“Building the right support”

*Lincolnshire’s plan to transform services for people with learning disabilities and autism.*
We aim to provide high quality services for the people of Lincolnshire. This plan sets out how we shall enable our health and social care systems to achieve this, whilst ensuring excellence and value for money.

We are pleased to endorse the plan and commit to ensuring that the services for those members of our community with a learning disability and/or autism receive the best standards of care, to support their day to day lives within the community and offer the necessary clinical specialist support if and when required.

Allan Kitt, Accountable Officer  
South West Lincolnshire CCG

Gary James, Accountable Officer  
Lincolnshire East CCG

John Turner, Accountable Officer  
South Lincolnshire CCG

Dr Sunil Hindocha, Chief Clinical Officer  
Lincolnshire West CCG

Glen Garrod, Director of Adult Social Care  
Lincolnshire County Council

Debbie Barnes, Director of Children’s Services  
Lincolnshire County Council
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Lincolnshire Transforming Care Partnership Transformation Plan

Executive Summary

Background

*Transforming Care: A national response to Winterbourne View Hospital* published in December 2012, and further reports including the *Bubb Report* in November 2014, *Transforming Care for People with Learning Disabilities – Next Steps* January 2015, *Building the Right Support*, 2015 have set out the national drive to make improvements in the care and services available for people with learning disabilities and/or autism spectrum disorders with a focus on reduced use of institutional care and increased community based provision. Simon Stevens, Chief Executive of NHS England, said on 3 June 2015: “We need a closure programme for long stay institutions, with more power in the hands of families.”

Across the country Transforming Care Partnerships (TCP’s) have been established to drive local transformation. TCP’s were required to confirm governance arrangements and commence Board meetings by January 2016. Each TCP was also set the target of developing a first draft Transformation Plan by 8th February 2016, which should describe the local vision for improving outcomes with a focus on more integrated community based support and a reduced reliance on in-patient beds (non-secure, low and medium secure) which may include the closure of some in-patient facilities.

In parallel the NHS 5 Year View, the Care Act 2014 and the Children and Families Act 2014 place a focus on outcomes, personalisation and the integration of services. The personalisation of support for people of all ages with Learning Disability (LD) and/or autism (ASD), with challenging behaviours or a mental health condition, offers the opportunity for fundamental transformation and whole system improvement. Lincolnshire is one of 9 National Demonstrator sites for Integrated Personal Commissioning (IPC) and therefore “personalisation” will be at the heart of our local plan.

The TCP in Lincolnshire covers the geographical commissioning footprints of:

- South West Lincolnshire Clinical Commissioning Group
- South Lincolnshire Clinical Commissioning Group
- East Lincolnshire Clinical Commissioning Group
- West Lincolnshire Clinical Commissioning Group
- Lincolnshire County Council

The National service model for individuals with LD and/or ASD, published on 30 October 2015 includes national planning assumptions for re-designing services. This is a model which encompasses both health and social care and underpins our ambitions for this to be a truly shared programme. Transformation plans need to be in line with the new service model as is reflected in the NHS planning guidance for 2016 / 2017. Facilitation of the new service
model may require additional investment and therefore existing local and national funding arrangements will also need to be reviewed.

**Process and Arrangements for the Lincolnshire TCP Transformation Plan Submission**

Pamela Palmer, Chief Nurse SWLCCG has been agreed as the Senior Responsible Office (SRO) for the Lincolnshire Transforming Care Programme and will have accountability for ensuring the Lincolnshire Transforming Care Plan is developed and implemented in line with national milestones.

Justin Hackney, Assistant Director Specialist Adult Services (Lincolnshire County Council) has been agreed as the Deputy SRO. Justin is also the Lincolnshire Programme Director for Integrated Personal Commissioning and will help the Transforming Care Partnership to keep a focus on Personalisation. This also demonstrates an integrated approach to leadership of these two national and local transformation programmes.

The Transforming Care Partnership Board will facilitate the development of the Transforming Care Plan which will be agreed by key local stakeholders via the existing Joint Commissioning Governance arrangements that are in place across Lincolnshire.

**Lincolnshire Transformation Plan**

This plan sets out how Lincolnshire will transform care and support for individuals with a Learning Disability and/ or a diagnosis of Autistic Spectrum Disorder who also have, or are at risk of developing, a mental health condition and/ or behaviours described that challenge. This will maximise the opportunity for care that is focused on keeping individuals healthy, well and supported in the community. A key underpinning outcome will be to minimise the need for inpatient care and to redesign services to deliver community based provision, including crisis services within the community. This will require an expansion of existing integrated working arrangements in Lincolnshire with a greater emphasis on early intervention and prevention including an increased focus on Health and Wellbeing (including Mental Wellbeing) and readiness for adulthood.

To implement this plan successfully it will be necessary to have ownership and support from a wider range of stakeholders including, but not limited to, NHS and Local Authority Commissioners, providers of services, the criminal justice system and Local Housing Authorities. Most importantly, however, the success of this plan depends on the contribution of people with Learning Disabilities and/ or ASD, their families, friends and carers. Personalisation will be at the heart of our local transformation activities. This will require all stakeholders to be committed to working together to make change happen and to thinking differently.
**Introduction**

This plan sets out the Lincolnshire vision for the transformation of outcomes, care and services for people with a learning disability (LD) and/or autism (ASD) that also have, or are at risk of developing, a mental health condition or displaying behaviour that challenges.

*Early help, wellbeing and quality personalised care and support will be foundation stones of our Lincolnshire Transforming Care Partnership offer. We will all passionately champion holistic and integrated community based support that minimises crisis and eliminates the need for inpatient care.”*

This Plan will provide further detail in relation to scope of transformation and how the vision will be achieved. In particular details of:

- The Lincolnshire area;
- The relevant services currently commissioned and provided across the area;
- The vision for how future TCP services will be commissioned and provided;
- What we need to change to achieve our vision and how we intend to do this

Delivering this plan will require us to anticipate and recognise that to successfully deliver an effective transformation program, significant changes in the way that services are currently commissioned and provided will be required and that this will need the full support of people with Learning Disability and/ or ASD, their families, friends and carers as well as from providers and commissioners of services and the health and social care workforce. We are committed to working together to make change happen and to thinking differently.

Our plan aims to transform care and support for individuals with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as those that challenge so that their care is focused on keeping them healthy, well and supported in the community. Achieving this will minimise the need for inpatient care enabling us to redesign our community services including crisis services.

This plan contains a broad overall vision, developed by the Lincolnshire TCP. In some areas it contains detailed proposals for how services will look different in the future but we realise there is further work that will be required in a number of areas. We know that it will take time to turn our vision into a reality and that more detailed planning will be needed. We have included within this document a more detailed schedule of the next steps required and how we intend to do this.
1. Mobilise Communities

Lincolnshire's vision is that this plan will be integrated into and supported by the wider transformation and sustainability plans for the whole Lincolnshire Health and Social Care models for the next five years and will underpin the delivery of wider aspirational plans linked to the NHS Five year Forward View and the priorities of Lincolnshire County Council.

All partners across Lincolnshire are already making progress to improve integration of services across the statutory and voluntary sectors and working to better engage with local communities. There are innovative programmes of work already in scope that link to neighbourhood team development, community networks and targeted partnership boards as well as established multi-agency forums such as the local safeguarding boards, the Joint Commissioning Board and wider strategic and nationally driven improvements such as the Integrated Personal Commissioning programme.

It is the intention of the Transforming Care Partnership (TCP) Board to ensure that work already on going is not duplicated but is amalgamated with the work streams to enhance services for people with a Learning Disability and/or autism, their families and carers.

1.1 Health and care economy covered by the plan

Lincolnshire is the fourth largest county in England and has one of the fastest growing populations. The economy is characterised by a predominantly 'low skill, low pay' workforce, lots of seasonal employment and a high number of job vacancies in the health and care sector that are difficult to fill, particularly on the coastal strip.

1.1.1 Demographics

The most recent estimates suggest that the population is around 731,500, with 164,000 being over the age of 65. This data relates to population statistics and includes only those people that reside within the county boundary. It should be noted that the GP population includes the following:

- People that live in Lincolnshire and who are registered with a GP practice within the county boundary
- People that live in a neighbouring county but who are registered with a GP practice within the county boundary
- People that live in either Lincolnshire or in a neighbouring county that are registered with a GP practice that is outside of the county boundary but commissioned by one the Lincolnshire Clinical Commissioning Groups (CCGs)

In January 2015, the total number of people registered with GP practices commissioned by the Lincolnshire CCGs was 770,406.
1.1.2 Access to health and care services

The county is largely rural, covering 5,921 square kilometres and with a low population density of 1.2 persons per hectare compared with 4.2 nationally. The travel network is poor, with limited public transport that relies heavily on minor roads. This poses a number of challenges in providing quality health and social care services, particularly to those living in the more remote rural areas.

For many areas outside of the urban centres accessibility can be a problem, particularly where the availability of public transport is low. This has led to a greater necessity for car ownership than many other areas of the country. However, car ownership is not evenly spread across Lincolnshire and vehicles are not necessarily owned by those with the greatest accessibility need. Therefore, despite the high incidence of car ownership in some areas, there could still be crucial gaps in availability of suitable transport and access to vital services for vulnerable and high need groups.

The most recent data available from the Department for Transport\(^1\) show that:

- 35.2% of the local population is not able to access GP services within 15 minutes by either walking or public transport; this rises to 47.9% in the Boston District and 46.2% in South Holland
- 42.5% of the local population is not able to access hospital services within 45 minutes by either walking or public transport; this rises to 96.6% in South Holland and 80.9% in North Kesteven

It should be noted that data for Lincolnshire includes Demand-Responsive Transport\(^2\).

1.1.3 Health and care providers

The majority of health and care services in Lincolnshire are commissioned by the following four clinical commissioning groups and the local authority:

- Lincolnshire East CCG
- Lincolnshire West CCG
- South Lincolnshire CCG
- South West Lincolnshire CCG
- Lincolnshire County Council

Although people will access some services out of the county, the main providers of NHS care for the Lincolnshire population are the United Lincolnshire Hospitals Trust (ULHT), the Lincolnshire Partnership NHS Foundation Trust (LPFT), Lincoln Community Health Services (LCHS) and the East Midlands Ambulance Service (EMAS).

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\(^2\) Demand-Responsive Transport refers to services that are available on request. In Lincolnshire, systems include Interconnect and CallConnect.
People with learning disabilities, autism and mental health problems will access a wide range of mainstream services that are provided for the general population and commissioners have a responsibility to ensure that this provision meets their health needs.

(i) Mental Health services for people with learning disabilities

Most people with learning disabilities and/or autism live in the community with their families or in their own homes, with varying levels of support; a small number live in small residential homes. The majority of community and residential provision for people with learning disabilities is funded through community care budgets and via a Section 75 pooled budget arrangement. Increasingly, people with learning disabilities and autism are purchasing services through Personal Budgets and Direct Payments. Lincolnshire is also one of nine demonstrator sites for Integrated Personal Commissioning.

The following mental health services for adults with learning disabilities are currently commissioned via the Section 75 agreement:

- Inpatient and Outpatient
- Learning Disabilities Assessment and Treatment inpatient Services
- Learning Disabilities Outpatient Clinics
- Green Light\(^3\) Facilitation
- Community Assertive Specialist Therapies (CAST)
- Psychology Therapies (Occupation Therapy, Speech and Language, Physiotherapy)
- Nursing liaison

In-patient facilities were available at Long Leys Court in Lincoln. However, following safeguarding concerns and a subsequent inspection by the Care Quality Commission (CQC), the facilities were suspended and service users moved to alternative accommodation. Long Leys Court is the subject of consideration for closure. There will be a consultation and an assessment of need, which will determine the level of inpatient care required.

Lincolnshire County Council and the Lincolnshire Partnership NHS Foundation Trust make grant funding available each year for specific projects that will support people with mental health problems. Organisations wishing to bid must submit a detailed proposal, based on an analysis of need, that has clear outcomes. As a collective, this is then known as the Managed Care Network (MCN).

\(^3\) The Green Light service is provided by a small team that offer advice support to people with learning disabilities to enable them to access appropriate mental health services across Lincolnshire.
Services for children and young people

For many children and young people with learning difficulties and disabilities, local mainstream early years' settings, schools, academies and colleges will be able to meet their needs. Where more specialised educational provision is required, usually as defined in a Statement of Special Educational Needs or Education, Health and Care Plan (EHCP), a child or young person can be placed in one of the special needs schools/academies in the county. All Lincolnshire special school provision is day time only, therefore SEND works collaboratively with the Children with Disabilities social care team to determine a joint package of education and support that can enable the child or young person to remain in the family home and be a part of their own community.

For a number of children and young people, their needs cannot be met either by mainstream provision, a special school or academy within the county. In these cases, placements may have to be made in either non-maintained or independent schools; this will be done within the county as far as possible. Requests for these places are usually made by Special Educational Needs and Disability (SEND) Worker, approved by the SEND Head of Services and then procured by the Children's Services Commissioning Team within the local authority's procurement and contract regulations. Most placements are made on a spot purchase basis and are selected based on:

- proximity to the family home
- value for money
- the ability to meet a child's needs and deliver required outcomes within a reasonable timescale

Providers are quality assured by their Care Quality Commissioning (CQC) and OFSTED judgements; residential special schools have a Department of Education set of minimum standards and can only offer up to 43 weeks per year; providers offering more than this must be registered as Children's Homes and are subject to more stringent regulations.

Lincolnshire County Council uses the National Association of Special Schools (NASS) Contract 2007 to contract with a provider and a Schedule 2 Individual Placement Agreement is completed for each individual placed. Work is currently on going to ensure that all placements are made with a defined exit date to support transition planning and to ensure reintegration back into the local community with suitable support. At the time of reporting there are 13 NASS contracts in place plus a framework agreement for higher needs learners. There are also 13 contracts in place for post-16 learning provision, including colleges over the Lincolnshire border, i.e. North East Lincolnshire and East Anglia.
Occasionally placements have to be made in an emergency, usually where there is either a significant safeguarding issue or the breakdown of a Looked After Child’s (LAC) placement; although these incidences are rare, wherever possible children and young people are placed in settings that are known to the local authority and placements are reviewed promptly to ensure they remain appropriate and sustainable.

For children and young people that have mental health problems, Children and Adolescent Mental Health Services (CAMHS) Tiers 1, 2 and 3 are commissioned via a Section 75 agreement. This includes 13 in-patient beds at Ash Villa near Sleaford. There is also a contract in place with the Lincolnshire Secure Unit for secure accommodation, at the request of the Youth Justice Board as required.

Young people with learning disabilities can access employment support through the Council's Supporting Employment Team.

