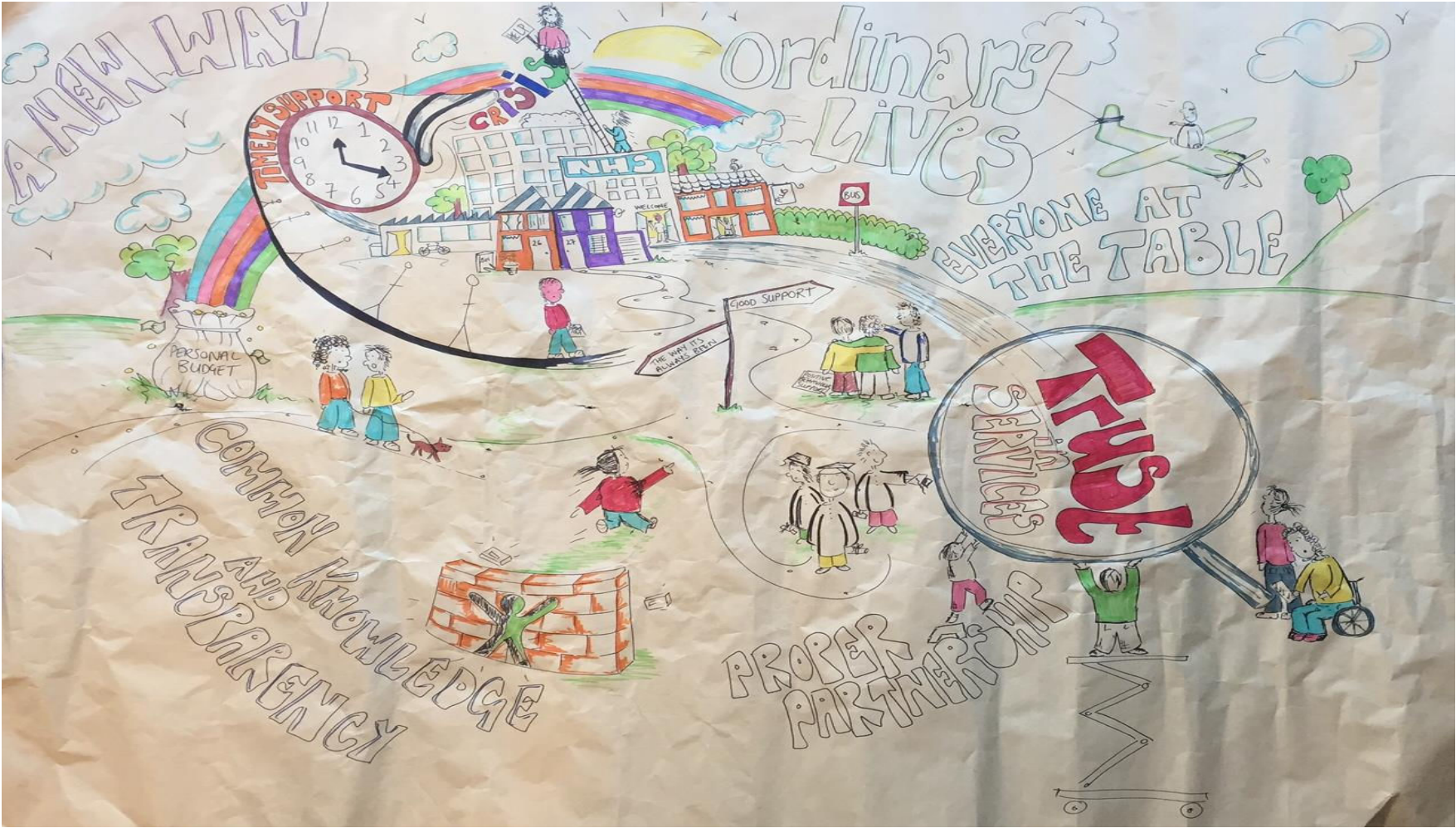
11. Quality Reports

A summary briefing from Oxford University Hospitals Foundation Trust providing an indication of the Trust's priorities and objectives to be contained in their full reports is attached. A small number of copies of the full Quality report, which we have now received and has been uploaded onto the website, will be available for perusal at the meeting.

12. Chairman's Report

The Chairman's written report, updating the Committee on meetings attended since the last Committee is now attached.

Oxfordshire Transforming Care Plan 2016-2019



23rd March 2016
Oxfordshire Transforming Care Planning Group

Planning Template - Oxfordshire

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

Oxfordshire is home to 672,500 residents and has twenty years' experience of pooled budgets and close joint working across the public sector.

The local government, health and social care economy covered by this plan includes:

- **Single unit of planning** coterminous with the **Oxfordshire County Council** and **Oxfordshire Clinical Commissioning Group** - single local authority and single CCG;
- **Two-tier local government structure** - with **Oxfordshire County Council** being responsible for providing children and adults social care under the Care Act 2014, and **five District / City councils** being the housing authority in their geographical area - Oxford City Council, Cherwell District Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council;
- **Oxfordshire Clinical Commissioning Group** representing **76 GP practices** grouped into 6 locality groups
- **3 major NHS providers**
 - Oxford University Hospitals NHS Foundations Trust (provides a wide range of clinical services, specialist services (including cardiac, cancer, musculoskeletal and neurological rehabilitation) medical education, training and research across 4 world renowned teaching hospitals);
 - Oxford Health NHS Foundations Trust (provides physical, mental health and social care for people of all ages);
 - Southern Health Foundations Trust (provides hospital and community based health care for adults with learning disabilities).
- Voluntary sector providers of housing, supported living and other support services

Oxfordshire has over **fifteen years' experience of pooled budgets** and joint-commissioning strategies, with the learning disability pool budget being the oldest.

We have a **single Section 75 agreement** covering four pooled budgets:

- Oxfordshire County Council is the lead commissioner for Learning Disability, Older People and Physical Disability
- Oxfordshire Clinical Commissioning Group is the lead commissioner for Mental Health, which includes Autism and CAMHS

This robust governance and joint-commissioning structure is underpinned by longstanding strong relationships with a wide range of statutory, independent and voluntary sector providers. Oxfordshire has led nationally the roll out of direct payments and supported living for adults with a learning disability. We are one of the areas with the high number of both people in receipt of social care personal budgets and people in receipt of direct payments.

Our commissioning practice across health and social care has transformed over time from large block contracts and small grants to personal budgets and direct payments for individuals, block contracts for population wide health services and a range of new framework agreements with a cross-sector group of partner providers: e.g. Oxfordshire Mental Health Outcomes Based Contract, Help to Live at Home framework, Supported Living framework.

Devolution Bid

In September 2015 Oxfordshire submitted to national government a devolution bid looking under **proposal 6** for "a new way of working across the public sector which includes a wider range of cross county working in the management of health and social care; our intention is to bring health budgets together to deliver better outcomes for Oxfordshire residents". A national government decision is expected in spring 2016.



CA_OCT2015R27
Devolution Annex.pdf

Describe governance arrangements for this transformation programme

Programme governance is provided by the **Oxfordshire Transforming Care Partnership Board (TCPB)**.

The TCPB brings commissioners and providers of health and social care services to people with learning disability together with the people and families that use them to assure the development and delivery of the Oxfordshire Transforming Care Plan and within that oversee a process in which specialist adult health services provided by Southern Health NHS FT [SH] are transferred to mainstream mental health and community services provided by Oxford Health NHS FT [OH]. The Board has recently been extended to ensure all age representation so that it is able to develop and deliver the Oxfordshire Transforming Care Plan.

Accountability

The TCPB is accountable to the OCCG Board via the OCCG Chief Executive and will report into the Oxfordshire Transformation Board as part of the developing Sustainability and Transformation Plan process. Progress reports will also be made to the OCCG-OCC Joint Management

Group and the Oxfordshire Health and Wellbeing Board.

Membership

- Independent Chair: Ian Winter CBE (formerly Programme Lead, Winterbourne Improvement Programme)
- Deputy Chair: John Jackson; OCC Director of Adult Social Care
- Paul Scarrott (Real People, Real Voices – user and family / carer representative)
- Pam Bebbington (Real People, Real Voices – user and family / carer representative)
- Gail Hanrahan (Real People, Real Voices – user and family / carer representative)
- Jan Sunman (Real People, Real Voices – user and family / carer representative)
- Alex Brooks (Real People, Real Voices – user and family / carer representative)
- Kathy Erangey, Autism Oxford
- David Smith, OCCG Chief Executive
- Diane Hedges, OCCG Director of Delivery and Localities
- Sula Wiltshire, OCCG Director of Quality
- Kate Terroni, OCC Deputy Director Joint Commissioning
- Sarah Breton, Lead Commissioner, Children and maternity OCC/OCCG
- Sarah Ainsworth, Children’s Disability Manager, OCC
- Stuart Bell CBE, OHFT Chief Executive
- Dominic Hardisty, OHFT Chief Operating Officer
- Pauline Scully, OHFT Service Director, Children and Families
- Rosie Shepperd, OHFT Consultant Child and Adolescent Psychiatrist, Childrens LDT
- Katrina Percy, SHFT Chief Executive
- Mark Morgan, SHFT Director of Operations, MH, LD & Social Care
- Louise Doughty, Head of Mental Health & Programme of Care Lead (Secure CAMHS), Specialised Commissioning, NHSE
- Jan Fowler, Director of Quality NHS England South Central
- Debra Moore, Independent Clinical Adviser
- Dr David Chapman, OCCG Clinical Lead (LD, MH & ASD)

Attendance by:

- Programme Director, Learning Disability Transition (OHFT, to be appointed)
- Ian Bottomley; Head of Mental Health & Joint Commissioning, OCCG
- Chris Walkling; Senior Commissioning Manager (LD), OCCG
- Annet Gamell; Chief Clinical Officer, Chiltern CCG

Chiltern CCG (on behalf of Aylesbury Vale) will support the TCPB in managing the cross-border implications of the Transition Plan and will sit on the SRO Working Group.



TCPB TOR
15-1-16.docx

The Transforming Care Planning Group

This group will facilitate a number of work streams and ensure that there is appropriate subject matter expert stakeholder representation in each group.

The group has drafted the Transforming Care Plan.

Core Group

- Paul Scarrott, user representative, Real People, Real Voices
- Pam Bebbington, user representative, Real People, Real Voices
- Alex Brooks, support for Paul and Pam, Real People, Real Voices
- Jan Sunman, family and carer representative, Real People, Real Voices
- Gail Hanrahan, family and carer representative, Real People, Real Voices*
- Kathy Erangey, family and carer representative, Autism Oxford
- Ian Bottomley; Head of Mental Health & Joint Commissioning, OCCG
- Chris Walkling; Senior Commissioning Manager (LD), OCCG
- Natalia Lachkou; Commissioning Manager Social & Community Services, OCC*
- Sarah Ainsworth, Disabled Children's Manager, OCC*
- Lajla Johansson, Senior Commissioning Manager, Children, OCCG
- Debra Moore, Independent Clinical Adviser

*(*also members of the SEND Reforms Programme Board)*

The Transforming Care Partnership Board agreed that the Planning Group should commence with commissioners, users and carers and draw in the expertise of providers once a draft service model has been completed and as part of the implementation process.

Contributors

- Dr David Chapman, Clinical Lead for MH. LD and Autism, OCCG
- Juliet Long, Senior Commissioning Manager (ASD), OCCG
- Robyn Noonan, Area Service Manager Learning Disability, OCC
- Jacqui Gilbert, Team Manager Community Connexions Team, OCC
- Jane Rivers, Team Manager, Children and Families Care Services, OCC
- Louise Doughty; Head of Mental Health & Programme of Care Lead (Secure CAMHS), Specialised Commissioning, NHSE

Protocol governing the relationship between the Health and Wellbeing Board, Safeguarding Boards and Community Safety Partnerships

A draft protocol has been developed relating to:

- Oxfordshire Health and Wellbeing Board (HWB) and its associated partnership boards and joint management groups
- Oxfordshire Safeguarding Children Board (OSCB)
- Oxfordshire Safeguarding Adults Board (OSAB)
- Oxfordshire Community Safety Partnerships (CSPs)
- Oxfordshire Safer Communities Partnership (OxSCP)

The protocol sets out the framework within which these Boards/Partnerships will work together to safeguard and promote the welfare of people living in Oxfordshire, including the distinct roles, responsibilities and governance arrangements for each of them.

The OCC-OCCG Joint Management Group includes the Transforming Care Planning Group leads. This will provide the connection between the Transforming Care Plan and the safeguarding and community safety boards / partnerships (as set out in [appendix 1](#)).

Autism Services

OCCG and OCC jointly commission Autism services for adults. The lead commissioner is OCCG and investment sits in the Mental Health commissioning pooled budget. The Joint Management Group oversees delivery of the agreed action plan from the Oxfordshire Autism Strategy. The JMG reports to Oxfordshire Health and Wellbeing Board at least annually and the national bi annual self-assessment is signed off by senior strategic commissioning leads in OCC and OCCG.

For children, the autism diagnostic service is commissioned from Oxford Health. Following review in 2014/15 there is now an integrated pathway in place for both co-morbid and non-co-morbid children. Children with a moderate-severe learning disability are diagnosed and managed through the Specialist CAMHS / LD team also commissioned from Oxford Health.

Programme Interfaces

A number of existing partnerships are delivering activities which contribute to the delivery of the Transforming Care Plan. The following groups will interface with the Planning Group to ensure the transformation programme is appropriately embedded in other work streams:

- SEND Reforms Programme Board
- CAMHS Transformation Board
- MH JMG (autism services, mainstream mental health services)
- Workforce Development Programme
- Housing with Care Delivery Board
- Personal Health Budgets Project Board (first meeting being planned for February)
- Strategic Transitions Group (in development)
- Autism Partnership Board (further details below)
- Oxfordshire Disabled Children's Services Redesign Programme Board

Describe stakeholder engagement arrangements

Stakeholder engagement in the development of the Plan is taking place through two principal routes:

The Transforming Care Planning Group

As detailed above. Additional detail on the core group is provided below:

Organisation	Role	Description
Oxfordshire Family Support Network <ul style="list-style-type: none"> - Jan Sunman - Gail Hanrahan 	Representing families and carers	Aims to support families of people with LD through independent information, advice and training, and to ensure that their voices are heard by those

		<p>who provide services.</p> <p>Has developed the “Real People Real Voices” partnership with My Life My Choice to co-ordinate input into the development of the Plan and the wider programme of work to transform local services.</p>	
<p>My Life My Choice</p> <ul style="list-style-type: none"> - Paul Scarrott - Pam Bebbington <p>(supported by Alex Brooks)</p>	Service user self advocacy	<p>My Life My Choice is a self-advocacy organisation and ULO.</p> <p>Has developed the “Real People Real Voices” partnership with Oxfordshire Family Support Network to co-ordinate input into the development of the Plan and the wider programme of work to transform local services.</p>	
<p>Oxfordshire County Council</p> <ul style="list-style-type: none"> - Benedict Leigh - Natalia Lachkou - Sarah Ainsworth - Janet Johnson - Sarah Breton - Jane Rivers - Jacqui Gilbert 	Lead commissioner of health and social care LD services to end June 2016.	<p>OCC currently commissions LD health and social care services via a pooled budget agreement. OCCG will take over the contract for provision of LD health services from July 2016.</p> <p>Services for children aged 5-25 are managed through the new Education Health and Care Planning process.</p>	
Oxfordshire Clinical	Lead commissioner for LD health	OCCG is in the process of taking	

<p>Commissioning Group</p> <ul style="list-style-type: none"> - Dr David Chapman - Ian Bottomley - Chris Walkling 	<p>services from July 2016.</p>	<p>over the management of the current LD health services contract with Southern Health from OCC and will see the transition of services to Oxford Health FT by 1st January 2018.</p>	
<p>Autism Oxford</p> <ul style="list-style-type: none"> - Kathy Erangey 	<p>Representing people with autism and Asperger's and their families and carers</p>	<p>Brings together people who seek knowledge and understanding of the Autism Spectrum and autistic behaviour with those best able to impart it.</p> <p>Signposts and supports the development of autism-specific support services.</p>	

Children and Young People

The families and carers of children and young people have been represented to date by Real People Real Voices.

Children and young people with learning disabilities and / or autism and their families / carers will be engaged in the detailed project planning and implementation. We are currently exploring the most effective mechanism to manage this engagement and avoid duplication. For some workstreams it is likely that existing Boards and Partnerships with strong user representation will own and deliver Transforming Care actions. Additional task and finish groups will be created as required, with users and families / carers playing a central role.

Autism:

The Autism Partnership Board is a multi-agency board which includes experts by experience and families / carer representatives.

It has sub groups for:

- Training: led by Autism Oxford

- CYP diagnosis and post diagnostic support: led by OHFT
- Diagnosis and care pathway: led by OCCG through AQP group of providers

The Board will be engaged in the detailed project planning and implementation.



Membership Jan
2015.xlsx



APB example of
agenda and includes p

The Board is currently reviewing how it works in response to OCC broader review of engagement strategy.

The Oxfordshire Big Plan

The Oxfordshire Big Plan sets out the County's adult learning disability strategy for 2015 – 2018. It is a joint OCC / OCCG plan.



The Big Plan
FINAL.pdf

The Big Plan shares many of the key objectives of Building the Right Support:

1. enable people with learning disabilities to have more choice and control over their lives.
2. enable people with learning disabilities to take an active part in their community, through work, volunteering, friendships, and other opportunities.
3. enable people with learning disabilities to make choices about where they want to live, and support them and their families with their decision.
4. have the right support in place for people with learning disabilities to enable them to remain safe and keep well.

In addition to user, family and carer and provider input into the development of the Plan, an extensive public consultation was carried out between November 2014 and February 2015.

A wide variety of engagement methods were used to support the consultation, including sessions specifically for people with learning disabilities. In all:

- 411 people took part by attending consultation meetings;
- 118 people responded to an online questionnaire, with a further 20 email submissions;
- 140 people took part through groups specifically for people with learning disabilities;
- 17 young people with learning disabilities near transition took part in a focus group.

[The findings of the consultation](#) have been considered as part of the development of the Transforming Care Plan.

Oxfordshire Young Enablers

The Oxfordshire Young Enablers was a service user group of disabled young people. The group produced a number of reports which have been incorporated into the Plan where appropriate, for example their work on [Being safe, risky behaviours and relationships](#)

Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers

The Oxfordshire Transforming Care Plan is being co-produced with Real People Real Voices, a partnership of LD experts by experience and families / carers. The family / carer representatives have personal experience of children's and adults services.

Kathy Erangey (Autism Oxford) is representing families / carers and service users with autism.

A variety of workshops are planned to ensure the widest possible input from service users, families and carers. The Planning Group is also developing a specific engagement strategy for people with ASC, since the conventional workshop format will not provide the most effective mechanism for engaging with this group.

Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership

Any additional information

2. Understanding the status quo

Baseline assessment of needs and services

Provide detail of the population / demographics

Adults

In 2010 it was estimated that around 900,000 adults aged 18 and over in England had a learning disability, of whom 191,000 (21%) were known to learning disabilities services.

In 2010 Oxfordshire was home to around 1.2% of England's adults aged 18 and over. On a proportionate basis, this suggests that around 11,100 adults in the county might have a learning disability.

In September 2013, 1,923 people with learning disabilities were known to social services in Oxfordshire.

National estimates predict that demand for services will increase at a rate between 0.6% and 4% per year between 2009 and 2026. Although there has been a steady increase in the number of people open to learning disability teams in recent years (from 1792 in March 2012 to 1923 in September 2013), the number of people in supported living and care homes increased between 2011/12 and 2012/13 but fell in the first 6 months of 2013/14 (Oxfordshire Joint Strategic Needs Assessment 2014).

Of the approximate 11,100 adults with a learning disability in Oxfordshire, 2,600 have a learning disability that is moderate or severe.

In September 2014, 2,066 people received support from a social care learning disability team of whom 1,794 had a paid for service. The other 272 will be open to the teams for low level support and monitoring, including concerns over safeguarding. There were 2,311 eligible for health support, and 820 service users with a current open health referral. The health and social care service users overlap.

Of the 1,794 people who received a paid for service:

- 282 are currently in a care home (190 outside Oxfordshire)
- 659 are currently in supported living
- 469 people are receiving a direct payment and of these 48 people are using their direct payment to pay for a care home or direct payment place
- 82 people are receiving home care
- 54 people are in long term shared lives placements
- 75 people are in short term placements with shared lives
- 429 people are getting day care

- 6 people using hospital services. About half of the people using assessment and treatment hospital services do so for mental health reasons.

Further data on the adult LD cohort is shown in [Appendix 3](#).

Autism

Data obtained from <http://www.poppi.org.uk/> and <http://www.pansi.org.uk/> predicts that in Oxfordshire in 2015:

4,128 people of 18-64 will have an autism spectrum disorder
1,103 people over 64 will have an autism spectrum disorder

Additional profiling data on this cohort will be used in the detailed Transforming Care project planning.

Additional projected data for Oxfordshire is being used in project planning covering the following areas:

- LD - Baseline estimates
- LD - Moderate or severe
- LD – Severe (18-64 only)
- LD - Living with a parent (18-64 only)
- Down's syndrome
- Challenging behaviour (18-64 only)
- Autistic spectrum disorders

(Source: <http://www.poppi.org.uk/> and <http://www.pansi.org.uk/>)

Children and Young People

In Oxfordshire there are approximately 150,000 children aged under 18 years. In the school age population there are currently about 2,200 children with an Education, Health and Care Plan. The Children's Social Care Disability Teams have a caseload of about 550 children and Oxford Health now have about 98 children receiving Continuing Health Care packages. Most of these will have complex and profound needs including learning disabilities.