Other provision for children and young people include:

- Occupational Therapy (spot contract)
- Domiciliary Care (spot contract)
- Autism and Learning Disability Outreach (Service Level Agreement)

(iii) Neighbourhood teams

There are currently 12 neighbourhood teams in the county, which bring together health and care professionals in a local area. These teams work together to support people who are most at risk of health and social care problems with the aim of helping them to maintain their independence for as long as possible. Teams are made up of the following:

- General Practices (GP)
- Nursing services
- Therapy services
- Mental Health services
- Social Care services
- Reablement services

These professionals are linked into the community and can ensure that residents can access a genuinely joined up approach from wider support services. By bringing together health, social care and the community in a person-centred approach we can empower individuals to live more independently and provide support to manage their needs more effectively.
Neighbourhood teams, as they evolve fully, will play a key role in the delivery of a Lincolnshire Early Help offer that will avoid the need to access provision for higher levels of need. Neighbourhood teams also offer the opportunity to host step down services that will support the rehabilitation and recovery of people to community based living. Neighbourhood teams will incorporate the support of the whole community including the voluntary sector, carer's networks as well as self-care arrangements. Neighbourhood teams will require the full mobilisation of the community.

The table below shows the list of neighbourhood teams with their respective current list sizes:

<table>
<thead>
<tr>
<th>Neighbourhood team</th>
<th>Full list size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>77,151</td>
</tr>
<tr>
<td>East Lindsey Middle</td>
<td>29,026</td>
</tr>
<tr>
<td>East Lindsey North</td>
<td>59,954</td>
</tr>
<tr>
<td>Grantham Rural</td>
<td>27,239</td>
</tr>
<tr>
<td>Grantham Town</td>
<td>49,245</td>
</tr>
<tr>
<td>Lincoln City South</td>
<td>51,723</td>
</tr>
<tr>
<td>Lincoln North</td>
<td>110,707</td>
</tr>
<tr>
<td>Skegness and Coast</td>
<td>78,807</td>
</tr>
<tr>
<td>Sleaford</td>
<td>54,928</td>
</tr>
<tr>
<td>South Holland</td>
<td>84,476</td>
</tr>
<tr>
<td>South of Lincoln</td>
<td>53,555</td>
</tr>
<tr>
<td>Welland</td>
<td>77,284</td>
</tr>
</tbody>
</table>

(iv) Adult Social Care for people with learning disabilities

According to research carried out in 2012\(^4\), the majority of people with learning disabilities are not known to specialist services and rely upon their family and others for support. Lincolnshire County Council Adult Social Care currently has around 1760 people that meet the threshold for adult care services registered as being eligible. If individuals do not meet the threshold, they are still provided with information and advice about other sources of help and support where possible.

Lincolnshire County Council’s Intake Team provides support for young people with learning disabilities as they transit to Adult Social Care services.

Where adults with learning disabilities meet the threshold for adult care, the following services are available:

\(^4\) “A health needs assessment for adults with learning disabilities in Lincolnshire”, April 2012
**Residential Care:** Lincolnshire County Council has a framework contract that includes a number of homes within the county. At the time of reporting there are 60 providers offering long and short term personal care within either a care home or care home with nursing provision. If placements are required outside of Lincolnshire, these are available via a spot contract. There is also a home based reablement service contracted on a 'cost and volume' basis.

**Community Supported Living:** Lincolnshire County Council has an Open Select list with 24 providers to deliver support to people that are able to either live in their own or family home. There are 12 domiciliary care block contracts in place.

**Day service provision:** Lincolnshire County Council offers days care services from 12 day centres that are owned by the local authority and from a number in the private sector via individual contracts. At present, a procurement exercise is underway to procure a framework for independent day service provision. At the time of reporting the number of providers is 19. Transport to Lincolnshire County Council's day centres is provided only where service users have no other means of accessing the facilities.

**Advocacy:** this service has recently been re-procured and is jointly funded with Children's Services. In order to access advocacy people must be in receipt of services from either Children's Services or Adult Social Care, except where there are safeguarding issues. The contract is held by Voiceability, in partnership with Barnados, Age UK and the Lincolnshire Advice Network, under the brand name of 'Total Voice'.

**Employment Support for adults with learning disabilities, autism and mental health problems:** this service is being managed by Lincolnshire County Council and provided by Boston College as a result of a grant from the Lincolnshire Health & Wellbeing Board. The project operates under the brand name of 'Step Forward'.

**(v) Workforce**

The health and care sector has one of the highest rates of unfilled vacancies in the county, which reflects the situation nationally. In Lincolnshire, the hardest to fill vacancies are those in the district of East Lindsey, particularly on the coastal strip. Feedback from clinical professionals suggests the following as possible contributory factors:

- entry requirements for basic nurse training are prohibitive (i.e. 5 GCSEs grade A*-C, 280 points at Advanced level or Access to Higher Education Diploma)
- there is no provision for medical training in Lincolnshire
1.1.4 Future development

Organisations involved in the delivery of health and social care services in Lincolnshire have agreed to work together to ensure that services continue to meet the needs of the population within financial constraints. Lincolnshire Health and Care (LHAC) is a programme of work which started in 2013 (at that stage under the name "Lincolnshire Sustainable Services review") as a result of health and care organisations in the county recognising that existing services did not adequately meet the needs of residents. Due to growing demands and financial pressures organisations realised that doing nothing about the issue was simply not an option. By the time the programme started, early financial modelling had established that, in five years' time, health and care commissioners would face a considerable budget deficit that would increase if no action was taken.

Because of this, all the health and social care organisations in Lincolnshire (all four of the county’s Clinical Commissioning Groups (CCGs), United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Lincolnshire Community Health Services NHS Trust, Lincolnshire County Council, Lincolnshire LMC, Healthwatch Lincolnshire, Lincolnshire Care Association and East Midlands Ambulance Services NHS Trust) agreed to come together to design a new model for health and care in Lincolnshire which would enable people to access the right services at the right time now and in the future.

1.1.5 Transforming Care Plan

Organisations involved in the development of this plan include:

- Lincolnshire East CCG
- Lincolnshire West CCG
- South Lincolnshire CCG
- South West Lincolnshire CCG
- Lincolnshire County Council
- NHS England
- Lincolnshire Partnership NHS Foundation Trust
- Lincolnshire Learning Disability Partnership Board
- Lincolnshire Autism Partnership Board
- Lincolnshire Health and Care (LHAC)

Other key partners that will be engaged as the plan develops include:

- Lincolnshire Police
- East Midlands Ambulance Services
- Lincolnshire Community Health Services
Service users, their families and carers
Lincolnshire community

The diagram below shows the boundaries within the Lincolnshire Transforming Care Partnership:
Population distribution of adult social care learning disability service users across Lincolnshire by electoral ward (2010 boundaries) and the location of Care Quality Commission.
1.2 Governance arrangements:

The Transforming Care Partnership (TCP) Board will locally report into the Specialist Adult Services Delivery Board which in turn is accountable to the Lincolnshire Joint Commissioning Board (JCB) which in turn is accountable to respective Partner Organisations and reports to the Health and Wellbeing Board. The TCP Board will also facilitate reporting to NHS England in line with national reporting and accountability requirements.

The TCP Board\(^5\) will meet monthly or more frequently if this is necessary. The TCP Board meeting must have attendance from at least 1 standing member from CCG’s and 1 standing member from LCC for the meeting to be quorate.

The TCP Board will also have a number of sub-group work streams, which are detailed in Section 5 of this plan.

Lead commissioning arrangements, aligned and pooled budgets and risk share agreements that support the delivery of the TCP Transformation Plan will be agreed by CCG’s, Lincolnshire County Council and other contributing partners via their respective organisational governance arrangements.

The TCP Board will have oversight of the effective use of resources and of the necessary quality; however operational responsibilities, in relation to resources deployed and services commissioned or provided, will remain the responsibility of the respective lead commissioner or provider. It is recognised that opportunities for an expansion of existing lead commissioner arrangements may be considered as part of the Transformation programme.

\(^5\) Terms of Reference – see Appendix C
The initial key partners in establishing the TCP are South West Lincolnshire CCG, Lincolnshire East CCG, South Lincolnshire CCG, West Lincolnshire CCG and Lincolnshire County Council.

Of the four CCGs, South West Lincolnshire CCG will lead the NHS input to the programme in line with their wider Joint Commissioning responsibilities for Learning Disability, Autism and Mental Health. The Chief Nurse for South West Lincolnshire CCG will undertake the role of Senior Responsible Officer’ SRO.

There will also be a Deputy SRO representing Lincolnshire County Council. This role will be fulfilled by the Assistant Director for Specialist Adult Services within Adult Care. The Chief Commissioning Officer for Children’s Services will also be a member of the TCP and will provide advice and support to the TCP Board on Children and Young People related commissioning matters including SEND, CAMHS and transitions. Membership of the Board will evolve over time and will include representation from experts by experience. There will also be clearly defined links with the local Safeguarding Children Board and the Safeguarding Adults Board, which will provide opportunities to ensure there is adequate involvement by the wider partnership, for example, Police, local prison governor and district councils, without duplicating effort by increasing the number of meetings that stakeholders will need to attend.

The Board will have an Involvement sub-group which will be the key vehicle for involvement and co-production. However, the TCP will also work closely with the Learning Disability and Autism Partnership Boards, the Mental Health Network, the Integrated Personal Commissioning Stakeholder Group which will provide access to wider stakeholder representation from people with learning disabilities and Autism, their families and carers. The partnership boards will, in turn, hold the TCP Board to account for the priorities identified within the Transformation Plan agreed.

1.2.1 TCP Board Membership

The TCP Board will have the following standing members:

- Executive Nurse South West Lincolnshire CCG (SRO)
- Assistant Director Specialist Adult Services (Deputy SRO), LCC
- Chief Commissioning Officer Children’s Services, LCC
- GP Representation from Lincs West CCG
- Head of Commissioning for Learning Disabilities and Autism, SW CCG
- County Manager, Learning Disabilities, LCC
- TCP Programme Manager
- IPC & PHB Programme Manager, LCC
- Finance Representative CCG
- Finance Representative LCC
- Consultant in Public Health medicine
- Expert by Experience – Autism, SW CCG
Expert by Experience – Learning Disability

Clinical representation is provided by the GP with a special interest and experience in mental health and learning disabilities; the Chief Nurse (SW CCG); the Head of Commissioning for Learning Disabilities and Autism, who is a registered practitioner and represents nursing nationally on the National Institute for Clinical Excellence (NICE) guidelines for learning disability and mental health, the quality standards and the learning disability and challenging behaviour national service model; the County Manager for Learning Disabilities; the Consultant in Public Health Medicine.

Additional attendees may be invited when certain issues are being discussed and they need to report on progress, answer questions or provide specialist clinical advice and opinion; for example, the Criminal Justice System, employment and skills. Additional attendees should be agreed by both LCC and CCG prior to the commencement of the meeting the attendees will be invited to attend. The TC Partnership is currently seeking representation from the Police and the local prison service.

Other work stream sub-groups will be established to ensure the TCP has representation from:

- Involvement Groups,
- Specialised Commissioning;
- Key Providers including (LPFT) and Voluntary & Independent Sector;
- Housing commissioners and providers;

These working groups will also include a high level of involvement from clinicians and people with lived experience and their carers.

1.2.2 Roles and Responsibility of TCP Board members

For details of roles and responsibilities see Appendix A.

1.3 Stakeholder engagement arrangements

Service user engagement is an integral aspect of our commitment to improve outcomes & services and to ensure that the services we do commission best meet the needs of our local people. We have already commenced a ground-breaking programme of meaningful and active participation within our commissioning services. Examples of some of our user opinions can be found in Appendix B.

Lincolnshire is in the process of redesigning its learning disability and autism health services. In September and October 2015, the Clinical Commissioning Group together with Lincolnshire Partnership Foundation Trust facilitated initial engagement events with service users and their carers to learn about the current provision and to ask what is working well and what could be improved. Further specific engagement events were held in January
2016. This initial engagement has informed the initial thinking behind the health community based services redesign.

The engagement events were held at different times of the day and at different areas across the county to make it easier for people to attend. Over 800 invitations were sent out directly to service users, their families and carers; in addition, as many people as possible were informed by networking and word of mouth. Events were hosted by people that have experience of working with people with a learning disability and/ or autism so that they could adapt their communication style to meet the needs of people attending. Invitations were all in easy read and included a photograph of the event host. Lots of reported afterwards that this was the reason they attended and that it made them feel that they would be listened to and that they felt less nervous because people were smiling in the photographs.

An Involvement group has been established in order to make sure that the engagement and involvement of stakeholders is meaningful. This group is made up of individuals across the age and ability range and will be involved throughout the whole process of the transformation for learning disability and autism services. Some people with autism reported that they did not think they would find it helpful to attend a meeting about learning disabilities, whereas others reported that they want to learn about both services. As a result, the group has been split into two parts: one for learning disability and one for autism. The groups run straight after each other so that people can attend both if they wish.

One example of how the involvement group(s) will be involved is to help choose the names of services and the job titles of people; feedback from the engagement events showed that these factors are important to service users.

As a result of further feedback from the first engagement events, all information is now sent out in easy read format. This is to try and make it accessible for everyone. This means that professionals and service users all receive the same information about engagement and redesign.

Additionally, Transforming care and transformation of learning disability and autism health services has been discussed within the autism and learning disability partnership boards and their sub groups to maximise engagement and involvement. The Transforming Care Partnership Plan is to be shared in patients’ council and comments to be fed back to the TCP board.

It was encouraging that so many people with a learning disability and/ or autism came to the engagement events but it is acknowledged that, for some people with a learning disability, their voice cannot be heard in this way. It is intended, therefore, to try and think creatively to hear the voice of those with a more severe and profound learning disability moving forward and to use Advocate support where this may be helpful.

Specific engagement events undertaken across the county, looking at specialist health services as detailed above, have helped to provide information about what is most important to service users and families/ carers, including:
- When people gain access to the specialist learning disability community health services they find them really useful. However, it is really difficult to navigate around and to find out to whom people should be referred. Carers and family members said that a ‘hub’ type system would work really well.
- Carers and family members often felt that they had to fight to access a service and only really knew what was available once it was too late.
- Service users their families and carers feel that all services are Lincoln based.
- Lots of people who have been through the autism diagnostic pathway felt they had to wait too long and that the journey is unclear
- Many people with autism and no learning disability felt that they ‘fall through the gap’ and that there are not services available for them, especially if they have mental health problems.

The learning disability and autism partnership boards offer a real opportunity for coproduction in Lincolnshire and have been used regularly to work together with people of all ages and abilities across the county to develop the transformation plan. The Head of Commissioning for Learning Disabilities and Autism chairs the Autism Partnership Board and the County Manager and Head of Commissioning for Learning Disabilities and Autism both attend the Learning Disability Partnership Board:

- The learning disability partnership board is very clear that they do not think people with a learning disability should be admitted to hospital because of their learning disability or autism or challenging behaviour.
- The learning disability partnership board is disappointed that some people still have to stay in hospital a long time, especially after winterbourne view.
- The learning disability partnership board watched the Justice for LB film and all agreed it is important for learning disability and autism services to improve across the whole country.
- The Autism partnership board is committed to raising awareness of autism across all commissioned services.
- The autism partnership board is helping commissioned services to make sure they are making reasonable adjustments so that people with autism can meaningfully access them.
- Specific workshops have been undertaken and are in progress with the sub groups of the partnership boards to ensure co-production around the TCP plan.