1,859 children and young people aged 0-17 years are on the disability database. A detailed breakdown of this cohort is given in [Appendix 2](#),

including:

- Free school meals
- Ethnicity
- Primary Medical Need
- Primary SEN need
- Age
- Gender

[Oxfordshire Children's Needs Analysis](#) suggests:

Table 12. P=Primary school, S=Secondary school

Pupils in schools at School Action Plus or with a statement of special education need: rate per 1,000 pupils in Oxfordshire	P	S
Specific learning difficulty	5.4	14.2
Moderate learning difficulty	23.6	28
Severe learning difficulty	1	0.4
Profound and multiple learning difficulty	0.5	N/A
Behaviour, emotional and social difficulties	13.9	20
Speech, language and communications needs	13.8	6.6
Hearing impairment	1	1.1
Visual impairment	0.5	0.5
Multi-sensory impairment	0.1	0
Physical disability	2.4	2.6
Autistic Spectrum Disorder	6.2	9.5
Other difficulty / disability	0.7	0.5

Source: chimat.org.uk

Additional prevalence data from Public Health England is shown at [Appendix 3](#).

Analysis of inpatient usage by people from Transforming Care Partnership*In-patients - non-secure / ATU:*

As of 23rd March Oxfordshire has five adults with learning disabilities in non-secure in-patient beds. Years of admission are:

2013: 1

2014: 2

2015: 2

Adult placements are purchased from Southern Health FT on a block basis, with SHFT responsible for providing up to six beds for people with LD and a range of issues, including mental health problems and challenging behaviour, following the closure of the Slade site in Oxfordshire. Where additional beds are needed SHFT are responsible for identifying an appropriate bed with an additional budget held by OCC and at commissioner risk available for spot purchase.

SHFT also has a block contract for the provision of 3 forensic step down community beds.

11 LD patients have been discharged from non-secure / ATU settings since August 2014.

In-patients – secure:

As of 15th January Oxfordshire has eight people in secure in-patient settings, one of whom is a young person. Going forward NHSE is predicting an increase in the number of children and young people needing in-patient care in relation to the effective management of autistic spectrum disorders. These projections will be reviewed as part of this plan.

Oxfordshire has no specialist local beds for children and young people with learning disability and/or autism– the patient is currently in St Andrews, Northampton. This patient will transition to adult services in 2016.

Describe the current system

Adults

For adults with a learning disability in Oxfordshire, Health and Social Care currently jointly purchase some health provision (certain kinds of physical health support, mental health support, and learning disability health support) - from SHFT and all social care is provided by the County Council. This includes six assessment and treatment beds provided out of area (owing to the lack of local provision). The health and social care learning disability teams are located together. This service is available to the 2,000 people who are currently in contact with the Community Learning Disability Team.

Additionally a range of day services, respite, supported living, employment support and advocacy services are provided for people with learning disabilities.

Who uses services?

2,311 people are eligible for health support and 820 people with a current open health referral.

2,066 people receive support from a social care learning disability team of whom 1,794 had a paid for service.

Of the 1,794 people who received a paid for service:

- 282 are currently in a care home
 - o 190 outside Oxfordshire
- 659 are currently in supported living
- 469 people are receiving a direct payment
 - o 48 people are using their direct payment to pay for a care home or direct payment place
- 82 people are receiving home care
- 54 people are in long term shared lives placements
- 75 people are in short term placements with shared lives
- 429 people are getting day care
- 6 people using hospital services.

*Figures from September 2014

In 2015 - year 1 of the Big Plan 2015-18 strategy - we remodelled the health care contract with the SHFT to reduce the number of contracted inpatient beds from 8 to 6 and to target freed up resource to increase intensive support capacity in the community. The **Oxfordshire Intensive Support Team** became operational in September 2015 and is beginning to make a positive impact on our ability to support people and their

families to remain at home, prevent and de-escalate crisis situations and to avoid hospital admissions.

We also commissioned a new **Wellbeing and Employment Support Service** universally available to 600+ adults across a range of disabilities to help them meet people, make friends, connect to the community and get into paid work. This service went live on 1 January 2016 and is currently transferring in people from previously existing similar services. Its impact will be evaluated in six month time. This is a block contract with Kennedy Scott.

There are no changes planned for supported living services (which have been recommissioned in 2015) and advocacy services (which have been aligned to the Care Act 2014 requirements). We are co-producing with carers and people using services a new **Respite model of care** from adults across care needs, which is currently out for feedback to wider audience.

Plans for changes to day services are being developed and the people who use those services will be involved in this process.

Driving up quality code - OCC and OCCG signed up to this code in 2015 and embedded it in the new commissioning arrangements, e.g. the Supported Living framework for adults with learning disability, physical disability and autism.

Cross-over between vision and challenges

- Higher aspirations
- Care closer to home
- Ordinary lives
- Hospital admissions as last resort

Autism

For adults with mental health problems that also may be complicated with autism presentations, these would be referred for a MH assessment to Oxford Health Foundation Trust (OHFT) which would include an autism diagnostic assessment if appropriate.

Autism specific, current social support providers:

- Includes all voluntary sector provider contracts and Oxfordshire boundary
- Dedicated budget of 214k within the mental health pooled commissioning budget
- AQP contract for Autism Diagnosis for people without a LD or MH problem, with 3 providers, SEQOL Swindon, ADRC, Southampton and OHFT – budget of £50k. Due to be recommissioned from March 2016 with an increased budget of £100k.
- Kingwood Aspirations – practical support service for 16+ - block contract £100K per annum contract until 31.3.2017 option to extend for 2

years.

- Autism Oxford – administer Autism Alert card, Autism awareness training which includes people with autism as trainers, information and pre assessment about the autism diagnosis service in Oxfordshire (the latter is on a cost per case basis) – c£48k
- Wellbeing Employment service for people with LD, autism and physical disabilities
- OCC employ a dedicated Autism specialist social worker to support staff to navigate people with autism who have undergone a Care Act assessment to the appropriate social care team or support services.

Universal services

- TalkingSpace PLUS service, contract held by OHFT, for people with mild to moderate common MH problems, includes supporting emotional wellbeing.
- All NHS contracts are expected to make reasonable adjustments for people with Autism and the free awareness training available has had good up take by health and social care to support a future more autism informed workforce.

Children and Young People

Local authority provided services

- 1) The Local authority has a Children's Disability Team which provides social care and behaviour support for those with LD and autism (including Asperger). This service also provides additional support where a crisis is imminent. This is to prevent an escalation of crisis situations and to avoid admissions to in-patient care. The team also provide a personal care service which combines respite breaks for families. They work in close partnership with CAMHS LD Service.
- 2) SEND reforms are fully implemented and include the five groups (identified in the [BRS service model](#)) where relevant and the LA oversee the production of EHCP's in partnership with families, schools, social care, CAMHS LD, Continuing Health Care Services. There is a dedicated team in the education arm of the local authority which supports children with ASD in school settings. This includes information, advice, consultation and formulating behavioural plans that then get implemented by schools where necessary.
- 3) Short Break Service includes services for all five cohorts. The services are to provide a break for families and opportunities for the five cohorts to engage in meaningful activities with their peers. These services are commissioned from a range of third sector providers.

Youth Offending Service. This service works in close partnership with children's social care and CAMHS and does preventative work with young people with learning disabilities (at risk of offending). Oxfordshire now has a comprehensive Local Offer which brings together information about education, health and care services for children and young people from 0 to 25 with SEND.

Many aspects of the local offer have been recognised nationally, and we continue to receive regular praise from the DfE for our new additions, such as animations and videos. The DfE senior advisor rates Oxfordshire's local offer as very good.

- i. There have been several initiatives arising as a result of the SEND reforms:
 - 18 young people have started 12 month Supported Internships. This has been a collaborative venture involving all four colleges (City of Oxford, Abingdon and Witney, Banbury and Bicester and Henley college), OCC's Employment Service and MENCAP. The employers include Carillion, Oxford United and our Print Finishers.
 - A full time Independent travel training co-ordinator has been in post since February and several pilot projects began in September. We are also offering personal transport budgets.
 - A key principle of the reforms is listening to young people and person-centred approaches to planning and decision making. Oxfordshire is introducing multi-media advocacy, in the form of a wiki (personal and protected website) to enable young people's voices to be heard.
- ii. Number of personal budgets

Since September 2014:

- 244 for short breaks
- 11 for health
- 5 for education
- 450 disabled young adults between 18-25 for Adult Social Care / Health

- iii. Education Health and Care Plans

There was an ambitious transfer plan to transfer 720 statements to education, health and care plans between 2014 and 2015. This has partially been achieved; there are approximately 10% plans that haven't yet been issued. DfE praised Oxfordshire for the number of transfers that had been completed compared with other non-pathfinder LAs, (approximately 700 statements need to be transferred each year to ensure that we meet the April 2018 timeframe). This is alongside business as usual; there were 255 new requests for EHCP assessments during the year.

CCG Commissioned Services

The Oxfordshire CCG commissions comprehensive CAMHS for children and young people and Continuing Care Service from Oxford Health NHS Foundation Trust

- 1) CAMHS LD Specialist Service for moderate to severer learning disability (including ASD) and behaviours associated with a mental health condition. This is a dedicated service for the most complex cases and the majority of work undertaken with done in partnership with the LA, SEND, CAMHS Crisis Team, CAMHS forensic Services and Continuing Health Care Service. This service also provides consultation to partners and Tier 3 CAMHS.
- 2) CAMHS Generic services (Tier3) for mild to moderate Learning disability, ASD, Asperger. For those children and young people with mental health disorders.
- 3) PCAMHS for those with signs of emerging mental health problems for all five cohorts. This includes behaviours that may be attributed to emerging mental health problems.
- 4) CAMHS Crisis Team. This service provides 24/7 crisis support and have dedicated support for those with LD/ASD. They work closely with CAMHS LD, the local authority and other partners
- 5) CAMHS Neuro Psychiatric Service. This is a specialist service for those with LD/ASD with behavioural problems and associated neuro development problems.
- 6) Child and Adolescent Harmful Behaviours Service (CAHBS). This service works with young people to reduce reoffending and to improve access to treatment for all five cohorts. The service has a high number of young people with mild to moderate learning disability that receive support from this service. They work in close partnership with forensic services, CAMHS and the local authority.
- 7) ASD diagnostic pathway and post diagnostic support (0-18). This is a new service that aims to improve access to timely diagnosis. Post diagnostic support is also being commissioned and this will be in place shortly and will include sessions on understanding ASD and managing behaviours.
- 8) Continuing Care Service. For those children and young people with the most complex health needs. A high percentage of those who currently receive this service have ASD/LD and/or behaviours that challenge. Most of those are placed out of county in residential placement for educational purposes. This service also delivers Personal Health Budgets and works in close partnership with SEND, the LA and CAMHS

NHS England Specialist Commissioned Services

The specialist commissioner in NHSE currently commission in-patient facilities for children and young people with mental health problems and/or learning disabilities. There are currently no commissioned in-patient services in Oxfordshire for children and young people with a

learning disability.

Health and Justice Commissioned Services

It is now well established that young people in the youth justice system are far more likely to have specific vulnerabilities around learning disabilities and mental health problems.

The Health and Justice Board commissions three closely-coordinated services in Oxfordshire for young people who have high-risk behaviours, or who come into contact with the youth justice system.

These come under the general heading of the Thames Valley Young People's Forensic Service provided by Oxford Health NHS Foundation Trust, and consist of:

- Forensic CAMHS (NHSE Specialist commissioned): where there are concerns about mental health or neuro-developmental difficulties in young people who show a range of risky behaviour towards others or are involved with the youth justice system. This is a specialist service covering the Thames Valley.
- Child & Adolescent Harmful Behaviour Service (Jointly commissioned): for children and young people in Oxfordshire about whom there are concerns in relation to sexualised or sexually-harmful behaviour.
- Criminal justice and liaison service for Oxfordshire (NHS England commissioned): for children and young people in Oxfordshire about whom there are concerns in relation to mental health or neuro-developmental difficulty at the first point of contact with the youth justice system.

These services are integrated with the core CAMHS and have a close working relationship to assist comprehensive risk management and a safe discharge back to the community.

Jointly commissioned services

The LA and the CCG currently jointly commission residential breaks for those with complex needs and those services are commissioned from Barnardos.

Additional information:

- [Oxfordshire Children and Young People's Plan 2015-2018](#)
- www.oxfordshire.gov.uk/localoffer

What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

Adults

Oxfordshire does not have an assessment and treatment unit within the county. OCC currently commissions 6 beds from SHFT. These are in the most clinically appropriate service and cover everyone with an LD who has an inpatient need, including people with mental health issues, autism, and other co-morbidities. SHFT currently provide some beds in the Willows in Southampton, some in the Ridgeway Centre in High Wycombe, and some are purchased by SHFT from other providers.

Oxfordshire County Council are in the process of refreshing their supported living needs analysis. Existing analysis undertaken as part of 'The Big Plan 2012-2014' and 'A strategy for delivering an increased supply of specialist housing for adults with care and support needs in Oxfordshire' suggests 12 places a year are needed; these schemes have either been developed or are in the pipeline.

Supported Living Key Data is provided in [Appendix 4](#).

Oxfordshire has been at the forefront of deregistering long stay residential institutions for people with disabilities. We have a strategic approach to developing and improving a range of options for supported living ranging from living at home with your family to living in independent housing with visiting support (How to Live at Home) to supported living with on-site care and support and use of assistive technology. We do this for younger people and adults with disabilities and social care needs in partnership with local housing authorities, housing and care providers and HCA.



Oxfordshire
Specialist Housing Str

Oxfordshire County Council does not own any supported living units, but has nomination agreements in place with a variety of housing providers.

A large number of properties were transferred in 1998 by the, then, Oxfordshire Learning Disability NHS Trust to housing associations. These properties were remodelled as supported living schemes, with many dispersed as small units. The use of these properties for people with Learning Disabilities is secured by an NHS legal charge.

The County has submitted a PID to NHS England so that the disposal proceeds from the sale of some these properties (those that are no longer fit for purpose) can be recycled into the development of new supported living schemes for the existing residents. NHS England and Oxfordshire Clinical Commissioning Group have both approved the PID.

The process for recycling the disposal proceeds will involve the housing associations disposing of the properties with the proceeds either reverting to NHS England or being held by the County. Once alternative developments have been identified the capital proceeds can be released as a result of submitting a business case to NHS England for each new scheme. The Secretary of State for Health will hold a first charge on the new developments. It is estimated that about £3m capital can be released through this recycling process, although it will not be possible to mix the funding with private finance (as private lenders themselves require a first charge on the properties).

Children and Young People

The vast majority of children with learning disabilities live in and are cared for in their own homes. Where inpatient bed admission is required, it is commissioned by NHS England. There are no CAMHS/LD inpatient beds in Oxfordshire or within a 50 mile radius.

Children with a learning disability/autism/challenging behaviour, who cannot be educated in a mainstream and/or a special PMLD school, will be placed in a residential educational establishment. Currently 97 children are in residential educational establishments in Oxfordshire. A further 101 children are placed out of county for their education.

In 2014 the MacIntyre Trust opened a brand new Academy Trust School in Oxford. This school provides education for up to 25 children with profound and complex LD/Autism and challenging behaviour. The school also provides capacity for extended days (until 6pm) for a small cohort of children and a residential unit of up to 6 young people up to 52 weeks per year.

The NHS Estate

Following the closure of the SHFT Slade site there is no inpatient non-secure provision in Oxfordshire. The owners of the site are understood to be SHFT.

Medium secure beds are commissioned from SHFT on the Littlemore site in Oxford and owned by OH.

What is the case for change? How can the current model of care be improved?

Adults

Prior to the development of the national Transforming Care Plan Oxfordshire had consulted on and agreed the Big Plan 2015-18 for people with learning disabilities. The Plan's vision is:

Oxfordshire Clinical Commissioning Group and Oxfordshire County Council want people who have a learning disability to have choice and control, to live as independently as possible as part of the broader Oxfordshire community, to live in the right home for them with the right support, and to be healthy and safe.

The Plan has the following four priorities:

1. We will enable people with learning disabilities to have more choice and control over their lives.
2. We will enable people with learning disabilities to take an active part in their community, through work, volunteering, friendships, and other opportunities.
3. Priority three: We will enable people with learning disabilities to make choices about where they want to live, and support them and their families with their decision.
4. We will have the right support in place for people with learning disabilities to enable them to remain safe and keep well.

The Big Plan's Service Model is based around four tiers:

Tier 1: Education, Awareness, and Prevention
 Tier 2: General Health and Social Care
 Tier 3: Learning Disability Health and Social Care
 Tier 4: Intensive Support

The overall intention is to have a clear pathway of support that will enable people to move between levels of support flexibly, building on

individual strengths and capacity so that people live as independently as possible, and are able to quickly enter and leave enhanced support as required.

In the development of the Transforming Care Plan users, carers and commissioners have refined the Big Plan's ambitions and applied them to people of all ages, including autism:

- Making mainstream health services work better
- Improving the care of people with comorbid mental health problems and / or behaviour that challenges
- Increasing the capacity of mainstream services to support the lower level needs of people with LD / autism
- Increasing the level of co-produced resources to support the needs of people with LD, whether through peer support / peer led approaches or personal health budgets

Children and Young People

Children and young people with learning disabilities from part of the cohort which fall within the CAMHS Transformation plan and the associated activity set out in the plan.



CAMHS
Transformation Plan 2

Please complete the 2015/16 (current state) section of the 'Finance and Activity' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

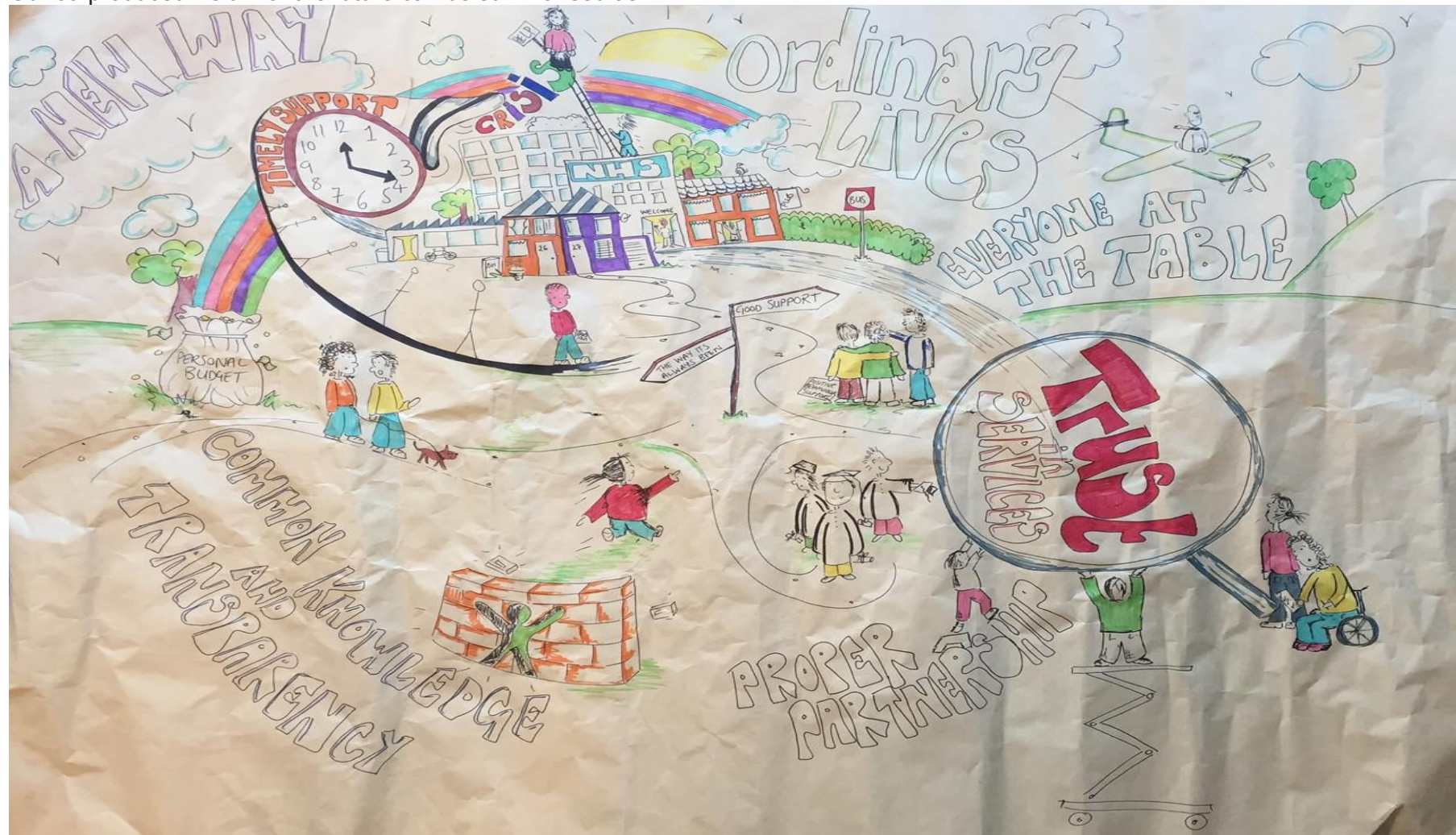
3.Develop your vision for the future (ASPIRATIONS / PRINCIPLES / MEASURES)

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

Vision

Our co-produced vision for the future can be summarised as:



(picture by Real People Real Voices)

In addition to the agreed vision set out in the Oxfordshire Big Plan and describe above, the Transforming Care Planning Group has the following aspirations for people with learning disabilities and / or autism:

1. Having a good, meaningful and “ordinary” life
 - a. Social opportunities
 - b. Being connected to the community
 - c. Positive risk management
 - d. Protection from exploitation / helping people stay safe
2. Person centred support
3. Families and people able to design and buy their own services, when they choose to
4. Having the right support close to home
 - a. Everyone knows what the options are
 - b. Keeping our most vulnerable children close to home
 - c. Oxfordshire people are treated in Oxfordshire
5. Easy access to health services when you need them
 - a. Services you can trust
 - b. Accessibility of mainstream health services
 - c. Communication with out of hours services
 - d. Reducing diagnostic overshadowing
 - e. Well trained workforce and whole system culture change
 - f. Help to navigate primary and secondary care
6. Early intervention and prevention for children and families
 - a. Positive behaviour support
7. All age support and continuity of care when preparing and / or moving into adulthood
8. Effective management of crises
 - a. Mental health crises
 - b. Physical health crises
9. Choice, control and equity

Aims

The Transforming Care Planning Group has taken the above aspirations and the principles listed below and developed these into a series of aims. The aims were also informed by:

- The Oxfordshire Big Plan vision and priorities
- Building the Right Support Service Model
- Learning Disabilities Outcomes Star
- Elements of the Health Equalities Framework

The aims provide the framework for the Oxfordshire Transforming Care Plan. All future activity will be aligned against the aims using the following model:

Aims	Planned areas of change we intend to achieve
Objectives	Planned areas of activity through which we intend to achieve aims
Outcomes	Changes, benefits, learning and other effects that happen as a result of activities
Outputs	Detailed activities, services and products
Indicators	Performance indicators evidencing delivery of outcomes and outputs

This will provide a logical model demonstrating how activities commissioned as a result of the Transforming Care Plan (or through parallel plans and strategies, e.g. the CAMHS Transformation Plan) are delivering against the overarching Plan aims.