Representatives of the TCP Board are also involved in the commissioning of mental health services, including for children, young people and adults with learning disabilities and/or autism. The main provider of mental health services, the Lincolnshire Partnership NHS Foundation Trust (LPFT), has strong links with organisations in the third sector through SHINE, which is the award winning mental health network in Lincolnshire; LPFT also manages the Recovery College for the county.
SHINE provides information about support services available to people that either have experienced or are experiencing mental ill health, their families, friends, carers, employers and colleagues and are often the first stop for people wanting to find out about support available, taking a 'no wrong door' approach.

The diagrams below show the current format of the Learning Disability Partnership Board and the Autism Partnership Board with their respective working groups:

**Fig 1: Learning Disability Partnership Board**

![Lincolnshire Learning Disability Partnership Board Diagram]

- Healthy Lifestyles
- Staying Safe
- Services & Involvement

**Fig 2: Autism Partnership Board**

![Lincolnshire Autism Partnership Board Diagram]

- Awareness & Training
- Involvement & Collaboration
- Data & Information
- Service Provision

**1.4 Co-production**

Employing people with a learning disability and/ or autism to co-produce transformation shows dedication and meaningful action towards achieving full system change. Lincolnshire’s Transforming Care Partnership has invested in employing an autism expert by experience worker initially to champion co-production of Lincolnshire’s all age autism strategy and now to do the same with the Lincolnshire TCP plan. This post has been instrumental in ensuring services commissioned co-produced. One example of this is the development of a reasonable adjustment mark for commissioned services. The coproduction sub group of the Autism Partnership Board that is led by the autism expert by experience worker is aligned to the TCP. Due to the success of the autism expert by experience worker the recruitment of a learning disability expert by experience worker is currently being pursued. This will be developed in a meaningful way with those have lived
experience of learning disability, although it is recognised that this will be a different type of role in order to ensure a similar level of success.

The TCP is also developing and recruiting to a dedicated transforming care team to embed and champion the transformation. Part of the recruitment process has included a lived experience panel which is made up solely of people with a lived experience of a learning disability and/ or autism. Reasonable adjustments used within this process include communication cards, softened lighting, adapted scoring sheets, use of a time keeper and support with record keeping. The evaluation from both candidates and panel was really positive as demonstrated below:

“I have extensive professional experience of working with experts by experience in a professional capacity. Furthermore, in the recruitment process I have always actively involved service users, where possible, in the process. However, my interview with South West Lincolnshire CCG was my first experience as an interview candidate where there were three aspects to the interview, all carried equal weighting. For me, the most meaningful part of the process was the panel interview with people with lived experience of autism. Although there was a member of CCG staff present at the panel, they did not directly participate and were purely there if needed to prompt in relation to time keeping. I felt the most relaxed that I ever have during an interview and truly valued the experience. I was aware that the CCG employ an expert by experience who has autism but to have a dedicated lived experience panel was a phenomenal experience and the co-production with people with a learning disability and autism was evident throughout the interview process.”

Interview Candidate for Transforming Care Manager Role (January 2016).

As per the diagram in section 1.3, Lincolnshire has a Learning Disabilities Partnership Board with three sub groups. However, it is acknowledged that the Board and its sub groups will be more effective once priorities are aligned to the Transforming Care Plan. Whilst the present Board has no defined age focus, it is recognised that it needs to be made clearer that the issues of children, young people and adults will be accommodated.
2. Understanding the status quo

2.1 Population/ demographics

2.1.1 Adults

The below shows the estimated number of adults aged 18 and over by the characteristic of their learning disability:

<table>
<thead>
<tr>
<th>Population</th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-64</td>
<td>733,200</td>
<td>758,800</td>
<td>806,500</td>
</tr>
<tr>
<td>65+</td>
<td>423,400</td>
<td>425,700</td>
<td>424,700</td>
</tr>
<tr>
<td>18-64</td>
<td>168,300</td>
<td>185,600</td>
<td>228,200</td>
</tr>
<tr>
<td>65+</td>
<td>10,268</td>
<td>10,325</td>
<td>10,341</td>
</tr>
<tr>
<td>18-64</td>
<td>3,493</td>
<td>3,881</td>
<td>4,747</td>
</tr>
<tr>
<td>65+</td>
<td>2,333</td>
<td>2,346</td>
<td>2,368</td>
</tr>
<tr>
<td>65+</td>
<td>479</td>
<td>555</td>
<td>615</td>
</tr>
<tr>
<td>18-64</td>
<td>613</td>
<td>614</td>
<td>627</td>
</tr>
<tr>
<td>65+</td>
<td>191</td>
<td>192</td>
<td>191</td>
</tr>
<tr>
<td>18-64</td>
<td>4,163</td>
<td>4,189</td>
<td>4,202</td>
</tr>
<tr>
<td>65+</td>
<td>1,596</td>
<td>1,765</td>
<td>2,171</td>
</tr>
</tbody>
</table>

The table below shows the number of adults with a learning disability that are known to and receiving services from Adult Social Care and who also have a mental health need and/or display challenging behaviour

<table>
<thead>
<tr>
<th>Area team</th>
<th>Total with LD/ASD</th>
<th>MH</th>
<th>Challenging behaviour</th>
<th>MH and challenging behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantham</td>
<td>140</td>
<td>54 (+3)</td>
<td>66 (+7)</td>
<td>38</td>
</tr>
<tr>
<td>Lincoln/N.Hykeham</td>
<td>372</td>
<td>67</td>
<td>127</td>
<td>37</td>
</tr>
<tr>
<td>Stamford/Bourne</td>
<td>119</td>
<td>26 (+8)</td>
<td>30 (+12)</td>
<td>9 (+2)</td>
</tr>
<tr>
<td>West Lindsey</td>
<td>234</td>
<td>12 (+2)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intake (transitions)</td>
<td>77</td>
<td>6</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Boston</td>
<td>tbc</td>
<td>tbc</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>Louth</td>
<td>tbc</td>
<td>tbc</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>Sleaford</td>
<td>97</td>
<td>13 (+1)</td>
<td>21 (+5)</td>
<td>2</td>
</tr>
<tr>
<td>Skegness</td>
<td>tbc</td>
<td>tbc</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>Spalding</td>
<td>166</td>
<td>17</td>
<td>27</td>
<td>3</td>
</tr>
</tbody>
</table>

Data regarding the 5 cohorts specifically is not currently available. However, the table below uses the most recent data available to show the number of adult service users of adult social

---

6 PANSI and POPPI
care that live in wards where there are high numbers of children living in poverty, as proxy data for the fifth group of the 5 cohorts, i.e. the with lower level health or social care needs that have a social disadvantage.

<table>
<thead>
<tr>
<th>Electoral ward (10/180)</th>
<th>No. of service users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gainsborough East</td>
<td>35</td>
</tr>
<tr>
<td>Earlesfield</td>
<td>7</td>
</tr>
<tr>
<td>Glebe</td>
<td>32</td>
</tr>
<tr>
<td>Birchwood</td>
<td>26</td>
</tr>
<tr>
<td>Abbey</td>
<td>11</td>
</tr>
<tr>
<td>Moorland</td>
<td>24</td>
</tr>
<tr>
<td>Park</td>
<td>15</td>
</tr>
<tr>
<td>Gainsborough North</td>
<td>10</td>
</tr>
<tr>
<td>Fenside</td>
<td>12</td>
</tr>
<tr>
<td>Minster</td>
<td>36</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>208</strong></td>
</tr>
<tr>
<td><strong>% of total</strong></td>
<td><strong>10.9%</strong></td>
</tr>
</tbody>
</table>

2.1.2 Children and young people

The most recent school census data available shows there are 10,137 children and young people that have special educational needs relating to either a learning difficulty, learning disability or emotional and/or behavioural problem in Lincolnshire schools; there are 438 children and young people whose learning difficulty or disability is either severe or profound and 1332 with autistic spectrum disorder.

There are 138 Lincolnshire children and young people with either learning disabilities, autistic spectrum disorder or emotional and/or behavioural problem in either independent or non-maintained schools, of which 41 are in the county and 28 are in counties bordering Lincolnshire.

The latest information from NHS England shows there is currently 1 Lincolnshire young person with a learning disability and/or autism with a mental health problem or displaying challenging behaviour in an in-patient CAMHS facility.

Data regarding the number of children with a learning disability and/or autism that also have a mental health problem, display challenging behaviour and live in areas of deprivation is not currently available. Child poverty\(^7\) has, therefore, been used as a proxy measure to illustrate whether or not those in this cohort are more likely to live in wards where the number living in poverty is high, medium or relatively low.

The table below shows the number of children and young people with a learning disability and/or autism that live in wards where there are also high, mid range and low numbers of children living in poverty.

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\(^7\) The most recent child poverty data is available at [http://www.research-lincs.org.uk/LROPresentationTools/UI/Pages/MappingTool.aspx](http://www.research-lincs.org.uk/LROPresentationTools/UI/Pages/MappingTool.aspx)
<table>
<thead>
<tr>
<th>Electoral wards (10/180) (high number of children living in poverty)</th>
<th>ASD</th>
<th>MLD</th>
<th>PMLD</th>
<th>SLD</th>
<th>SEMH</th>
<th>SPLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gainsborough East</td>
<td>18</td>
<td>67</td>
<td>0</td>
<td>6</td>
<td>52</td>
<td>8</td>
</tr>
<tr>
<td>Earlesfield</td>
<td>9</td>
<td>117</td>
<td>0</td>
<td>5</td>
<td>82</td>
<td>85</td>
</tr>
<tr>
<td>Glebe</td>
<td>48</td>
<td>68</td>
<td>0</td>
<td>7</td>
<td>53</td>
<td>21</td>
</tr>
<tr>
<td>Birchwood</td>
<td>35</td>
<td>84</td>
<td>0</td>
<td>7</td>
<td>61</td>
<td>35</td>
</tr>
<tr>
<td>Abbey</td>
<td>17</td>
<td>106</td>
<td>0</td>
<td>6</td>
<td>62</td>
<td>20</td>
</tr>
<tr>
<td>Moorland</td>
<td>34</td>
<td>109</td>
<td>5</td>
<td>0</td>
<td>82</td>
<td>24</td>
</tr>
<tr>
<td>Park</td>
<td>22</td>
<td>59</td>
<td>0</td>
<td>8</td>
<td>49</td>
<td>27</td>
</tr>
<tr>
<td>Gainsborough North</td>
<td>6</td>
<td>53</td>
<td>0</td>
<td>7</td>
<td>32</td>
<td>9</td>
</tr>
<tr>
<td>Fenside</td>
<td>16</td>
<td>84</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>38</td>
</tr>
<tr>
<td>Minster</td>
<td>30</td>
<td>42</td>
<td>0</td>
<td>8</td>
<td>36</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>235</strong></td>
<td><strong>789</strong></td>
<td><strong>5</strong></td>
<td><strong>54</strong></td>
<td><strong>556</strong></td>
<td><strong>286</strong></td>
</tr>
<tr>
<td><strong>Total on roll (Lincolnshire residents)</strong></td>
<td><strong>1332</strong></td>
<td><strong>4675</strong></td>
<td><strong>168</strong></td>
<td><strong>333</strong></td>
<td><strong>2364</strong></td>
<td><strong>2561</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electoral ward (10/180) (middle range number of children living in poverty)</th>
<th>ASD</th>
<th>MLD</th>
<th>PMLD</th>
<th>SLD</th>
<th>SEMH</th>
<th>SPLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Margaret’s</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Eagle, Swinderby &amp; Witham St Hugh’s</td>
<td>13</td>
<td>28</td>
<td>-</td>
<td>-</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Sutton on Sea South</td>
<td>5</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Heighington and Washington Borough</td>
<td>10</td>
<td>23</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Toller</td>
<td>10</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Welton</td>
<td>15</td>
<td>25</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Wragby</td>
<td>11</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Ashby de la Launde &amp; Cranwell</td>
<td>13</td>
<td>29</td>
<td>-</td>
<td>-</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Bassingham &amp; Brant Broughton</td>
<td>6</td>
<td>27</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Central</td>
<td>-</td>
<td>16</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>91</strong></td>
<td><strong>192</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>97</strong></td>
<td><strong>153</strong></td>
</tr>
<tr>
<td><strong>Total on roll (Lincolnshire residents)</strong></td>
<td><strong>1332</strong></td>
<td><strong>4675</strong></td>
<td><strong>168</strong></td>
<td><strong>333</strong></td>
<td><strong>2364</strong></td>
<td><strong>2561</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electoral ward (10/180) (low number of children living in poverty)</th>
<th>ASD</th>
<th>MLD</th>
<th>PMLD</th>
<th>SLD</th>
<th>SEMH</th>
<th>SPLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>-</td>
<td>19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>St Mary’s</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Witham Valley</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Barrowby</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>21</td>
</tr>
<tr>
<td>Leasingham and Rauceby</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tetford</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Hillsides</td>
<td>-</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Legbourne</td>
<td>-</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>North Hykeham Forum</td>
<td>5</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>West</td>
<td>-</td>
<td>9</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>72</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>13</strong></td>
<td><strong>71</strong></td>
</tr>
<tr>
<td><strong>Total on roll (Lincolnshire residents)</strong></td>
<td><strong>1332</strong></td>
<td><strong>4675</strong></td>
<td><strong>168</strong></td>
<td><strong>333</strong></td>
<td><strong>2364</strong></td>
<td><strong>2561</strong></td>
</tr>
</tbody>
</table>
The data in the three tables above show that:

- 17.6% of children and young people with autism on a school role live in wards where the number of children living in poverty is high, compared with 6.8% in wards where numbers are average and 0.4% in wards where numbers are low
- 16.9% of children and young people with a moderate learning difficulty and/or learning disability on a school role live in wards where the number of children living in poverty is high, compared with 4.1% in wards where numbers are average and 1.5% in wards where numbers are low
- 16% of children and young people with a severe learning difficulty on a school role live in wards where the number of children living in poverty is high, compared with 0% in wards where numbers are average and 0% in wards where numbers are low
- 23.5% of children and young people with a social, emotional and mental health problem on a school role live in wards where the number of children living in poverty is high, compared with 4.1% where numbers are average and 0.5% in wards where numbers are low
- The most recent school census data available shows there are 10,137 children and young people that have special educational needs relating to either a learning difficulty, learning disability or emotional and/or behavioural problem in Lincolnshire schools; there are 438 children and young people whose learning difficulty or disability is either severe or profound and 1332 with autistic spectrum disorder.
- There are 138 Lincolnshire children and young people with either learning disabilities, autistic spectrum disorder or emotional and/or behavioural problem in either independent or non-maintained schools, of which 41 are in the county and 28 are in counties bordering Lincolnshire.
- The latest information from NHS England shows there is currently 1 Lincolnshire young person with a learning disability and/or autism with a mental health problem or displaying challenging behaviour in an in-patient CAMHS facility.