The aims are:

Overall Aim	
To enable people with LD and / or autism to have a good, meaningful and ordinary life	
Specific Aims	
1	To improve people's physical and mental health, including the effective prevention and management of crises
2	To improve the quality of support
3	To help people stay safe and out of trouble
4	To enable people to have an active voice and role in their community, including employment

5	To improve support for families and carers
6	To improve the continuity of care for children and families when preparing and / or moving into adulthood
7	To improve early intervention and support for children and families
8	To improve people's housing options and choices about where they live

The order of aims reflects their provisional priority for TCP Planning Group activity, not their perceived importance for the cohort.

Building on the list of interfaces identified previously, the Transforming Care Planning Group has started to map all the existing activity which is either in planning or implementation and which is contributing to the delivery of the aims. This has resulted in the Plan's aims being coded using the following key:

	TCP Planning Group has a high influence / ownership. Will be a Planning Group workstream
	Plans / strategies exist. TCP Group will actively input into these, identify gaps and develop work as needed
	Plans / strategies exist. Principle role of TCP Group is to influence and represent the needs of the TCP cohort

Aims 1-3 will be a priority for the Planning Group over the next 12 months, as reflected in the Project Plan.

The vision and aims are consistent with those developed by Oxfordshire in terms of adult mental health and helping people stay out of hospital:

We will ensure in adult mental health that:

- People will live longer
- People will improve their functioning
- Timely access to support
- Carers will feel supported
- People will have a meaningful role
- People will have stable accommodation

- People will have better physical health

To help people stay out of hospital we will ensure that:

- As a vulnerable adult or a carer, I want to be helped to be healthy and active
- As a vulnerable adult or carer, I want to be helped to be as independent as possible in the best place for me
- As a vulnerable adult or carer, I want to be helped to be as independent as possible in the best place for me and when I am in need or care, it is safe and effective
- As a vulnerable adult person or carer, I want to be helped to be as independent as possible in the best place for me and have a good experience and treated with respect and dignity

We will ensure that over the lifetime of this plan the number of people with learning disability and/or autism who are cared for as in-patients is reduced. In terms of locally commissioned beds Oxfordshire is already within the framework set out in the national plan for people with Learning Disability. We are reviewing the appropriate level of ambition for a further reduction in these bed numbers.

We are currently forecasting an increase in medium secure beds. This relates to uncertainty re the number of patients with an autistic spectrum disorder but with no co-morbid learning disability. These people would be typically placed in mental health commissioned in-patient services. The size of that cohort is not yet known, either for NHS England specialist commissioners or for OCCG commissioned services delivered by Oxford Health NHSFT.

OCCG and NHS England are seeking to identify the numbers of people with a co-morbid autistic spectrum disorder in mental health beds. The impact of this additional cohort may mean that the current reported numbers is too low and if this is the case the trajectory cannot yet be known. These patients will be supported within commissioning pathways that currently sit outside of the contracts being reviewed as part of this plan. If they are to be brought into scope these other dependencies will have to be reviewed.

How will improvement against each of these domains be measured?

Measures to demonstrate progress against the achievement of the aims will be developed in line with the model above.

Provisional measures include:

1. Number of people with LD / autism in in-patient beds
2. Length of stay in in-patient beds

3. Number of people with LD / autism with health checks
4. Evidence of use of CTR prior to admission
5. Evidence of use of CTR in discharge plans
6. Number of people with LD / autism in the community with a personal health budget
7. Number of people with LD / autism in the community with a personal budget
8. Number of people in out of area settled accommodation returned to Oxfordshire
9. Development of an outcomes based approach to measure impact of services, to include:
 - a. Number of people with a personal care plan based on the learning disability outcomes star
 - b. Number of people in work / volunteering / structured education
 - c. Number of people with BMI within a normal range
 - d. Number of people who have successfully completed smoking cessation courses
 - e. Reduction in the number of people making inappropriate use of urgent care systems
 - f. Reported rates of carers satisfaction
 - i. With support they receive
 - ii. With support their cared-for receive
 - g. Number of people with LD / autism living independently / in supported living accommodation
 - h. Reduction in the number of people with LD / autism living in out of county spot purchased
 - i. Reduction in the number of people with LD / autism entering criminal justice system

Final measures will be developed through a co-production process as part of the detailed project work, incorporating [NICE recommendations and quality assurance on challenging behaviour and learning disabilities](#).

Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.

The principles developed by the Transforming Care Planning Group which will underpin the further development of the plan include:

1. All family, all age
2. Holistic, multi-disciplinary (everyone working together)
3. Treating everybody equally doesn't mean treating everyone the same (equity not equality)
4. Growing the things that we have, that we need more of
5. Behaviour always means something (because it is always a form of communication)

6. Better understanding and communication of care plans
7. Being positive about risk taking, but managing this well
 - a. Effective risk assessments
 - b. Upskilling clinical colleagues
 - c. Providing support to help people take risks
8. Behaviour is not an illness
9. Autism is not an illness
10. Mainstream services are person centred and meet individual needs
11. Co-production in development and management of services
12. Involving experts by experience in helping to manage difficult / complex cases
13. We don't give up on anyone
14. We see the person, not the disability

Please complete the Year 1, Year 2 and Year 3 sections of the 'Finance and Activity' tab and the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

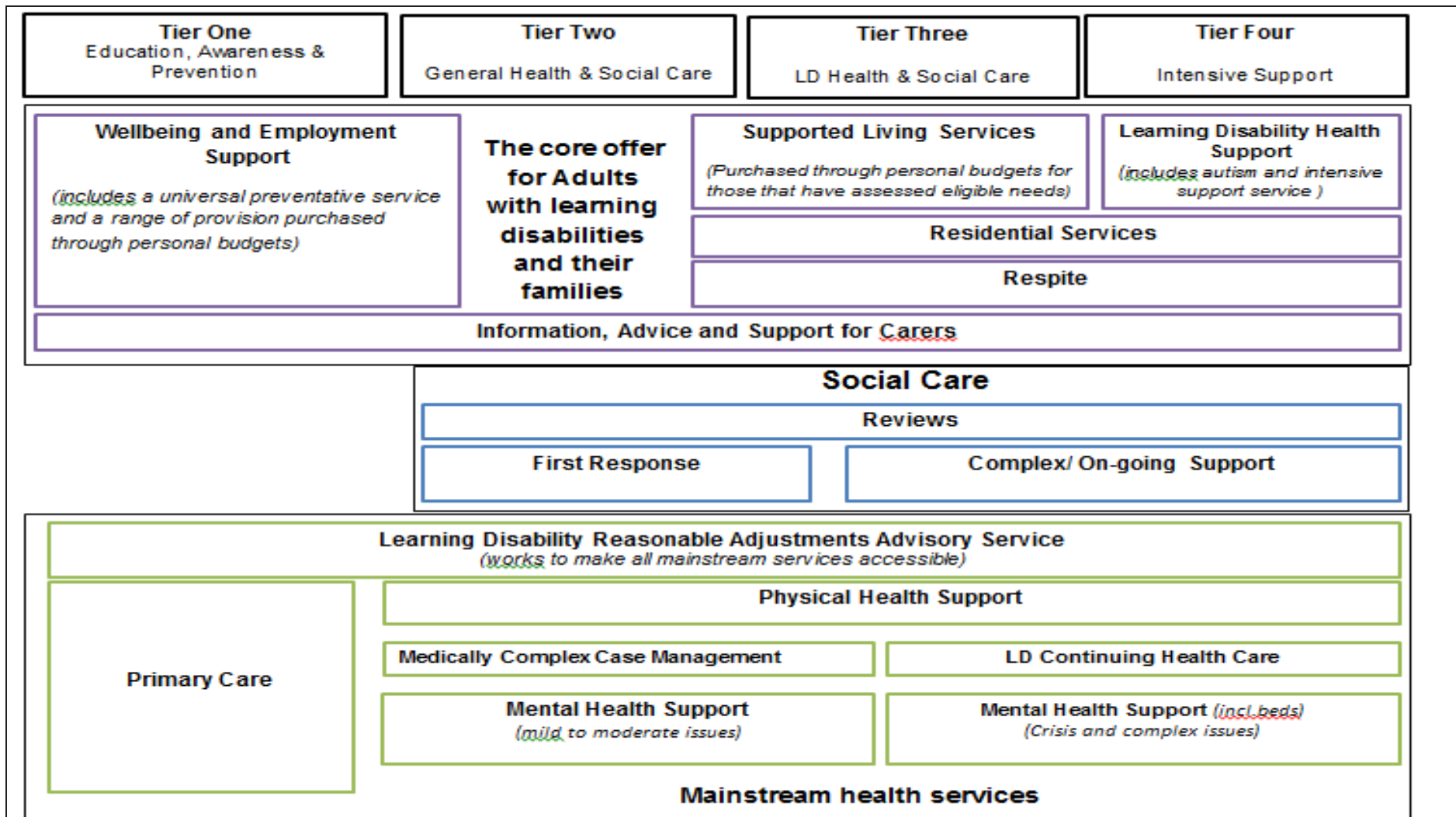
Any additional information

4.Implementation planning

Proposed service changes (incl. pathway redesign *and* resettlement plans for long stay patients)

Overview of your new model of care

The new model of care will be co-produced by the Transforming Care Planning Group. This will form part of the detailed project planning; a proposal will go to Transforming Care Partnership Board in June 2016. It will be based on the model of care established in the Oxfordshire Big Plan developed by OCCG and the County Council in a public consultation in 2014-15:



(Oxfordshire Big Plan 2015-2018)

Our thinking about this model has developed within the Transforming Care planning process and some of the specific features of the plan above may need to be modified. The model will be further informed by the following elements identified by the programme's clinical lead, Dr

David Chapman:

1. Timely diagnostic support;
2. High quality carers with clear knowledge of their clients and ability to support decision making;
3. Active promoter of public health screening programmes with time and skills to help PWLD&A* in their decisions to engage and ability to weigh up mental capacity and best interests;
4. A review of what is required for a good annual health check and proactive system to improved annual health;
5. Health co-ordinator teams supporting primary care to aid patients and their carers with complex/multiple medical conditions. There will need to be some in reach into secondary care;
6. Intensive support teams to help with those with complex mental health/behavioural health issues in the community;
7. Attention to those with LD and dementia especially around diagnosis;
8. Co-ordination of services which add quality to the lives of PWLD&A but which are difficult to access e.g. optometry, audiology, SALT etc;
9. Maintaining or establishing teams who can collect biological data including bloods where it is in the patient's best interests;
10. Practical hands on help in more complex situations around consent and capacity.

*People with Learning Disabilities and / or Autism

Children and Young People

Please refer to CAMHS Transformation Plan.

What new services will you commission?

Please see section **What will care pathways look like?** for a high level overview.

This will form part of the detailed project planning. A proposal will go to Transforming Care Partnership Board in June 2016.

What services will you stop commissioning, or commission less of?

Please see section **What will care pathways look like?** for a high level overview.

This will form part of the detailed project planning. A proposal will go to Transforming Care Partnership Board in June 2016.

What existing services will change or operate in a different way?

Please see section **What will care pathways look like?** for a high level overview.

This will form part of the detailed project planning. A proposal will go to Transforming Care Partnership Board in June 2016.

Describe how areas will encourage the uptake of more personalised support packages

Adults

Oxfordshire has a well-established s75 NHS Act 2006 pooled commissioning budget meeting the health and social care needs of adults with learning disabilities hosted by the County Council. All of those people supported by the pooled budget receive either their social care or continuing healthcare as part of a personal budget.

In its published offer for 2016-17 OCCG will invite people with learning disability to apply for a personal health budget where that will deliver better health outcomes. OCCG will ensure that the potential deployment of a Personal Health Budget will be considered in all Care and Treatment Reviews for people in locally commissioned in-patient settings, and for anybody at risk of admission to locally-commissioned beds.

Oxfordshire has been a leader in the development of Personal Health Budgets in continuing healthcare and has considerable expertise in care planning, risk management and financial flows. On the basis of this experience we have submitted a bid for transformation funding to provide brokerage, advice around employing a personal assistant and extend our current back office functions as we extend into the learning disability cohort.

OCCG will explore with NHS England specialist commissioning how we can deploy personal health budgets for those patients detained in secure settings. This will involve exploring how current budgets can be mobilised to fund a future personal health budgets.

The Oxfordshire offer of a Personal Health Budget from April 2016 will include:

- The right to receive Continuing Health Care as a personal health budget (all ages)
- The right to receive rehabilitation funding in relation to acquired brain injury as a personal health budget
- The right to ask for a personal health budget where you are someone living with a learning disability and/or autism who is in hospital or at risk of hospital admission in relation to your learning disability and/or autism

During 2016-17 OCCG will develop its offer in relation to personal health budgets in line with national expectations: Oxfordshire is expected to achieve 660 budgets by 2020. Based on numbers of people at risk of or admitted to hospitals in 2015-16 we would expect there to be 6-10

personal health budgets delivered within that plan together with around 20-30 people with learning disability and/or autism who may receive continuing healthcare in this way.

Children and Young People

Oxfordshire has a fully compliant personal health budget offer for children who are eligible for continuing care. The numbers of personal budgets are as follows:

Since September 2014:

- 244 for short breaks
- 11 for health
- 5 for education
- 450 disabled young adults between 18-25 for Adult Social Care / Health

We will review the use of personal health budgets for children and young people detained in or at risk of detention as part of this plan.

What will care pathways look like?

The Oxfordshire Transforming Care Plan is based on the principles established in the Oxfordshire Big Plan developed by OCCG and the County Council in a public consultation in 2014-15. The key features of this plan have been further developed in consultation with commissioners and experts by experience in the development of this plan:

- Wherever possible, people with learning disability will receive their care in mainstream settings and these will be accessed by self or GP referral in the normal way. Mainstream providers will be supported through training and peer-led approaches to make those reasonable adjustments to their service offer that will deliver this objective
- We will explore the use of technology and/or hand held records to support access to mainstream services and response to people in contact in the urgent care system
- We will commission care navigators that support people in accessing and working through mainstream care pathways, especially high activity service areas such as general practice, Out of Hours and Emergency Department
- Where people have mental health problems and/or behaviours that challenge we will commission a dedicated response within our mainstream mental health services. This response will mirror our mainstream services and deliver
 - 24/7 access to crisis care, aligned to 111/999 and out of hours services
 - Urgent access within 1 week

- Routine access within 4 weeks
- All services delivered 7 days a week with out of hours cover
- Links through from those services commissioned to deliver our Crisis Concordat (emergency department psychiatric liaison, street triage, ambulance triage, Approved Mental Health Practitioner and s12 doctors) linked into the existing partnership arrangements with police and ambulance services
- Access to in-patient beds where indicated by a care and treatment review
- A crisis space that supports people away from admission and an intensive support team that provides this facility in the community
- Outcomes based community health services that support people in achieving their goals, closing the health gap and pro-actively managing crisis in partnership with housing and supported living providers and social work teams which will be modelled on those used in adult mental health
- Personal Health Budgets where these will help deliver these outcomes
- A parallel process will be developed for children and young people in line with our Local Transformation Plan

The services that we commission will be personalised, outcomes focussed and provide positive behavioural support.

Where people are admitted to in-patient services

- All patients will be reviewed in the Care and Treatment Review process and a personal health budget be considered to support effective discharge planning
- In the case of people detained under home office section we will work with specialist commissioners to develop a forensic stepdown pathway that works also to prevent readmission

This remains an area of the plan that is in development. There are some specific areas that need further work:

- The epilepsy pathway for people with learning disability
- A proposed step down pathway for people in social care funded placements out of county which is being developed as part of a bid for Social Investment Bond funding (application to be completed by June 16)
- A dedicated service to support people with autism who are at risk of admission. This will include people with co-morbid mental health and learning disability.
- Forensic pathway as above
- How this work aligns with OCCG's broader Care Closer to Home Strategy

Currently services for people with a learning disability are mostly provided in a specialist service that also includes other services such as continuing healthcare, speech and language therapy, physiotherapy, and some epilepsy care. These will be transitioned as part of this plan during the period to Dec 2017.

How will people be fully supported to make the transition from children's services to adult services?

When a young person approaching adulthood is likely to have needs for care and support after they turn 18, the council will undertake a transition assessment that fully involves the young person and the key people supporting them. This assessment ideally takes place at a time when it will most benefit the young person, which may be as early as 16½ for people with complex needs.

Key agencies, including Health, Education and Social Care, work together and share relevant information with each other to identify as many young people as possible who are likely to need support as an adult. This enables responsive and flexible forward planning to ensure continuity of services and cost effectiveness. There is also a process in place to support vulnerable young people and those with complex needs to access support as an adult where there is no clear referral route into adult services.

If a young person is receiving support from children's services and has a transitions social worker, they will have a good understanding of the young person's needs, family situation and surroundings, and there may already be a transition plan or Education, Health and Care Plan (EHC Plan) that outlines the young person's preferences and aspirations. This valuable information is drawn on when planning the care and support they will receive as an adult and wherever possible the assessment for adult social care is undertaken jointly with the transitions social worker.

Transition assessments are carried out as part of a regular process: a child's needs assessment, young carer's assessment or, a child's carer's assessment, and adult services are involved early to help plan the provision of care and support. This gives an indication of which needs are likely to meet the eligibility criteria for adult social care, so that parents/carers and young people are informed and can plan accordingly.

Parents and carers can access impartial information, advice and support from the Special Educational Needs (SEN) and Disability Information, Advice and Support Service and young people can find out about local opportunities, activities and services for them through oxme.info. The council's [Local Offer](#) also has a wide range of information and advice about education, health and care services for young people with SEN and disabilities and their parents/carers, including a section on [moving into adulthood](#) which covers key aspects of life as an adult. In particular, the online [video](#) explaining the assessment and planning process for an EHC Plan has been recognised nationally as good practice, as well as Oxfordshire's EHC Plan process itself. The process is designed to place young people and their families at the centre and to empower young people to take control of planning their future.

How will you commission services differently?

OCCG currently commissions health and social care services (including supported living) for adults with learning disability through a s75 NHS act 2006 pooled budget hosted by Oxfordshire County Council. These arrangements will form the basis of future commissioning approaches with the following changes that will need to be developed:

- It is the intention of both commissioners that health services will revert to OCCG as contract holder and that this will be a staging point before services are moved within existing OCCG contracts
- The process of pooled approaches with NHS England Specialised Commissioning has still to be worked through and will inform the development of the proposed step-down/community forensic pathway
- Although adult and children and young people's commissioning is aligned (commissioning for children and young people is led by a joint OCCG-OCC post) it is not pooled and more work will need to be done to develop appropriate commissioning alignment across transition
- Commissioners in Oxfordshire have already developed outcomes based and incentivised contracts structures across a range of services and we will explore how this approach might be used to help people manage without an admission to hospital and to close the health gap.
- A key part of effective care for people with learning disability and autism is the support received in primary care. Subject to progress with OCCG's plans to commission primary care services we will explore how practices and federations can support these aspirations
- It is the intention of commissioners to continue to co-design and wherever possible co-produce services for people with learning disability with those who use them and those who care for them
- The use of personal health budgets will require a different contracting mechanism for services commissioned from our health providers.

How will your local estate/housing base need to change?

OCCG is currently reviewing its estate strategy. There are challenges for Oxfordshire in that currently there are no suitable locally commissioned in-patient beds in the county. The existing estate has been declared unusable and is not owned by the CCG nor, we understand, NHS PropCo.

OCCG will apply for capital funds within the Transforming Care Programme to support the redesign and redevelopment of existing estate both for potential in-patient units and crisis provision and for supported living that meets the needs of people with autistic spectrum disorders. OCCG will also explore the need for a bespoke place of safety for people with learning disability or autism.

As part of the bid for Social Investment Bond funding to support the step down of people with complex needs (including learning disability/autism) OCCG will identify those housing needs that are not currently met by the Oxfordshire estate and how these might be met as part of the SIB.

Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve ‘resettling’ people who have been in hospital for many years. What will this look like and how will it be managed?

Oxfordshire has very few people who will need to be resettled after very long stays in hospital and none in locally commissioned beds who would qualify for the dowry payment.

The CTR process will provide the planning mechanism for ensuring that in every case a highly personalised and bespoke plan is produced which meets the individual and specialist needs of the person.

The plan will involve a multi-agency team response across commissioners and providers to provide the best chance of successful resettlement.

The step down from NHS England specialist commissioned beds will need a substantial review of the forensic pathway and this forms part of our submission for investment.

How does this transformation plan fit with other plans and models to form a collective system response?

This plan has been developed directly to reflect the legislative and planning requirements as set out above. In addition the plan reflects local planning around Care Closer to Home, the development of primary care, and the development of co-commissioning approaches with specialist commissioners.

Any additional information

5.Delivery

Plans need to include key milestone dates and a risk register

What are the programmes of change/work streams needed to implement this plan?

Bucks transfer to HPFT 1st July

As set out in the attached:



TCP Project Plan
(18-03-16).xls

Who is leading the delivery of each of these programmes, and what is the supporting team.

As set out in the attached TCP Project Plan.

What are the key milestones – including milestones for when particular services will open/close?

As set out in the attached TCP Project Plan.

What are the risks, assumptions, issues and dependencies?

The risk register for the Transforming Care Plan Partnership Board is being reviewed by the Board in the light of the proposed SHFT transition work and report from external consultants MBI. It will be sent as an addendum to the Plan.