2.1.3 Autism

An analysis of autism prevalence in Lincolnshire has been undertaken by the Lincolnshire Autism Partnership Board data and information group. The analysis is based on the number of people registered with local GPs who have a diagnosis of autism recorded on their record. This includes people with Asperger’s and those with multiple disabilities, for whom autism may not be the principal diagnosis. The figures may exclude people who have obtained a private diagnosis. The data was extracted from the GP Read Codes by around 1st May 2015, based on CCG. Population data used to calculate prevalence comes from Lincolnshire Research Observatory’s (LRO) population projection tool that uses Office for National Statistics 2012-models from census data. A summary of findings is detailed below:

- 3,822 known cases of autism of which,
- 72% are children
- 80% are male
- 49% are in Lincolnshire West CCG

The analysis goes on to explain that it could be estimated that as many as 5,600 adults in Lincolnshire would qualify for a diagnosis of autism.
2.2 Analysis of inpatient usage by people from the transforming care partnership

The most recent information available from NHS England suggests there is only one young person from Lincolnshire occupying an inpatient bed.

The number of Adult commissioned beds with a learning disability specialist hospital in April 2014 was 24, not including patients in mainstream mental health hospitals. 5 of the original 24 remain inpatients and are being monitored for progress by the Area Teams and within the CCG transforming care processes. There have been some new admissions since April 2014, i.e. as a result of a change in definition/scope, but overall a significant net reduction of 15 learning disability specialist hospital inpatient placements.

The table below shows the current number of patients by CCG in a specialist learning disability bed as at January 2016:

<table>
<thead>
<tr>
<th>CCG</th>
<th>No. of inpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Lincolnshire</td>
<td>2</td>
</tr>
<tr>
<td>West Lincolnshire</td>
<td>3</td>
</tr>
<tr>
<td>South Lincolnshire</td>
<td>1</td>
</tr>
<tr>
<td>South West Lincolnshire</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Additional scoping and work with the mainstream mental health services has identified people who are inpatients in mainstream mental health hospitals who either have a diagnosis of a learning disability and/ or autism . As of January 2016 the breakdown across CCGs is as follows:

<table>
<thead>
<tr>
<th>CC</th>
<th>No. of inpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Lincolnshire</td>
<td>1</td>
</tr>
<tr>
<td>West Lincolnshire</td>
<td>8</td>
</tr>
<tr>
<td>South Lincolnshire</td>
<td>3</td>
</tr>
<tr>
<td>South West Lincolnshire</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

2.3 The current system

The current system for commissioning and providing services for people with Learning Disability and or Autism has four key blocks which are to some degree fragmented areas of commissioning and provision. These are:

- Specialised Commissioning: of Secure placements for Adults and CAMHS Tier 4 and other specialist inpatient provision for Children and Young People. These services are currently commissioned directly by NHS England and there is currently limited
information about current levels of activity available to the Lincolnshire CCG's or the County Council.

- A Payment by Results (PBR) contract: with Lincolnshire Partnership NHS Foundation Trust for Secondary Care Mental Health and specialist Learning Disability Services. These services are commissioned by South West Lincolnshire CCG on behalf of all 4 Lincolnshire CCG's.

- A section 75 Agreement: with pooled fund that commissions care for Adults aged 18+ with Learning Disabilities that meet Adult Social Care eligibility thresholds. Where these people also have eligible Continuing Health Care (CHC) needs and are the responsibility of Lincolnshire CCG’s care needs will also be commissioned and funded via the section 75 agreement.

- Children's Services: CAMHS and SEND provision commissioned via Lincolnshire County Council on behalf of Lincolnshire County Council and the 4 Lincolnshire CCG's.

The tables below show the current system regarding the number of adults in inpatient beds within and outside of the area:

<table>
<thead>
<tr>
<th>TCP inpatient population in beds in footprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit (NHS)</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Long Leys Court</td>
</tr>
<tr>
<td>Healthlink House, Welton</td>
</tr>
<tr>
<td>Meadow View, Gainsborough</td>
</tr>
</tbody>
</table>

The local inpatient service, Long leys Court, is temporarily closed owing to safety and quality concerns. An interim measure is in place that is a community model with home based assessment and treatment, whilst consideration of the future provision is underway. The TCP area has not used Meadow View and it is unclear whether or not it is used by other areas. Healthlink House in Welton currently has two TCP patients, both of whom are due for discharge by June 2016. The commissioners plan to meet with this provider to consider future commissioning arrangements with a focus on community provision and outreach models.
### TCP inpatient population beds outside footprint (out of area)

<table>
<thead>
<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE?</th>
<th>Type of bed</th>
<th>No. of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Townend Court, Humber NHS, Hull</td>
<td>CCG</td>
<td>A&amp;T and rehab</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Sherwood House, Cambian, Mansfield</td>
<td>CCG</td>
<td>Locked rehab</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Milton Park, Brookdale Care, Bedford</td>
<td>CCG</td>
<td>Rehab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Oaks, Cambian, Mansfield</td>
<td>CCG</td>
<td>Rehab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>St Andrews, Newstead Ward</td>
<td>NHSE</td>
<td>Low secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheswold Park</td>
<td>NHSE</td>
<td>Medium secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bradley Woodlands</td>
<td>NHSE</td>
<td>Low secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Andrews, Northampton</td>
<td>NHSE</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Andrews, Nottinghamshire</td>
<td>NHSE</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calverton Hill</td>
<td>NHSE</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burston House</td>
<td>NHSE</td>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadland Clinic</td>
<td>NHSE</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Patients with LD/ASD diagnosis in mainstream Mental Health beds (in area)

<table>
<thead>
<tr>
<th>Location</th>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE</th>
<th>Type of bed</th>
<th>No. of commissioned/contracted by TCP</th>
<th>No. of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln</td>
<td>Discovery House, LPFT</td>
<td>CCG</td>
<td>Locked and open rehab, Mainstream MH</td>
<td>Block contract with LPFT and CCGs</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Boston</td>
<td>Ward 12</td>
<td>CCG</td>
<td>Acute MH ward</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
## Patients with LD/ASD diagnosis in mainstream Mental Health beds (out of area)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>St Andrews</td>
<td>CCG</td>
<td>PICU</td>
<td>Spot contract</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Manchester,</td>
<td>Recovery First</td>
<td>CCG</td>
<td>Rehab</td>
<td>Spot contract</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Widness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chesterfield</td>
<td>Acer Clinic, Cambian</td>
<td>CCG</td>
<td>Rehab</td>
<td>Spot contract</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>London</td>
<td>National Psychosis</td>
<td>CCG</td>
<td>Acute MH</td>
<td>Spot contract</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unit, SLAM</td>
<td></td>
<td>ward</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It should be noted that whilst there are other universal services available to people with Learning Disabilities and Autism the local early help offer from Neighbourhood teams and wellbeing and community networks is under developed and is a key area for strengthening. Further details of the 3 local blocks of provision (excluding specialised commissioning) for people with high levels if need are provided below.

### 2.3.1 Section 75 agreement

Lincolnshire County Council is the lead commissioner for Adult Social Care and CHC community based learning disability services through a section 75 arrangement which includes pooled funding arrangements. This provides a strong foundation of existing joint commissioning and integrated provision upon which there are opportunities to expand to incorporate wider Transforming Care Partnership provision. A summary of the key elements of provision included within the Section 75 Agreement is as follows:

- Assessment and care management
- Care support planning
- Care coordination for relevant service users
- Residential and Some Nursing Care
- Community Supported Living
- External Day Services
- Direct Payments
- Some Transport services
- Some Community Nursing
- Carers assessment
- Continuing health care assessments

### 2.3.2 Health

Lincolnshire Partnership Foundation Trust (LPFT) is the main provider for the specialist learning disability health services through a Payment by Results contract with the four CCGs. These services are shown in the diagram below:
The diagram shows that the contract includes 16 Specialist inpatient hospital beds for people with a Learning Disability which is supplemented by the procurement of additional Learning Disability specialist inpatient placements on a spot basis from other providers.

There is a plan to launch a consultation regarding the possible closure of Long Leys Court in Lincoln. This inpatient facility, which is owned and run by LPFT, has recently been the subject of an inspection by the Care Quality Commission following identified concerns and is currently subject to a temporary closure. This has meant that, for a short period of time, 3 Lincolnshire residents have been relocated to out of county placements. However, this was undertaken to ensure improvements in the quality of care delivery and aims to improve the treatment plans and recovery of patients.

The contract with LPFT does however facilitate a number of other placements in Mainstream Mental Health inpatient placements for people with a Learning Disability which have been facilitated via the LPFT Green Light Liaison Service.

As well as the Green Light Liaison service the diagram illustrates that the contract with LPFT also offers a number of other secondary care services for specialist support to people with Learning Disability and or Mental Health Services.

The diagram also notes a link with Local Authority (LA) care management which is provided separately via the section 75 agreement. There is however an existing interface with the LA care management activity and the secondary care provision with respective commissioners working closely together to co-ordinate services and support.

The LA will make referrals to the services provided by LPFT and there have been some success in reducing the need for inpatient admissions, improved access to other universal services and supporting people with Learning Disability and / or Autism at time of Crisis. However these non- inpatient secondary care services provided by LPFT are limited in
capacity and waits for access to help and support can be experienced. The services are also fairly centralised and do not link seamlessly with other community based provision.

**2.3.3 Children and young people**

Lincolnshire County Council is the lead commissioner for children and young people's mental health services (CAMHS) Tier 3 and 2 which include those with a learning disability or autism. The learning disability and autism specific elements of the service provided include:

- Autism diagnostic pathway
- Children’s learning disability mental health community pathway

Because of ongoing difficulties of sourcing Tier 4 CAMHS provision by NHS England, Children’s Services have made proposals to develop a Tier 3 plus CAMHS service that could fill gaps in local provision and help to avoid the need for Tier 4 inpatient provision. Business Cases have been submitted to the CCG’s for approval of funding.

Children and young people with a diagnosis of a severe learning disability and/or autism that also have a mental health disorder or display challenging behaviour will receive support through an Education, Health and Care Plan (EHCP), where their needs meet the threshold. The EHCP plan sets out needs, outcomes and the provision required to meet these and to ensure accountability from each service. The EHCP plan is reviewed at least annually and while it is retrospective in the context of monitoring progress made, it is also a future planning tool that determines the next key transition and identifies the resources and interventions needed to provide the necessary support.

In Lincolnshire the Special Educational Needs and Disability (SEND) Team is not the provider of services to young adults with such needs but has the responsibility for ensuring that the agreed needs and outcomes for that cohort are met and that suitable, appropriate provision is made from commissioned services, including educational settings. The team is the key contact for the parents of young people with an EHCP plan or, where appropriate, the young people themselves and actively manage case work. The SEND Team works collaboratively with social care and health, within the statutory framework of the 2015 SEND Code of Practice, to ensure that the needs of young people with learning disabilities and/or autism are met. In summary the primary function of the SEND Team is to:

- Consider referrals for an EHC assessment
- Undertake assessments for those that meet the threshold
- Issue an EHC plan following assessment for those that meet the threshold
- Keep EHC plans under review
- Review the EHC plan at the appropriate chronological age with a view to focussing on transition to adulthood

The table below shows the number of children and young people in inpatient beds both within and outside of the area:
### TCP inpatient population in beds in footprint

<table>
<thead>
<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE?</th>
<th>Type of bed</th>
<th>No. of beds</th>
<th>No. of commissioned/contracted by TCP</th>
<th>No. of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

### TCP inpatient population beds outside footprint (out of area)

<table>
<thead>
<tr>
<th>Unit (NHS)</th>
<th>Unit (Non NHS)</th>
<th>CCG or NHSE?</th>
<th>Type of bed</th>
<th>No. of beds currently in use by TCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruby Lodge</td>
<td>NHSE</td>
<td>CAMHS-LD</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

#### 2.3.4 Children and young people in custody

Regarding children and young people in the criminal justice system, the SEND Team has two process guidance documents: the first applies to under 18s only as they can only be accommodated in secure children's home and so become Looked After Children; young adults with a learning disability and/or autism in secure estate are, in some cases, relevant to the SEND Team but only up to the age of 25 and then subject to specific conditions. All processes comply with the guidance in the SEND Manual.

Lincolnshire also commissions 52 week residential educational placements for 12 children and 38 week residential educational placements for 8 children. These relate to children and young people whose primary need has been identified as learning disability/learning difficulty and/or autism. However, it is recognised that there are many others for whom the primary need is classified as something different but who also have a learning disability/learning difficulty and/or autism.

### 2.4 The current estate

#### 2.4.1 Inpatient Learning Disability Beds

The only inpatient facility specifically for individuals with a learning disability commissioned via the CCG PBR contract with LPFT is Long Leys Court. This includes 4 locked rehabilitation and 8 assessment and treatment beds for adults. There are 4 open learning disability rehabilitation beds within the same trust and site which can be spot purchased making up a total of 16 in-patient beds. This facility is temporarily closed, however, owing to identified concerns and residents have been moved to out of county facilities.

There is also an independent hospital in Lincolnshire for people with a learning disability and autism called Health Link House. The CCGs can spot purchase a bed here in the same way as they would an out of area bed. At the time of this plan there is one Lincolnshire patient currently at this hospital.
Out of the 10 Lincolnshire individuals in a specialist Learning Disability hospital in January 2016 six are outside of Lincolnshire. Given the rurality of Lincolnshire it can mean less distance to travel for an individual to access a hospital bed in greater Lincolnshire or other neighbouring areas than the current provision which is available in central Lincoln.

There are CAMHS tier 4 beds at Ash Villa in Lincolnshire although these are not specifically for individuals with a learning disability. There are also acute mental health wards and rehabilitation wards that are not specifically for people with a learning disability. These wards will, however, treat patients whose needs can be met through reasonable adjustments if they have a learning disability and/or autism in addition to their mental health problem.

2.4.2 Adult Social Care

Lincolnshire County Council has a small number of accommodations, for community supported living, as per the table below:

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of people accommodated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louth (owned by LCC)</td>
<td>4</td>
</tr>
<tr>
<td>Spalding (owned by LCC)</td>
<td>5</td>
</tr>
<tr>
<td>Lincoln (owned by LCC)</td>
<td>4</td>
</tr>
<tr>
<td>Boston (leased from Boston Mayflower)</td>
<td>3</td>
</tr>
</tbody>
</table>

The majority of individuals live in accommodation owned by social landlords via a tenancy agreement. Some are multiple occupancy whereas others are individual flats or apartments. Where individuals lack capacity, this is managed through the Court of Protection. For some of these properties the local authority currently has nomination rights. There are, of course, individuals that independently rent through a private landlord, own their own property or have a tenancy agreement through one of the district councils.