External policies which may impact on delivery of the Plan include:

- Welfare reform, including bedroom subsidy and the regulations for exempt and non-exempt accommodation
- Personal health budgets and implications for existing contracts and providers

What risk mitigations do you have in place?

As set out in the attached TCP Risk register.

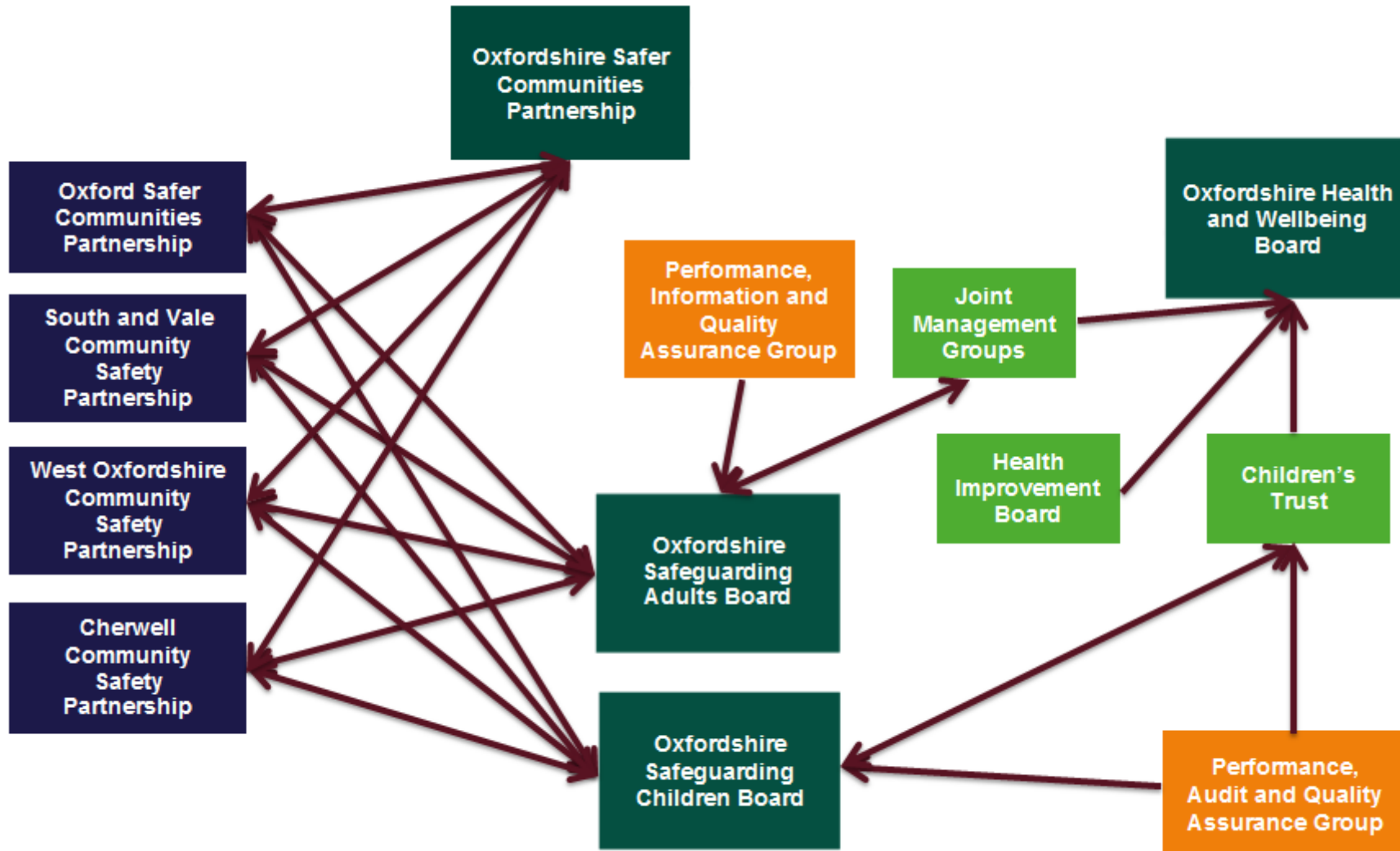
Any additional information

6.Finances

Please complete the activity and finance template to set this out (attached as an annex).

End of planning template

Appendix 1: Governance Structure / Map for H&WB Board, Safeguarding and Community Safety Joint Protocol



Appendix 2: CYP Disability Register (15 December 2015) Overview

1859 individual CYP aged 0-17 years are on disability database of which 69 are not on ONE (limited details)

Includes short breaks data from 2012 to - 2015 (to Q2) and 271115 Disability caseload information

Free School Meals		
	1789	
	CYP	
No information for 70 cyp		
Yes	491	27%
No	1298	73%

Gender		
	1840	
	CYP	
No information for 19 cyp		
Male	1297	70%
Female	543	30%

Ethnicity			
	1763		
	CYP		
No information for 96 cyp			
			Oxfordshire[1]
ABAN - Bangladeshi	5	0%	0%
AIND - Indian	10	1%	1%
AOTH - Any other Asian backgro	28	2%	1%
APKN - Pakistani	56	3%	2%
BAFR - Black African	36	2%	1%
BCRB - Black Caribbean	17	1%	0%
BOTH - Any other Black backgro	15	1%	0%
CHNE - Chinese	9	1%	1%
MOTH - Any other Mixed backgro	23	1%	1%
MWAS - White/Asian	24	1%	1%
MWBA - White/Black African	13	1%	0%
MWBC - White/Black Carribbea - White/Black Carribbea	33	2%	1%
NOBT - Info not obtained	21	1%	
OOTH - Any other Ethnic Group	9	1%	0%

[\[1\] Ethnicity in Oxfordshire 2011 Census: shows basic information from the 2011 Census about the ethnic backgrounds of children and young people aged 5 - 17years living in Oxfordshire.](#)

REFU - Refused	6	0%	
WBRI - White British	1404	80%	83%
WENG - White English	3	0%	
WIRI - White Irish	5	0%	0%
WIRT - Traveller - Irish Herit	2	0%	0%
WOTH - Any other White backgro	41	2%	4%
WROM - Roma/Roma Gypsy	2	0%	0%
WTUK - Turkish	1	0%	

Primary medical need1859
CYP

Group A	767	41%
Group B	185	10%
Group Other	308	49%
No information for	599	

Group A: Children and young people with Autistic Spectrum Disorder (who have severe learning disabilities or behaviour which is challenging) OR those children and young people whose challenging behaviour is associated with other impairments such as severe learning disabilities.

Group B: Children and Young People with complex health needs including this with disability and life limiting condition, and/or those who require palliative care and/or those with associated impairments such as cognitive or sensory impairments and/or have moving/handling needs and/or require special equipment/adaptations

Primary SEN need1156
CYP

No information for 703 cyp

Autistic Spectrum Disorder	306	26%
Behaviour, Emotional and Social Difficulties	212	18%
Hearing Impairment	8	1%
Moderate Learning Difficulty	137	12%

Other difficulty/Disability	11	1%
Physical Disability	82	7%
Profound & Multiple Learn Difficulties	66	6%
Severe Learning Difficulty	201	17%
Social, Emotional and Mental health	2	0%
Specific Learning Difficulty	13	1%
Speech, Lang & Comm Needs	106	9%
Visual Impairment	12	1%

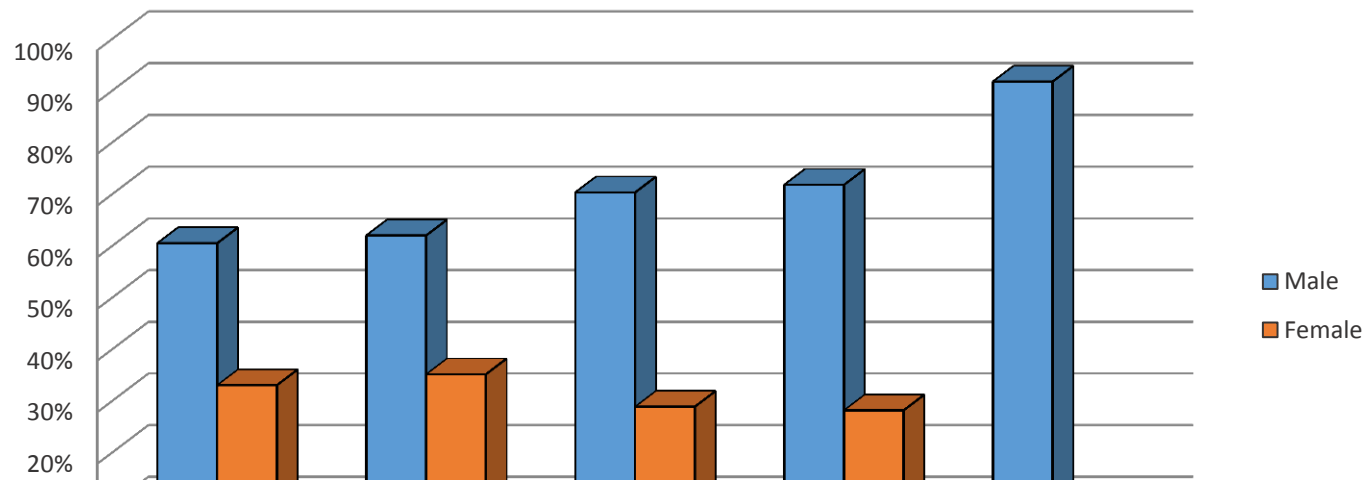
Ages

1840
CYP

No information for 19 cyp

Age range	Total	M	F	Male	Female
0-4 years	91	55	30	60%	33%
5 - 7years	134	83	47	62%	35%
8 - 11 years	521	366	150	70%	29%
12-17 years	1082	776	304	72%	28%
18+	12	11	1	92%	8%

Disability Register
Percentage Male: Female at different ages




Appendix 3: Population and Demographic Charts

1. [Learning Disability Population – Oxfordshire](#) (Public Health England)

Indicator	Period	Oxon		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Learning disability: QOF prevalence (All ages)	2014/15	2,572	0.36%	0.39%	0.44%	0.21%		0.78%
Adults (18 to 64) with learning disability getting long term support from Local Authorities	2014/15	1,595	3.84	3.71	3.73	1.78		7.29
Children with Moderate Learning Difficulties known to schools	2014	4,026	37.2	26.4	28.6	6.6		66.4
Children with Severe Learning Difficulties known to schools	2014	370	3.41	3.44	3.80	1.12		8.31
Children with Profound & Multiple Learning Difficulty known to schools	2014	-	*	1.01	1.29	-	Insufficient number of values for a spine chart	-
Children with Autism known to schools	2014	1,140	10.5	11.7	10.8	4.1		25.1
Children with learning disabilities known to schools	2014	4,396	40.6	30.8	33.7	4.5		71.4
(Superseded) - Learning disability: QOF prevalence (18+)	2013/14	2,162	0.4%	0.4%	0.5%	0.2%		0.7%
(Superseded) - Adults (18 to 64) with learning disability known to Local Authorities per 1,000 population	2013/14	1,595	3.9	4.1	4.3	2.1		8.8
(Superseded) - Children with Moderate Learning Difficulties known to schools	2013/14	2,211	20.7	13.8	15.6	5.8		50.7
(Superseded) - Children with Severe Learning Difficulties known to schools per 1,000 pupils	2013/14	363	3.40	3.34	3.73	1.05		7.67
(Superseded) - Children with Profound & Multiple Learning Difficulty known to schools per 1,000 pupils	2013/14	-	*	1.04	1.27	-	Insufficient number of values for a spine chart	-
(Superseded) - Children with Autism known to schools per 1,000 pupils	2013/14	917	8.6	10.0	9.1	3.5		22.1
(Superseded) - Children with learning disabilities known to schools per 1,000 pupils	2013/14	-	*	18.2	20.6	-	Insufficient number of values for a spine chart	-

2. [Learning Disability Health – Oxfordshire](#) (Public Health England)

Indicator	Period	Oxon		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Proportion (%) of eligible adults with a learning disability having a GP health check	2013/14	1,024	47.4%	29.6%	44.2%	4.4%		76.1%

3. [Learning Disability Accommodation and Social Care](#) (Public Health England)

Indicator	Period	Oxon		Region	England	Worst/ Lowest	England	
		Count	Value	Value	Value		Range	Best/ Highest
Supported adults with learning disabilities living in settled accommodation (%)	2014/15	1,315	82.4%	68.5%	72.9%	0.0%		94.4%
Supported adults living in unsettled accommodation (%)	2014/15	280	17.6%	30.8%	26.7%	64.9%		0.0%
Supported adults whose accommodation status is not known to LA (%)	2014/15	0	0.0%	6.9%	5.6%	56.6%		0.0%
Supported adults whose accommodation status is severely unsatisfactory (%)	2014/15	0	0.00%	0.08%	0.14%	1.18%		0.00%
Supported adults with learning disability in paid employment (%)	2014/15	135	8.5%	7.5%	5.9%	0.0%		28.6%
Supported adults (age 18-64) receiving direct payments (%)	2014/15	370	23.2%	15.6%	17.4%	0.0%		78.2%
Rate of referral of people with learning disability for adult safeguarding	2014/15	245	95.3	66.3	62.2	0.0		207.9
(Superseded) - Adults with learning disabilities in settled accommodation	2013/14	1,315	82.4%	70.6%	74.9%	47.6%		94.4%
(Superseded) - Adults with learning disabilities in non-settled accommodation (%)	2013/14	280	17.6%	26.5%	21.7%	42.0%		1.6%
(Superseded) - Adults with learning disabilities living in accommodation whose status is unknown to LA (%)	2013/14	5	0.31%	2.82%	3.38%	36.11%		0.00%
(Superseded) - Adults with learning disabilities living in severely unsatisfactory accommodation (%)	2013/14	0	0.00%	0.19%	0.25%	10.24%		0.00%
(Superseded) - Adults with learning disabilities in employment	2013/14	150	9.4%	8.1%	6.7%	0.8%		22.5%
(Superseded) - Adults with learning disabilities receiving direct payments (%)	2013/14	460	26.8%	29.3%	30.5%	4.3%		96.2%
(Superseded) - Rates of referral for abuse of vulnerable person per 1,000	2012/13	160	113.1	104.6	109.3	7.4		430.4

Appendix 4: Supported Living Key Data

The demand for supported living for adults with a Learning Disability/ autism and complex or high support needs is on average 12 new people each year (net of attrition).

Adults with a Learning Disability	Demand ¹				Supply e.g. no. of places				
	2011/2014	2015/2017	2018/2020	Total	2013/14 (as of Sept 2013)	2014/15	2015/16	2016/17	2017/ 18
Cherwell 21%	8	8	5	21	139 (21%)	142 or +3	144 or +2	147 or +3	149 or +2
West Oxfordshire 16%	6	6	4	16	116 (18%)	114 or -2	112 or -2	110 or -2	108 or -2
Oxford City 26%	9	9	6	24	145 (22%)	175 or +30	178 or +3	181 or +3	185 or +4
South Oxfordshire 19%	7	7	5	19	155 (23%)	135 or -20	133 or -2	130 or -3	128 or -2
Vale of White Horse 18%	6	6	4	16	107 (16%)	121 or +14	124 or +3	125 or + 1	127 or +2
TOTAL	36 places	36 places	24 places	96 places	662	674	686	698	710

Key messages

- The data does not differentiate between complex needs and low level needs
- The data does not recommend the size of accommodation needed but this can be found in '*A strategy for delivering an increased supply of specialist housing for adults with care and support needs in Oxfordshire, May 2013 - Nigel Holmes*'
- We need to increase the supply of supported living for adults with a Learning Disability in Cherwell, Oxford City and the Vale of White Horse and reduce supply in West Oxfordshire and South Oxfordshire

¹ '*A strategy for delivering an increased supply of specialist housing for adults with care and support needs in Oxfordshire, May 2013 - Nigel Holmes*'

This page is intentionally left blank

The Oxfordshire Joint Health Overview & Scrutiny Committee: 21st April 2016

Overview of the Oxford University Hospitals NHS Foundation Trust Quality Account for 2015/16

Cover Paper

1.0 The draft Quality Report incorporates all the requirements of the Quality Account Regulations as well as a number of additional reporting requirements set by Monitor.

The Quality Report specifically aims to improve public accountability for the quality of care.

2.0 The draft Quality Account is still being reviewed by Oxford University Hospitals NHS Foundation Trust Board members and has recently been to the Trust's Quality Committee.

Consultation takes place with patients, carers and staff as well as commissioners, local Healthwatch organisations and Overview and Scrutiny Committees. Statements are gained from the latter which will be included in the document.

3.0 A summary of progress against the 2015/16 priorities can be found in the draft report on Pages 66-85

4.0 A summary of the proposed quality priorities for 2016/17 are as follows:

1. Preventing harm and deterioration including programmes for
 - Medication safety (in response to audits in 2014/15 and including antibiotic stewardship-a national CQUIN)
 - Acute kidney injury, AKI, (an alert affecting 30 patients per day)
 - Recognition and treatment of sepsis (National CQUIN)
 - Care 24/7 (NHS national priority)
 - Nationally recognised iPad based track and trigger SEND project
2. Following an expert external review of our investigations of Never Events that occurred in the Trust in 2014/15 we are committed to:
 - Further Human factors training to enhance the lessons learned from adverse

events.

- Improving our systems for sharing learning within and between teams across the Trust
 - Improving our systems for ensuring knowledge of and compliance with essential policies
3. More effective care with better patient experience including programmes for
- End of life care (proposed local CQUIN)
 - Dementia care
 - Our Compassionate Care programme to improve patient experience throughout the Trust
4. Stake holder engagement and partnership working

5.0 Year –end data relating to several indicators in the Quality Account is not yet available nationally.

HOSC Chairman's Report- April 2016
Liason Meetings Attended since last HOSC:
<p>The Chairman attended the following meetings with representatives from health and social care organisations between February – April 2016:</p> <ul style="list-style-type: none"> • Will Hancock, Chief Executive, South Centre Ambulance Services • Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Foundation Trust • Dominic Hardisty, Deputy Chief Executive and Chief Operating Officer, Oxford Health Foundation Trust • Visit to Rebalancing the System Hub, John Radcliffe Hospital • Event – South of England Health Scrutiny Networking Event, Bristol
Reports of Confidential Meetings Held:
1. Wantage Community Hospital, Oxford Health Foundation Trust
<p>Healthcare Representatives Present Dominic Hardisty, Deputy CEO and Chief Operating Officer Anne Brierley, Older People Services Director</p> <p>HOSC Members Present Cllr Yvonne Constance Cllr Surinder Dhesi Cllr Alison Rooke Cllr Nigel Randall Cllr Kevin Bulmer Cllr Monica Lovatt Cllr Martin Barrett Moira Logie (<i>non-voting co-opted member</i>) Anne Wilkinson (<i>non-voting co-opted member</i>) Keith Ruddle (<i>non-voting co-opted member</i>)</p> <p>Council Officers Present Hannah Iqbal, Policy Officer Glenn Watson, Principal Governance Officer</p> <p>Meeting Report: On Thursday 14th April, members of HOSC (7 voting members and 3 co-opted members) met in a confidential session with Oxford Health Representatives, Anne Brierley and Dominic Hardisty. Members were briefed that Wantage Community Hospital needs to be closed on safety grounds given the persistent recurrence of legionella in the hot water system in the hospital. This is being treated and there is</p>

no immediate risk to health. However, the treatment is not a long term solution, and the whole site requires re-plumbing in order to permanently eradicate the risk. Oxford Health were asking the committee to consider their proposal to:

- *Temporarily close Wantage Community Hospital from June 2016*
- *Set aside the capital investment required for the plumbing works this year*
- *Delay commencement of the capital works until early 2017, once the public consultation is completed and the future use of Wantage community hospital is determined*

The purpose of this confidential meeting was for Oxford Health to ask HOSC whether the proposed extension of the temporary closure of Wantage community hospital (to allow public consultation outcomes to shape the nature of capital works undertaken) constituted a substantive variation or not.

Oxford Health advised that there is a safety requirement to take planned and proactive action to permanently eliminate the risk of legionella presence in the hot water system.

The Trust recognised that the closure of Wantage Community Hospital at this time may be considered a pre-emptive action ahead of the planned public consultation. However, given the high cost of the estates works required the Trust is concerned that the future use of the building should be determined before expensive publicly funded works are undertaken.

The services currently provided at Wantage Community Hospital – 12 inpatient beds, a midwifery led unit and musculo-skeletal physiotherapy outpatients (MSK) - will all be re-provided locally. Practical assistance in travel arrangements will be offered to patients and staff affected by this relocation.

HOSC members recognised this closure as a substantial change in service. However, they noted the commitment by OCCG and OHT and health organisations to conduct a full countywide Transformation consultation this year. This consultation is expected to run from late summer 2016 for 3 months and HOSC therefore expects a decision to be made regarding provision at all community hospitals – including Wantage - early in 2017.

Meeting Outcome:

HOSC members recognised the closure of Wantage Community Hospital as a substantial change in service and noted the commitment by OCCG and OHT and health organisations to a full transformation consultation later this year.

2. Henry Cornish Centre, Chipping Norton, Oxfordshire County Council and Orders of St John

HOSC Members Present

Cllr Yvonne Constance

Cllr Surinder Dhese

Cllr Alison Rooke

Cllr Nigel Randall

Cllr Kevin Bulmer

Cllr Monica Lovatt

Cllr Martin Barrett

Moira Logie (*non-voting co-opted member*)

Anne Wilkinson (*non-voting co-opted member*)

Keith Ruddle (*non-voting co-opted member*)

Council Officers Present

Hannah Iqbal, Policy Officer

Meeting Report and Outcome:

HOSC met on Thursday 14th April to discuss the implementation update regarding the Henry Cornish Centre and the completed substantial changed assessment framework. The outcome of the meeting was that HOSC members do not regard the three month transition period (with an additional one or two month mobilisation period) as a substantial change but note that if it is delayed any longer a full consultation would be required. HOSC members regard the service provided at the Henry Cornish Centre as an important part of the provision of intermediate care and expect that it will be included as part of a county-wide transformation consultation on the provision of community hospitals and intermediate care.