Lincolnshire is a two-tier local authority, as follows:

- Lincolnshire County Council
- Boston Borough Council
- East Lindsey District Council
- Lincoln City Council
- North Kesteven District Council
- South Holland District Council
- South Kesteven District Council
- West Lindsey District Council

There are currently 694 people accommodated in community supported living and there is a framework agreement in place with 21 providers of this service. In addition, there are 12 block contracts with providers of domiciliary care.
Since the Winterbourne View Review, much work has been done to reduce the number of people in inpatient facilities. However, while the number to be resettled back into the county is low, there is likely to be the need for some capital investment in order to ensure that people can be housed in suitable accommodation.

2.5 The case for change

The Lincolnshire Transforming Care Partnership is committed to ensuring that people are only admitted to hospital as a last resort, where it is clinically indicated and that long term hospital stays are no longer considered. There are some big challenges ahead as the population data shows that there will be pressure on all services due to increasing numbers of people requiring support and the changing profile of these individuals indicating more complex needs. These will be key considerations for funding requirements to support future community based provision as well as in-patient beds.

The NHS collectively spends millions of pounds on the provision of in-patient care often with people placed a long way from home, family and friends. By re-investing that funding in community based support which supports people, families, social care and universal services at times of difficulty and crisis there is the opportunity to reduce the need for inpatient care and expensive children's and Adult Social Care placements whilst also improving outcomes for people with Learning Disability and/or Autism.

There needs to be equality for people with a LD and/or ASD to ensure there is equal access to all health services including general practice, physical healthcare, mental health services, psychological therapies and community nursing services. Supporting people to access Early Help at the point their need arises will help to ensure that needs do not escalate to a point where specialist services are needed. Universal services, Neighbourhood teams, wellbeing networks and community networks have a vital role to play in Early Help and wellbeing in addition to remodelled Secondary Care services.

Early Help extends to investing in Children's Services. CAMHS Tier 3 plus provision will not only reduce demand for Tier 4 CAMHS provision but can also be aligned with funding from Lincolnshire Schools to provide an integrated Behaviour Management Pathway for Children and Young People that can provide early help prior to and at time of crisis. This investment will also support a smoother transition to Adulthood which is a challenging time for people with Learning Disability and or Autism and for their families and carers.

Personalisation of support and care brings a life changing opportunity to increase choice, control and independence for people through increased use of personal budgets, Personal Health Budgets and Integrated Personal Commissioning. This also brings with it the opportunity for evolution away from traditional block provision to a more varied and vibrant market that offers tailored support to meet people's outcomes in a way they believe is best.

There is a commitment to ensuring that:

- there is greater choice for individuals regarding how and where they access services
any savings made as a result of decommissioning inpatient services are re-invested in community based support and preventative services

- there is greater integration between the commissioning and provision of health and social care

To enable this there needs to be:

- a seamless and collaborative approach across all commissioners (CCG, NHS England and Local Authorities) for people in Lincolnshire with a learning disability and/or autism and challenging behaviours.

- care and support redesigned to ensure that inpatient care is only used when it is the best place for the person concerned and all other options have been exhausted e.g. when it is mandated by the courts or for assessment and treatment when community provision not possible due to the nature and degree of the persons illness and risks.

- care and treatment reviews (CTR) to be business as usual including embedding community and blue-light CTRs.

- person centred care and support that is planned and delivered to individuals consistently by providers. Utilising outcome measures to ensure progress against goals.

- redesign of current service provision through review of commissioning intentions and a Learning Disability Commissioning Strategy to enable full system transformation.

- clear financial plans and risk share agreements that will be negotiated

- the Integrated Personal Commissioning (IPC) programme, which is a joint initiative between Lincolnshire County Council, the four Lincolnshire CCGs, voluntary sector partners and providers, working together to find a better way for local people to receive support for their complex health and social care needs. The aim is to tailor services and support around individuals and their families but mainly to enable people to have more choice and control over how their needs are met by making services more responsive to what matters most in their everyday lives, as well as keeping them safe and well.

The following information has been taken from the "Lincolnshire Sustainable Services Review: a blueprint for future health and care services in Lincolnshire":

"Health and social care services are currently commissioned and provided by a number of separate organisations. Service models have developed and evolved based on these partial views of the system – with services being fragmented by organisation boundaries, traditional professional distinctions and separate funding, regulation, physical locations and IT systems.

8 Lincolnshire Sustainable Services Review: a blueprint for future health and care services in Lincolnshire, final draft for consideration by organisational boards, Lincolnshire County Council and NHS Lincolnshire, November 2013; www.lincolnshire.gov.uk
Care professionals across Lincolnshire have strived to deliver the best possible care within this framework – but it has led to duplication, 'hand-offs' of people between organisations and a lack of clear end to end accountability for people’s health and social wellbeing. To many patients and members of the public, this brings confusion and uncertainty.

The current configuration not only constrains care professionals, but through duplication and uneven distribution of resources is not financially sustainable – either in the short term, and particularly not given the expected growth in the population and increasing older people. Some recent service quality issues also indicate a system under pressure – and that reform is required."

This work is currently being undertaken under the title of "Lincolnshire Health and Care".
3. Our Vision for the future

Lincolnshire’s Transforming Care Partnership Vision:

“Early help, wellbeing and quality personalised care and support will be foundation stones of our Lincolnshire Transforming Care Partnership offer. We will all passionately champion holistic and integrated community based support that minimises crisis and eliminates the need for inpatient care.”

It is widely recognised that general health is often poorer for people with a learning disability, much of which is avoidable. It is also the case that often the health need, whether mental health or physical health, will not be recognised as early and as such is often not treated until the need is acute. Additionally, sometimes symptoms of an illness are put down to an LD or ASD and so may not be recognised at all or until the need is chronic. The impact of these health inequalities is serious because as well as having a poorer quality of life, people with learning disabilities die at a younger age than people without a learning disability. The 2013 Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) and the more recent Mazars \(^9\) report (December 2015) shows examples of this.

Lincolnshire’s vision identifies how services will need to be commissioned and provided in the future to ensure that people with LD and/ or ASD, whose home is Lincolnshire, can expect the same access to health and social care services as those who do not have a LD and/ or ASD, that they are only expected to go to hospital for their mental health and/ or challenging behaviour when absolutely necessary and that their stay is as short as possible. The aim is to ensure that people feel safe in their own homes and that additional support provided to them meets their behaviour and health needs without the need to move home where possible.

The care and support available will be:

- Outcome focused and personalised;
- Informed by input from individuals, their family and carers;
- In line with best practice models of care;
- The right support, in the right place at the right time
- Closer to home;
- Value for money.

With regard to the projected end state for CCG commissioned adult beds the direction of travel is, where possible, for people with a LD/ASD to receive care and treatment in the community to reduce the need for inpatient admission. Where admission cannot be avoided if the person is able to access mainstream mental health services with reasonable adjustments the person will be admitted to a local mainstream mental health ward within reach and liaison from the LD/ASD health service. For people who need a specialist inpatient

\(^9\) Mazars report is available at [https://www.england.nhs.uk/tag/mazars/](https://www.england.nhs.uk/tag/mazars/).
admission a list of quality providers will be co-produced as part of the TCP implementation plan with people with lived experience, the community health provider and the commissioner. The patient will then be admitted to the placement on the list of approved providers who can best meet the person's needs and is as close to his/her home as possible. Given the rurality of the county, for some people this will actually reduce the distance to travel compared to an in county admission.

The table below shows the projected end state for the number of people in mainstream mental health beds within the area:

<table>
<thead>
<tr>
<th>TCP inpatient population in beds in footprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit (NHS)</td>
</tr>
<tr>
<td>Discovery House</td>
</tr>
<tr>
<td>Discovery House</td>
</tr>
</tbody>
</table>

The end state in relation to inpatient beds would be:

- 60-75% of the admissions at the end state should be in mainstream mental health hospitals with reasonable adjustments. It is anticipated that, unless these are specialist admissions, e.g. eating disorder, these will be in area unless there are exceptional circumstances.
- The admissions that are to specialist LD/ASD hospitals will, where possible, be to local independent provision if the community Care and Treatment Review (CTR) identifies that the placement can meet needs effectively. If the CTR recommends alternative provision, this will be sought from an approved list of providers that will be developed as part of the transforming Care Plan implementation and will include ensuring that:
  - the provider has agreed to the CTR process locally and the recommendations of the community CTR
  - it is as close as possible to the patient’s home
- assessment and treatment in the community, including a 72 hour crisis bed as avoidance of admission, is incorporated in the transformation; this will ensure that admission to hospital is a last resort
3.1 Milestones 2016-2018

- Transition existing long-stay patients into community based support.
- Engage and consult with the community and key stakeholders around changes in community health model.
- Prepare the workforce for change.
- Launch new service model for community health services for LD/ASD.
- KPI’s of new service model to be coproduced with service users and families and to include measurement of outcomes and patient/ carer satisfaction.
- Recruitment to transformation posts to support and champion the transformation of learning disability and autism services and care and treatment reviews.
- Map specialised commissioning in patients (Tier 4 and secure services), including anticipated step down to local services and impact of this on other areas of the TCP.
- Work with NHS England to clarify the definition of those at risk of admission to inpatient provision particularly in relation to Children and Young People;
- Develop and embed localised transforming care processes and agreements including crisis management in the community.
- Continue to embed CTRs as business as usual and work with providers and services users to progress transforming care register patients towards discharge.
- Develop Personal Health Budgets at pace through setting targets for Lincolnshire and Neighbourhood Teams.

3.2 Aspirations 2018-2019

- Robust crisis pathways in place for service users who are at risk of mental health crisis or behaviours that challenge. Including safe spaces that are not hospital.
- Procurement of placements for individuals includes anticipating behaviours that challenge and likelihood of mental health problems and contingency plans in place with providers.
- Increased use of integrated personal commissioning (IPC) and Personal Health Budgets (PHB).

Lincolnshire is one of nine national demonstrator sites, leading the way in developing a new model of care for those with health and/or social care funding. The programme is focussed on those with a learning disability, autism, mental health problem, dementia and young people in transition. Together with the other eight national sites Lincolnshire is working to develop standard replicable models for IPC. The programme has been tasked with developing these as a means of embedding common approaches and to ensure that replicable learning is available to the wider system.
<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>National planning assumptions based on no. of beds per million of the population</th>
<th>No. of beds currently commissioned</th>
<th>Variance</th>
<th>Assumed length of stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Secure services (locally commissioned beds)</td>
<td>11</td>
<td>22 (Includes 13 mainstream mental health inpatient placements)</td>
<td>11</td>
<td>Case by case basis, up to 18 months</td>
</tr>
<tr>
<td>Secure Services (NHSE commissioned beds)</td>
<td>19</td>
<td>13 (7 medium, 6 low)</td>
<td>-6</td>
<td></td>
</tr>
<tr>
<td>CAMHS-LD</td>
<td>TBC</td>
<td>13 (Tier 4 CAMHS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above shows that, in Lincolnshire, the number of beds currently being commissioned for secure services by NHS England is below the national planning assumption. However, there are no plans to increase this number and the aim will be aim to ensure that national planning expectations are not exceeded but that beds are commissioned where there is an assessed clinical need for this type of provision.

The Transforming Care Plan will put in place arrangements that will aim to reduce the number of non-secure inpatient beds by an ambitious 50% by 31 March 2019. Whilst the present number of inpatients is double the figure of the national planning assumptions based on existing Lincolnshire Adult population, 13 of the 22 in-patient placements are mainstream mental health placements.

For Children's Services the number of in-patient beds per population will be confirmed via the NHS National procurement process that is underway. Targets in terms of reduced usage will be confirmed when more information is available in relation to current activity and more robust national definitions and guidance on the scope of impact of Transforming Care in relation to Children's services.

### 3.3 How improvements against each of the domains will be measured

The plan is to work with service users and their families and carers to develop measures of success that they think are meaningful. These are likely to include:

- outcome measurements which will measure progress made in service
- patient/ carer feedback surveys
National indicators will be used as follows:

- Assuring Transformation dataset: to monitor reduced reliance on inpatient services
- Health Equality Framework: to monitor quality of life

A new national basket of indicators is currently being developed that monitor quality of care.

In addition there are local indicators in Lincolnshire that complement those to be used nationally to measure improvement. These are detailed below:

### 3.3.1 Improved quality of care

- There is sufficient capacity of staff to provide care for service users; this will be based on an assessment of the client group, including volumes and complexity of need
- Staff are adequately trained to provide support to those in the client group in order to be able to meet their health and care needs; capacity to be no less than 95% trained at any one time
- 90% of services users that feedback say that the service they received was either good, very good or excellent
- 90% of service users that feedback say that they considered themselves to have been consulted about their health and social care
- 90% of service users that feedback say that they felt they had some choice in the nature of the health and social care they received

### 3.3.2 Improved quality of life

- An increase in the number of people of working age that have a learning disability and/or autism that are in paid employment
- An increase in the number of people that have a learning disability and/or autism that are in receipt of direct payments
- An increase in the number of people that have a learning disability and/or autism that are in settled accommodation
- An increase in the number of organisations achieving the Aim4Lincs quality mark\(^{10}\)
- An increase in the number of people aged 14 and over that have a learning disability accessing an annual health check
- An increase in the number of people aged 14 and over that have an autistic spectrum disorder accessing an annual health check
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychological therapies

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\(^{10}\) This is a contributory measure to this indicator. Aim 4 Lincs is a locally defined quality framework against which organisations are invited to be assessed to check their level of awareness of issues facing people on the autistic spectrum and the extent to which reasonable adjustments are made to meet their needs
• A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychiatric services

3.3.3 Reduce reliance on in-patient care

• A decrease in the number of hospital admissions to learning disability hospitals
• 100 % of service users to have a community CTR, Blue Light CTR or post admission CTR within 10 days of admission
• A reduction in the amount of admissions to hospital who have not had access to the Crisis, Home Assessment and Treatment (CHAT) team prior to admission
• A reduction in admissions to hospital due to breakdown in community provision

3.4 Key Principles

To deliver the Transformation Plan requires that the organisations commissioning and providing care and support in Lincolnshire will work to a set of overarching principles, which have been approved by the Learning Disability Partnership Board the Autism Partnership Board in Lincolnshire. They also reference and take into account the strategic principles agreed via consultation with key stakeholders, which underpin Lincolnshire’s All-Age Autism Strategy\(^\text{11}\), published in 2015.

The principles are as follows:

• Service users and their families will be at the heart of decisions about their care, providing them with more choice and control over the care they receive, including promoting a culture of positive risk taking;
• Everyone is unique; services will be tailored to need, preferences and aspirations, and focused on person-centred outcomes;
• People with a learning disability and/or autism, along with their carers and families, will receive the right information at the right time to enable them to make informed decisions about the person’s care and support, and the way this information is delivered will take into account the communication needs of the person concerned
• It will be assumed a person has the mental capacity to make decisions about their care, unless it is established that they lack the necessary capacity for that specific decision, and all practicable steps will be taken to support them to make their own decisions
• The extent of a person’s mental capacity will be established as soon as there is any doubt as to their ability to make decisions
• Services will be commissioned that promote prevention, early intervention and wellbeing to support people of all ages, including children, that are at risk of developing challenging behaviours and minimise inappropriate admissions to hospital, including from the Criminal Justice System
• Services will be geared to understanding current needs, thinking ahead, anticipating change and planning for the future

\(^{11}\) Lincolnshire’s All Age Autism Strategy is available for download at http://www.lincolnshire.gov.uk/residents/adult-social-care/strategies-policies-and-plans/all-ages-autism-strategy/a-strategy-for-lincolnshire/114447.article.
• Those with a learning disability and/or autism will be protected from abuse and neglect wherever possible; safeguarding concerns will be addressed as soon as they arise
• The use of mainstream services will be encouraged as the starting point for care and support, ensuring they are available and accessible for those with a learning disability and/or autism
• Access to specialist multi-disciplinary community based housing and support expertise will be provided where mainstream services are insufficient to meet a person’s needs
• Partnership working across health and social care commissioners will ensure that people’s homes are in the community wherever possible
• Cost effective services that promote individuals independence will be developed
• Positive and proactive approach to addressing challenging behaviours will be promoted
• Support will be provided in the least restrictive setting possible that is therapeutic and safe for all and where restrictive interventions are required they will be for the shortest length of time possible
• Commissioners and providers of care and support across Lincolnshire will collaborate and share knowledge and experience to achieve the best outcomes for service users, including collaboration regionally and with NHS England specialised commissioners where appropriate
• A culture that is fair, accountable and reflective will be developed so that to ensure learning from good practice and mistakes; areas for improvement will be identified
• There will be proactive use of intelligence from a range of sources to identify and respond to commissioning gaps and to facilitate and shape health, social care and the housing market locally
• The workforce will have the relevant skills, knowledge and values to deliver high quality care and support
4. Implementation Planning

To achieve the vision set out within this plan we will need a less fragmented system that sees increased levels of integrated strategic and individual commissioning alongside more joined up care and support pathways.

The foundation stones for the new system will be the Lincolnshire neighbourhood teams alongside wellbeing and community networks and an increased emphasis on self-support. Providing improved access to universal services within people’s local community as well as access to proactive approaches to Health and Wellbeing for example increase uptake of Annual Health Checks and related Health Action Plans. Neighbourhood teams will also help to provide improved intelligence in relation to risk of inpatient admission as well as achieving a significant growth in the use of personal health budgets.

The existing Section 75 services will work with increased focus with Children’s Services on preparing for Adulthood and a key element of this will be securing the additional investment required for the local CAMHS Tier 3 plus service which will be aligned with investment from Lincolnshire schools to develop the Lincolnshire behaviour support pathway. Existing teams will also be trained in Positive Behaviour Management.

Fundamental to the new Lincolnshire System approach will be a net reduction in in-patient beds commissioned by Lincolnshire CCG’s and NHS Specialised Commissioning and investment in more robust community based provision that helps to maintain people in their own homes and within the community. These services need to offer early help to people at risk of admission to in-patient care. These services will be available to people with challenging behaviour as well as those who have a mental health problem. The teams will have increased capacity to manage increased numbers of people with complex needs and challenging behaviour in the community as well as ensuring there are not waiting times to access these services. These services will provide crisis support 24 hours a day and 7 days a week.

The next section of this plan will focus on an overview of the new Secondary Health Care proposed community based model. However it should be noted that the Transforming Care Partnership will seek ways to increase the scope of commissioning community services through the existing pooled budget and also integrate these services into a seamless care and support pathway for people with a Learning Disability and or Autism.

4.1 Overview of the proposed new model

Feedback from service users and carers told us that, although when they received a service from LPFT LD professionals it was very good, it was difficult to navigate the various elements and that sometimes you had to wait a significant time if you needed to see a different team or type of worker. We also learnt from people who work in the services that it is often the case that internal referrals can often make the process less seamless and that different internal teams may be working to slightly different geographical boundaries.
The new model will involve a transformation of all the community learning disability services to ensure provision is seamless. Community nursing and community assessment and care management is an integrated function within the section 75 agreement, part of this transformation will ensure transition or joint working with specialist services are seamless and easy to navigate.

As detailed above the specialist provision commissioned by the CCGs and provided by LPFT will be remodelled. The service vision for the specialist intervention would be a community based provision in each CCG area including the following skills mix:

- Liaison and Intervention role for mental health for people with a learning disability
- Liaison and Intervention role for physical health for people with a learning disability
- Liaison and Intervention role for autism
- Liaison and intervention role for allied health professional input (i.e. occupational therapy, speech and language therapy and physiotherapy) and specialist care pathway to indicate when required
- Access to specialist LD psychiatry within CCG area and care pathway to indicate when required
- Access to specialist LD psychology within CCG area and care pathway to indicate when required Access to meaningful therapeutic activities through
- Access to meaningful therapeutic activities through outreach/recovery college interventions
- Access to Intensive home assessment and treatment and care pathway to indicate when required

The liaison and intervention role means that wherever possible liaison and consultation would be offered to mainstream services to enable people with a learning disability and/ or autism to access mainstream mental health and physical health services. Where people with a learning disability are unable to access mainstream services with this support the intervention element to the role will enable intervention within the local teams.

If Intensive home assessment and treatment is not effective in the individuals home environment due to the nature and degree of mental illness or home situation then there would be an option for a short 72 hour bed for an assessment function within a local respite placement with the assessment being undertaken by the Intensive home assessment and treatment team to establish a formulation and recommendations. If at this stage further admission is required then admission to a mainstream mental health service additional input from the Intensive home assessment and treatment should be considered or an out of area inpatient admission from a list of quality assured providers as close to the individuals home as possible.
4.2 New services to be commissioned by the Lincolnshire Transforming Care Partnership

4.2.1 Current inpatient care

There will be a consultation regarding the possible closure of Long Leys Court, Lincoln. This inpatient facility has recently been temporarily closed following a number of identified concerns raised through various routes, including the Care Quality Commission (CQC), staff and patient complaints.

Assessment of need alongside the consultation process will determine the level of inpatient care required and dependent upon this our commissioning intentions will be identified and then subject to wider consultation and approval processes.

4.2.2 Crisis, Home Assessment and Treatment (CHAT)

The CHAT team will provide a 24/7 service to complement the existing community provision and specialist health provision in place. Initial assessment will be undertaken by a qualified clinician within 24 hours of the referral. Through discussion with the professionals involved a decision will be taken as to the immediate package of support to be allocated. A projected review/discharge date will be put in place, initially 72 hours with discharge back to community services within a week. Assessment and care management functions will be involved and able to advise in relation to care support packages. Where there is high risk and concern about risk of admission a community CTR will be called. Where this is urgent it will be a Blue Light CTR to be arranged within one working day. The CHAT team will coordinate and take a lead from a provider perspective on the CTR risk register.
4.2.3 Safe places

Commissioners and the TCP will work together to identify preferred community providers who have beds that could be available for use for complex cases where intensive assessment and treatment support may not be appropriate in the individuals’ usual residence. This may be due to them having elderly carers or a risk to care givers or other vulnerable people. We will ensure that the quality of service and impact measures to achieve the best possible outcomes for individuals is fundamental to the commissioning of these services.

4.2.4 Autism Spectrum Disorder Pathway

This will include an integrated diagnostic pathway and an ASD liaison pathway to increase access to mainstream mental health and physical health services. There will be a single point of referral to ease navigation of the pathways.

The children and young people's autism diagnostic pathway service will be reviewed to consider if an all age integrated diagnostic pathway would be viable. This part of the vision is in a very early developmental stage presently and it is acknowledged that much more work is required in this area.

4.2.5 All Age Transforming Care Team

This team will drive forward and embed the transforming care agenda in Lincolnshire including the Care and Treatment review processes, risk register and community and blue light care and treatment reviews. This team will include expert by experience workers for autism and learning disabilities. The team will be hosted by South west Lincolnshire Clinical Commissioning Group but will be Lincolnshire wide. The team will be overseen by the Head of Commissioning for Learning Disabilities and Autism who will work closely with the Children’s Commissioner.

4.2.6 CAMHS Tier 3 plus services

Upon agreement of recurrent investment we will seek to commission a new Tier 3 plus service which will form part of an integrated Behaviour Pathway of support for Children and young people.

4.3 Services to be either decommissioned or reduced

The learning disability assessment and treatment and rehabilitation beds in Lincolnshire within the PBR contract are temporarily closed. In our vision for a new model of care the requirement for inpatient beds will reduce. The transforming care partnership working within the Lincolnshire Health and Care programme (LHAC) will work with stakeholders to identify how many beds are required for Lincolnshire and how these will be commissioned.
It is expected that up to two specialist beds will be required for service users who have a severe or profound Learning Disability and are an immediate risk to self or others requiring detention under the mental health act. In the interim sourcing beds for these patients will be undertaken on a case by case basis and a specialist inpatient bed will be sought by the CHAT team in an identified preferred provider as close to the patients home as possible.

For children and young people it has been difficult to map the journey through inpatient services due to the services being commissioned through specialised commissioning. National changes in commissioning processes may enable an increase in community provision resulting in less reliance on inpatient beds.

4.4 Existing services that will change or operate in a different way

Whilst no decision has yet been reached there is the possibility that the inpatient facilities at Long Leys Court in Lincoln will be permanently closed. This will be the subject of our wider consultation programme to ensure that the totality of our vision is considered rather than individual elements consulted upon in isolation.

The NHS adult specialist learning disability services will be consistently delivered across Lincolnshire by a total of five multi professional teams as shown in the diagram in Section 4.1. The four community hubs will be aligned with the Clinical Commissioning Groups with satellite hot-desk bases to reduce travel and ensure local service delivery. Services will also be aligned with existing Adult Social Care Teams and also to local Neighbourhood teams. The fifth team will be a county wide Crisis Home Assessment and Treatment (CHAT) team which will operate 24/7 according to demand to provide intensive support in service users usual place of residence.

New referrals into the Trust are likely to come through the Trust Single Point of Access who will send them through to the shared learning disability service NHS Email. All other referrals will be forwarded to this email to ensure a single collection point. There will be an identified duty clinician available daily to triage new referrals and prioritise according to presentation, admin support will ensure they are all necessary information is collected and the referrals are put onto the system.

Children with learning disabilities will have equitable access to the full range of CAMHS available through this provision but, in addition, the presence of a specialist care pathway for learning disabilities through CAMHS will ensure this group will continue to receive equal opportunity for access to appropriate treatment and therapeutic interventions. We have commissioned a maximum waiting time of six weeks for those patients with a learning disability.

Reflective of Green Light principles, young people with a learning disability and/or autism will be enabled to access the full range of mental health services available. However,
acknowledging the importance of meeting need, there will continue to be a dedicated and specialist learning disability care pathway guiding this client group's experience from referral into the service to the point of discharge. This pathway will provide highly specialist mental health assessment, using tools and material specifically devised for use with this client group, completed by suitable qualified staff, i.e. specialists in the field of learning disability, which will inform the need for therapeutic intervention.

Following assessment, the young person will be placed into one of four learning disability intervention pathways (anxiety, depression, eating difficulties or self harm/challenging behaviour), where a bespoke package of specialist care will be offered focussing on the need for augmentation of therapeutic materials and an approach to ensuring that the specific learning needs of the individual are taken into account.

The therapeutic interventions delivered will include those set out in the NICE guidelines relating to specific clinical conditions, but tailored to individual levels of learning as appropriate or more specialist interventions where mainstream approaches are not appropriate, e.g. sensory, intensive interaction, environmental support packages, non-language based, creative and non-directive therapies.

There will be a strong emphasis on multiagency working and support packages during intervention, in addition to utilising and enhancing the already existing and very strong links to local partners in care and specialist services in Lincolnshire.

Sustainable service change will be informed by the commissioning patterns that individuals and their carers make through the use of their personal budgets and support planning choices. The intelligence regarding their alternative chosen support options will be gathered systematically using the Think Local Act Personal (TLAP) support and review planning toolkit. This information will be used to inform strategic commissioners, enabling them to shape services in a more personalised, locality and community focussed way. We aim to promote a planned and structured move away from large block contracting patterns to a more bespoke, individually tailored approach. Even where large contracts exist, providers will be encouraged to work in a more person centred, outcome focussed way, ensuring that individuals are at the centre of service planning and delivery.

4.5 How the uptake of more personalised packages will be encouraged

Lincolnshire has been chosen as one of Nine Demonstrator Sites for developing Integrated Personal Commissioning (IPC).

Integrated Personal Commissioning will allow people to bring their Social Care Personal Budgets and their Personal Health Budgets (PHB’s) together into one place and to develop
an integrated care and support plan. If people want to they can then take the personal budget as a direct payment which will enable them to purchase services directly or alternatively they can continue to be supported to do so.

The programme is a collaboration of the four Lincolnshire Clinical Commissioning Groups, Lincolnshire County Council, health and care providers and voluntary partners. The Demonstrator programme sits alongside the expansion of Personal Health Budgets by Clinical Commissioning Groups who have been selected as a National pilot area.

There will be work with people with Dementia, Learning Disabilities, Autism, Children in transition and Severe Mental Health problems. This will lead to increased control for people over their own care but may also lead to a wider choice of providers that deliver care and will, therefore, also increase people's choices.

The focus on the IPC programme in Lincolnshire is on:

- People with a learning disability, autism and complex health needs
- Children with complex health needs in transition between children's and adult's services; however, young children would not be excluded
- People with a joint health and social care budget
- People with severe mental health problems and dementia

The programme is on track and will deliver above expectations on the required number of jointly commissioned packages (IPCs) agreed with NHS England in Year 1.

The development, delivery and evaluation of this programme aims to provide clear evidence of improved outcomes and assist in the delivery of cost effective, value for money services that people value and which meet organisational objectives.

The programme can best be described through the cross cutting themes that link all of the elements together:

- Personalisation
- People + co-design and co-production
- Processes, systems and technological solutions
- Finance and budget management

Much hard work has been done to ensure that effort is not duplicated and that links are made with other local initiatives, such as the Better Care Fund, Lincolnshire health and Social Care (LHAC), Personal Health Budgets, transforming Care, Neighbourhood Team developments and the Five Year Forward View.

The programme of work on IPC is covering the following areas:
• Cohort identification and person level costings
• Personalised care and support planning
• Integrated personal budgets
• Community capacity building and peer support development
• Payment and contracting (current and future models)
• Commissioning and market development

This work will identify an individual's current service costing for both health and social care, so they can be offered a personal budget that joins together their health and social care allocations. The current offer will be built on, enabling more robust support planning options to be made available, including extending the support available from our voluntary and provider partners.

Lincolnshire's four CCGs are currently working on their 'local offer plan'. There will be one plan incorporating the four CCG areas to enable a consistent offer to be made to all those that will be eligible for a Personal Health Budget (PHB). Early discussions have drawn agreement from all parties to align the plan with the cohorts already identified within the IPC programme. In additional there will be scope to incorporate people with long term conditions and those at the greatest risk in each area. Patient profiling is now underway and will be completed in time for the local offer publication.

Lincolnshire's target for 2019 will be approximately 2,400 PHBs in line with national directives. Experience so far, through the Continuing Health Care PHB programme, has been positive overall, demonstrating improved outcomes and savings against traditional packages of support. Plans are well underway to embed this in the further developments of our neighbourhood team model, with the emphasis on clinical leadership and care navigation. Reducing handoffs and enabling the sharing of relevant data through the introduction of a Care Portal will enable an interoperability solution to current system incompatibility issues.

4.6 Care pathways

Care pathways will be person centred and be built around the person and their family and carers. The vision is for a seamless transition and movement within and across services when this is best for the person. The key principles within the care pathways and model will need effective multi agency working and a shared vision that access to support is based on individual need as detailed in the national model.

Work will be done with those who commission and access mainstream services and activities to find ways to make them accessible in line with the equalities act. Examples of how this will be achieved include developing autism champions within commissioned services, developing a reasonable adjustment mark for services to meet in line with the green Light Toolkit (2014) and ensuring service specifications clearly state the expectation of
reasonable adjustments being made for people with a learning disability and/or autism in those services people with LD/ASD are most likely to use such as mental health services.

Supported employment services will be developed such as a local initiative called the Step Forward project which aims to support people with a learning disability, autism or mental health problem into employment through helping them identify the reasonable adjustments required and try out work environments in a supportive setting. Other opportunities to support this agenda are also being explored in partnership with the local authority’s economic development team, including an application for European Social Funding to support social inclusion and increase the number of people in paid employment.

When service specifications are reviews these will be based on person-centred outcomes.

It is a key principle of IPC delivery that pathways are streamlined wherever possible, reducing handoffs and duplication, making access to and delivery by services easier and simpler for people that are eligible.

Through stakeholder and peer network developments Lincolnshire is evaluating the current pathways and exploring alternatives devised through co-design and co-production with people that have lived experience. The belief is that this is the only way that service redesign will meet the future needs of the population: a truly bottom up redesigned model that will be led by individuals from their own experience and ideas.

Pathways will need to be flexible and fit for purpose, neighbourhood teams will work in a co-ordinated, proactive way, encouraging self-help and self-care with partners to identify those with lower levels of need in a planned approach to reduce demand and help maintain health and wellbeing for longer, e.g. the recently commissioned Family Support Service for people diagnosed with dementia.

**4.6.1 Person centred, planned, proactive and coordinated care and support**

Coordination will be key to care pathways. This will include ensuring that everyone has a single person care and support plan and not just those on the care programme approach (CPA) and that everyone is offered a local care and support navigator or key worker.

EHC plans will be a truly multi agency approach. Lincolnshire will also look to how CTR’s can complement this for those patients at risk of admission to hospital.

Lincolnshire is one of the National Integrated Personal Commissioning sites and are working with local services to enhance the choice and control people have over their health and care needs. Lincolnshire will have a local offer for how to expand the use of personal health budgets including people with a learning disability by April 2016.
4.6.2 Positive behavioural support (PBS)

Proactive behavioural assessment and positive behavioural support will be provided predominantly from the Community Hub by the behavioural support nurse, psychologist and support workers/psychology assistant. Psychiatry support will be sought as required.

Where urgent assessment and intensive support is required the team will transfer to the CHAT service for an agreed time limited period, remaining involved to take back as soon as the crisis period is settled.

The average PBS involvement will be 12 weeks with a maximum involvement of 24 weeks. Where continued support is required this will be flagged with the LA team for ongoing intervention.

Psychology, psychiatry and allied health professional provision will also be an integral part of the CCG community hub offering direct assessments and intervention as well as advice and support to the wider team. Psychology will be a fundamental factor in the behavioural support pathway offering training, advice and specialist assessment and formulation as required. Psychiatry and psychology will provide support to the CHAT team from the community Hub who may already be involved.

4.6.3 Access to mainstream services

Within the community hub there will be specialist identified LD liaison professionals for Physical Health, Mental Health, and ASD.

The acute physical health liaison nurse will be part of the community hub and attend the team meetings but will be predominantly based at the general hospital site.

The community physical health liaison county wide lead nurse will have a complex case load and will provide clinical supervision for all of the physical liaison clinicians.

Support workers will be drawn from the team according to demand to support the liaison workers as required.

Mental Health liaison will work in a similar way to the physical health liaison the specialist nurse will be integrated with the community hub and draw on support workers as required according to capacity.

The mental health and ASD specialist county wide lead nurse will carry a complex case load and provide clinical supervision for the mental health and ASD liaison clinicians.

Children with learning disabilities will have equitable access to the full range of CAMHS available and, in addition, the presence of a specialist care pathway will ensure that this group will continue to receive equal opportunity for access to appropriate treatment and therapeutic interventions. Lincolnshire has commissioned a maximum waiting time of six weeks for learning disability.
Reflective of Green Light principles, young people with a learning disability will be enabled to access the full range of mental health services available.

4.7 Support for people making the transition from children’s services to adult services

It is acknowledged that leaving full time education can be worrying for most young people but for those with special educational needs and/or disabilities and their parents/carers, it can be a very difficult time, filled with uncertainties about the future, wondering what opportunities will be available and where to go for information and support to make the right decisions for a good future life.

Raising aspirations and planning for the future needs to start at an early age in order to help young people reach their goals. Often young people with SEND experience barriers to aiming high, taking risks and achieving what they want in life. This could be through lack of opportunities, too much focus on care and support needs, lack of self confidence or maybe because the young person’s dreams have always been thought of as ‘wishful thinking’ rather than something to really aim for.

Parents/carers of these young people are often those who know them best, know what their strengths are, what support they need and what they enjoy doing. They can play a large part in shaping their future but it is recognised that to do this they need as much information as possible to enable them to support their son or daughter in making some of the most important decisions in their lives.

The Children and Families Act 2014 (and related SEND reforms) introduced a system of support that extends from birth to 25, while the Care Act 2014 deals with adult social care for anyone over the age of 18. This means there will be a group of young people aged 18 to 25 that will be entitled to support through both pieces of legislation. The two Acts have the same emphasis on outcomes, personalisation and the integration of services. It is, therefore, essential that the planning and implementation of both these Acts is joined up at a local level.

4.7.1 Transitions in Lincolnshire

Lincolnshire has a transitions working group that includes varied representation from parents, education, health and social care professions as well as voluntary organisations. The key principles ensuring that co-production and the voice of the child/young person/family is embedded into all future processes. The group has been working closely with its members in the production of a transitions pathway and timeline that will sit within the local offer; engagement sessions have been undertaken with children, young people and their families and the information gained has been used to inform and develop transitions planning.

Three models of best practice are being advocated that will enable the transitions planning and process to be a more seamless and positive experience for children, young people and their families; the models are available on the Lincolnshire County Council web site at
www.lincolnshire.gov.uk and by selecting 'Transitions' in the search facility. Transitions planning will be based on 'Getting a Life Pathway', which focuses on four pathways that include good health, employment, independent living/housing and friends/relationships and communities. The pathway encompasses an outcome based approach to planning that will enable the child/young person to plan realistically for the future. Person centred planning and Circles of Support are the underlying principles of transitions that will foster the development of improved life chances and raising aspiration for children and young people. The model of Supported Internship is also being promoted to ensure that children and young people with special educational needs and disability will be engaged in discussions and preparation for the possibility of meaningful employment in the community.

Adult Social Care liaise with Children's Services to enable them to be aware of young people from the age of 14 who may meet the threshold for adult services at the age of 18. If the young person is likely to be in need of adult services the adult team will look to undertake an adult care assessment (transition assessment) around the time the young person reaches the age of 17 years and 3 months. Information will be provided to the young person and their family; in some instances a representative from Adult Social Care will attend transitions reviews.

Once the young person reaches 17 years and 3 months (or at a different time as appropriate to the young person) a practitioner from the Intake Team will carry out an Adult Care assessment (transition assessment) to determine eligibility for adult care services and to ascertain any presenting needs; in addition, a Continuing Health Care assessment will be completed to ascertain health care needs.

If a young person is eligible for adult care services the practitioner will work with the individual and his/her family to develop a Personal Plan that will detail how his/her needs will be met from the age of 18.

Children, young people and adults with learning disabilities are entitled to the same level of health services as the general population, with the additional opportunity for young people aged 14-18 and adults aged 18 and over to participate in an annual health check with a GP. For social care, however, the entitlement to adult care is not as straightforward and partly depends on whether or not the individual intends to continue in education and partly on him/her meeting the criteria.

The following are key issues:

- Young people with mental health problems can find it difficult to access the right services
- Young people with Autistic Spectrum Disorder can find it difficult to access the right services
- The cost of transport is an issue. Families that have been used to having transport costs met find that the travel costs of the person with learning disabilities have to be met wither by themselves or through the direct payment; this can happen even where the individual is in receipt of the higher level of Disability living
Allowance/personal Independence Payments, i.e. that includes an element for mobility

- Some young people have their residential care increased from 38 to 52 weeks during their 17th year, usually owing to their families no longer being either willing or capable of taking on their care
- Those for whom English is a second language can experience difficulties accessing some services

The value allocated to an individual to fund their care, following assessment of need, is based on the Resource Allocation System (RAS), which is a scoring process that results in an indicative amount funding. Once support planning is completed with the individual and their family a Personal Budget (or Personal Health Budget) will be agreed which may be the same as the indicative amount or more or less; for community based services the Personal Budget (or Personal Health budget) can be taken either via a direct payment or directly commissioned service. For those in residential accommodation, the only option currently is to have services funded directly by the local authority, although direct payments are being piloted.

Lincolnshire has a Supporting Employment Team that provides support for young people aged 18-25 that have a learning disability, autism or mental health problem and wish to find suitable training or employment. Services include careers information and advice, job searching, work experience and supported internships. For those age 26 and over, the Step Forward project, funded by a grant from the Health and Wellbeing Board, provides careers information and advice, job search, Outcomes Star progress monitoring, work experience and support with disclosing details of their individual special needs and health issues to employers; the project also provides support to employers in making reasonable adjustments for people with specific needs to enable them to function effectively in a particular working environment.

4.8 Commissioning services differently

4.8.1 Services for children and young people

(i) Current mental health provision for children and young people with learning disabilities and/or autism

Lincolnshire County Council has the delegated lead commissioning function for specialist Child and Adolescent mental Health Services (CAMHs) via a Section 75 agreement with the four CCGs.

Universal services are available to all children and young people and so include all five cohorts; these are provided by Primary Care and service professionals, e.g. General Practitioners, Health Visitors and School Nurses and offer:

- General advice and treatment for less severe problems
- Promotion of good mental health
These services also aid the early identification of problems and subsequent referral to more targeted and specialist provision. Schools, in particular, have a vital role to play at this level.

More specialist services include a Learning Disability Service for children and young people with moderate to severe learning disabilities that also have a mental health problem; this provision covers the first group of the five cohorts.

Inpatient CAMHS are commissioned by NHS England for children and young people that may require intensive support and are part of a highly specialised pathway providing for a level of complex need that cannot be met by comprehensive secondary, moderate community services. This covers the fifth group of the five cohorts.

Lincolnshire CCGs and the Council’s Adult Services currently commission the majority of local mental health services for those aged 18 and over and a Joint Mental Health Programme Board has been established to review and improve services in the future.

(ii) Future commissioning

Reflective of Green Light principles, young people with a learning disability will be enabled to access the full range of services on offer. However, acknowledging the importance of meeting need, there will continue to be a dedicated and specialist learning disability care pathway guiding this client group's experience from referral into the service to the point of discharge. This pathway will provide highly specialist mental health assessment, using tools and materials specifically devised for use with this client group; assessments will be completed by suitably qualified staff, i.e. specialists in the field of learning disability, which will inform the need for specialist therapeutic intervention.

Following assessment, the young person will be placed into one of four learning disability intervention pathways, where a bespoke package of specialist care will be offered, with specific focus on the need for augmentation of therapeutic materials and an approach to ensure that the learning needs of the individual are taken into account; the learning disability intervention pathways include anxiety, depression, eating difficulties and self harm/challenging behaviour. This will provide specialist services for the second and third groups of the five cohorts.

The therapeutic interventions delivered will include those set out in the National Institute of Clinical Excellence (NICE) guidelines relating to specific conditions, but differentiated to the individual levels of learning as required, or more specialist interventions where mainstream approaches are not appropriate, e.g. sensory approaches/intensive interaction/environmental support packages/non-language based therapeutic interventions/creative/non-directive therapies.
There will be a strong emphasis on multi-agency working and support packages, during intervention, in addition to utilising and enhancing the existing and very strong links to local partners in care in specialist services in Lincolnshire. By linking with the Criminal Justice System, this will ensure that services are provided for children and young people in the fourth group of the five cohorts.

Children with learning disabilities will have equitable access to the full range of CAMHS available through this provision but, in addition, the presence of a specialist care pathway for learning disabilities through CAMHS will ensure this group will continue to receive equal opportunity for access to appropriate treatment and therapeutic interventions.

A wait time of 6 weeks has been commissioned for learning disability.

The Lincolnshire Transforming Care Partnership will begin planning for adulthood once a young person reaches the age of 14 and include all four key pathways: employment, independent living, community inclusion and health and wellbeing. The existing SEND and the Lincolnshire CCGs' Personal Health Budget offers will be linked to ensure that people with learning disabilities and/or autism will benefit from both arrangements. There will be agreed targets within the Integrated Personal Commissioning Annual Plan that will aim to increase the number of relevant young people that have personalised support plans. Integrated Personal Budgets will continue to be promoted with the aim of increasing the take up for young people in transition to adulthood.

A local behaviour pathway will be developed in partnership with Lincolnshire Schools and other key stakeholders and there will be additional investment in CAMHS provision. Crisis support services will be aligned and/or integrated with transition support to ensure that early help is available when it is needed. Links with local neighbourhood teams and wellbeing and community networks will be strengthened to ensure that those that are not eligible for adult social care services have a clear support offer for when they reach adulthood.

Commissioners will work with young people, their families and carers to develop longer term commissioning outcomes and avoid short term decision making wherever possible. This will be supported by further research into the pathways by which people with learning disabilities and/or autism are admitted to Adult Social Care services currently; this will be done alongside a review of the existing transition to adulthood protocols.

### 4.8.2 Services for adults

For Adults with as Learning Disability and/or Autism, the majority of Adult Social Care and Continuing Health Care (CHC) services in Lincolnshire are currently commissioned via a Section 75 Agreement with Lincolnshire County Council (Adult Care) as the lead commissioner and hosting the pooled budget which funds eligible needs. This covers all groups of the five cohorts.
There is already a high level of personalisation with nearly 100% of people having either a personal budget or Personal Health Budget and over 35% of these people choosing to take a direct payment and purchase support and services to meet agreed outcomes directly. For those people who choose not to take their personal budget by direct payment the Council commissions these services on their behalf.

The majority of Specialist Learning Disability Services, including none secure in-patient beds, are currently commissioned by South West CCG on behalf of all Lincolnshire CCG’s through a contract with Lincolnshire Partnership Foundation Trust LPFT. This is supplemented by the spot purchasing a number of additional out of area in-patient placements above and beyond the contract with LPFT. Currently this provides patients with limited choice or control over their care with possible alternatives including out of area treatment.

Given Lincolnshire is one of nine National Demonstrator Sites for Integrated Personal Commissioning (IPC) challenging targets will be set for local teams to increase the uptake of Integrated Support and Care Plans and related personal health budgets. This is intended to increase choice, control and the independence of people through more personalised commissioning approaches. This may see more people commissioning their outcomes directly rather than a lead agency doing this on their behalf. Where people are also eligible for Social Care, the Council will also seek to increase the uptake of Integrated Personal Budgets. This clear focus on personalisation being at the heart of our Transforming Care Partnership plan will shift the balance of power into the hands of people with Learning Disability and/or Autism alongside their families and carers.

There will be a targeted reduction in the number of existing in-patient placements to ensure that Lincolnshire is commissioning in line with, if not below, the national in-patient planning guidance levels. Where services are commissioned the aim will be to ensure they will be closer to home. There will be a corresponding shift in investment to community based provision which may also offer opportunities for an expansion in existing joint commissioning arrangements via the pooled fund. These services will cover the fifth group of the five cohorts.

Lincolnshire CCGs will also explore opportunities for lead commissioning in relation to NHS Specialised Commissioning of Secure placements and this may include regional collaborative commissioning and linked risk shares within new models of care.

Lincolnshire will explore the opportunity for the reinvestment of de-committed inpatient funding into an early help fund that can be targeted at early intervention and prevention activities. This may be integrated and/or aligned with behaviour pathway funding from Children’s Services. Stronger commissioning arrangements with local neighbourhood teams, housing authorities, public health and community networks will also be developed to ensure there is a system wide approach to early help and self help ensuring that support is not limited to those who currently commission existing services.
4.9 Changing the local estate/housing base

The local authority is two tier, with one county council and seven borough/district councils (see Section 2.4). There is active engagement between county and borough/district authorities, although the bulk of the housing stock available is owned by social landlords and housing associations.

There is a plan to launch a consultation regarding the possible closure of Long Leys Court in Lincoln. This inpatient facility, which is owned and run by the Lincolnshire Partnership Foundation Trust, has recently been the subject of an inspection by the Care Quality Commission following safeguarding concerns and is currently closed.

While the number to be resettled back into the county is low, there is likely to be the need for some capital investment in order to ensure that people can be housed in suitable accommodation.

Lincolnshire currently commissions services for significant numbers of individuals that live in shared/multi occupancy housing where there can, at times, be issues of residents' compatibility. The aim will be to work with district councils and providers of housing and social care to change the type of accommodation available. The expectation is that there will be accommodation where individuals have their own front door but this also needs to be achieved in a way that is economically viable for the commissioners. A core and cluster group of apartments or flats will enable individuals to have access to the right level of support to meet their needs whilst developing their level of independence. This type of accommodation will also be beneficial to individuals that display behaviours that challenge as they would have access to additional support close by but without having to have high levels of staff in their own home for 24 hours of the day.

4.9.1 Remodel of specialist health teams

There will be one community team/hub in each CCG area. These bases will be in Boston, Grantham, Spalding and Lincoln. Satellite hot-desking and bookable clinical and meeting space will be available in other LPFT premises including Windsor House, Louth and Holly Lodge, Skegness.

4.10 Resettling People that have been in hospital for many years

4.10.1 People in inpatient provision

Since the Winterbourne View review, a lot of work has been done in Lincolnshire to ensure that people with a learning disability are only in hospital if they really need to be. The care and treatment review process and a proactive and determined approach and vision from the learning disability commissioning team, provider service and learning disability and autism partnership boards have sought to and succeeding in reducing the number of people in inpatient facilities and to move them to suitable settled accommodation; the priority is to move people that have been in hospital for some considerable time into the community.
Owing to the main facility, Long Leys Court, not having been available since June 2015, the focus has been on community support and it is acknowledged that this temporary closure has accelerated the opportunity to transform local services.

There has been, in total, a 50% reduction in the number of people with a learning disability in specialist learning disability hospitals during the last 12 months.

To provide some context, of 80 discharges from inpatient facilities between April 2010 to the present day, only 3 were 'out of county' and all have returned to Lincolnshire; the remaining 77 were in inpatient facilities in Lincolnshire.

While the numbers of Lincolnshire people in in-patient facilities is already below the target based on per million of the population, the Transforming Care Partnership will continue to strive to ensure that this type of provision is used in as few cases as possible, whilst still meeting the needs of individuals for whom this type of care is clinically indicated.

Lincolnshire’s joint commissioning arrangements through the section 75 agreement and a shared commitment to and a vision of the transforming care agenda have enabled smooth and collaborative transitions into the community for some long stay hospital patients as detailed in the table below:

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<tr>
<td>LD specialist (secure, specialist commissioning)</td>
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<tr>
<td>CAMHS</td>
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<table>
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<tr>
<th>Numbers as at January 2016</th>
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<tbody>
<tr>
<td>LD specialist (secure)</td>
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</tr>
<tr>
<td>No. of above that have been in hospital for 5+ years</td>
<td>9</td>
</tr>
<tr>
<td>LD specialist (non secure)</td>
<td>9</td>
</tr>
<tr>
<td>No. of above that have been in hospital for 5+ years</td>
<td>3</td>
</tr>
<tr>
<td>CAMHS</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Target based on numbers per million of the population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patients in CCG commissioned beds (assessment and treatment units, non secure)</td>
<td>18-19</td>
</tr>
<tr>
<td>In-patients in NHSE commissioned beds (low, medium or high secure)</td>
<td>10-11</td>
</tr>
</tbody>
</table>

4.10.2 Adults in residential and nursing accommodation

Since May 2015 there has been only 1 new admission to a specialist learning disability hospital provision and the placement was made in the neighbouring county of Nottinghamshire; this was mainly as a result of the home based crisis intervention service not having been embedded at the time. However, a care and treatment review was undertaken within 72 hours and collaborative working between health and social care enabled prompt discharge back to Lincolnshire.

There are currently 426 adults with a learning disability in residential care of which 59 are out of county; there is a further 89 in nursing care, of which 6 are out of county. Proximity to and travelling distance from the individual’s home are major considerations when
identifying suitable residential accommodation for those that need it. The distance from Lincolnshire's most northern to its most southern point is approximately 66 miles so in many cases, placements in neighbouring counties, e.g. North Lincolnshire, North East Lincolnshire and Nottinghamshire offer facilities that are closer to the individual's home.

There are robust processes in place regarding admissions to residential provision and this option is used only when it is most appropriate; 12 new placements have been made in the current year. At the individual's annual review there is consideration of the suitability of continuing to reside in residential care, especially for anyone under the age of 55 as Lincolnshire is committed to meeting individual need in a community based setting. Lincolnshire is in need of additional accommodation availability to enable individuals to live in their own home and this will be part of the work for the Community, Accommodation and Properties work stream.

There is a framework contract in place with 60 providers of short and long term residential and/or nursing accommodation.

### 4.10.3 Adults in community supported living

Lincolnshire County Council has a small number of suitable accommodations; most 'independent living' opportunities are provided by housing owned by either the seven district councils in the county or by social landlords; in both cases, individuals have direct lease arrangements with their landlords. Some individuals may rent from a private landlords and there are some who are shared ownership.

There are 694 people accommodated in community supported living. Lincolnshire County Council has an Open Select List in place to deliver support/outcomes to people with a Learning Disability who live independently in the community. As of 1st February 2016, there are 24 Providers on the List. Supplementary to this, there are 12 domiciliary care block contracts in place for general home care /personal support which can also be accessed, where appropriate, for people who have a Learning Disability.

### 4.10.4 Shared lives

The Council has two 'Shared Lives' contracts through which individuals are provided with home and family based living arrangements. The most recent collated data shows there are 47 people in this type of accommodation.

### 4.10.5 Children and young people

The most recent school census data available shows there are 10,137 children and young people that have special educational needs relating to either a learning difficulty, learning disability or emotional and/or behavioural problem in Lincolnshire schools; there are 438 children and young people whose learning difficulty or disability is either severe or profound and 1332 with autistic spectrum disorder.
There are 138 Lincolnshire children and young people with either learning disabilities, autistic spectrum disorder or emotional and/or behavioural problem in either independent or non-maintained schools, of which 41 are in the county and 28 are in counties bordering Lincolnshire.

The latest information from NHS England shows there is currently 1 Lincolnshire young person with a learning disability and/or autism with a mental health problem or displaying challenging behaviour in an in-patient CAMHS facility. Discussions with the commissioners of this service identified that this number is low as it only looks at the primary diagnosis of the patient; as children should not be admitted to a mental health hospital owing to their autism or learning disability, those that have a co-morbid mental health problem are not included in the figures. The Lincolnshire TCP recognises that it is likely there are more children and young people with a learning disability or autism that are in Tier 4 services who call Lincolnshire home.

4.11 How the transformation plan fits with other plans and models to form a collective system response

The Transforming Care Partnership Plan fits hand in hand with the delivery plans for Integrated Personal Commissioning in Lincolnshire, including expanding the use of Personal Health Budgets.

There are also clear links with the existing Lincolnshire All Age Autism Strategy and Preparing for Adulthood Strategy; also with the soon to be published Learning Disability and Mental Health Joint Commissioning Strategies will align to the ambitions within this plan.

Changes to existing in-house provision will be consulted upon within the wider Transformation and Sustainability programme for Lincolnshire known as LHAC (Lincolnshire Health and Care).

The plan will also be linked with existing developmental work and ensure that the required consultation and engagement plan is incorporated into the associated timeframes for the totality of transformation planning and development in Lincolnshire. For example, the crisis care concordat action plans, CAMHS service redesign, strategic priorities and national outcome measure reporting; this will be achieved through consistency of personnel involved in all of these key plans and also through the governance arrangements in place.

IPC will enable a better fit with the wider system by articulating clearly the links between all elements where there is clear interdependency, leading to 'whole system change', enabling wider contextualisation where characteristics of the wider health and social care system have a definite bearing on implementation.

Lincolnshire is able to demonstrate commitment to 'whole systems thinking' through close collaboration, for example, for Care and Treatment Reviews; decisions are made regarding which organisation will contribute what resources, including funding and capacity. Where
appropriate, the local authority, CCGs and providers are able to represent each other at meetings/events where key issues are to be discussed.
5. Delivery

In order to ensure that the vision delivers an end-to-end pathway for people with a learning disability or ASD our future model of care and support in Lincolnshire will have a focus on assuring access to mainstream universal and community support service through reasonable adjustments where possible with enhanced specialist, specialist and targeted community based support available when mainstream services cannot provide the support required. Community assessment and treatment options will be available for individuals who previously may have been considered for hospital admission and Inpatient settings will only be used to after other community services e.g. short breaks, crisis have been implemented or where inpatient settings are mandated.

Commissioning these new-style services will reduce the demand on hospital placements and should allow the amount of in-patient beds to be reduced over time, whilst recognising that in some circumstances there will be the need for admissions to hospital, admissions will be with a clear reason for admission and plan towards discharge.

Support and care in Lincolnshire will be orientated around the person and their family, friends and informal support networks.

5.1 Programme of change

This section sets out the work streams that have been identified as being key to the implementation of the Transforming Care Plan. A summary table of key responsibilities for each work stream can be found at the end of this section.

5.1.1 Children and young people, including transitions

Children’s and Adult Services are currently working together to redesign the support provided to young people in transition. The intention is to identify dedicated resource that will be responsible for:

- Identifying young people from age 14 that are likely to require additional support, particularly where their current placements are for 52 weeks;
- Supporting service users, families and carers to ensure that the most appropriate services are accessibly in order to meet their needs;
- Working with Children’s Services and adult mental health to ensure a smooth transition for young people that are accessing CAMHS;
- Working with Adult Social Care, where young people are in out of county placements, to identify suitable, community supported living for those that are not able to live in the family home;

5.1.2 Service model design

In Lincolnshire a Transforming Care Board has been convened within the already established Joint Delivery Board to enable organisations to work together and create and implement a plan to transform services for people with a learning disability and/or autism that also either
have or are at risk of developing a mental health problem or behaviours described as ‘challenging’. This includes people of all ages and those with autistic spectrum disorder who do not also have a learning disability. The model will focus on keeping individuals health, well supported and in the community. A key underpinning outcome will be to minimise the need for inpatient care and redesign services to be community based, including crisis provision.

5.1.3 Activity and Finance

This will be overseen by the Finance sub group of the Joint Delivery Board and will explore options for pooled budgets and shared commissioning.

5.1.4 Workforce and Market Management

One of the main responsibilities of this group will be to ensure that the workforce that will support people with learning disabilities and/or autism that either have, or are at risk of developing, a mental health problem or who display challenging behaviour, have the appropriate skills and qualifications. Activities will include:

- Identifying the capacity required to support the current and projected number of people in the client group;
- Recruit staff where required to fill gaps, taking account of where people in the client group are located;
- Identify all staff, including those currently employed and new recruits, that are in scope for training, i.e. those that will support those in the client group;
- Identify the qualifications, skills, experience and personal qualities required to provide appropriate support to support those in the client group and to meet objectives as set down in the national model
- conduct a skills audit;
- carry out a training needs analysis
- develop a training programme to be delivered on a rolling basis to ensure that all new entrants are captured
- aim for 95% trained staff at any one time

There is ongoing work with Health Education East Midlands, local CCGs, and additional partners including Lincoln University and a wide range of provider organisations to ensure that the wider systems and service providers across health and social care have the workforce that is fit for the future and able to meet the change in demands identified both through newly commissioned service models but also through evolving service user direction. The TCP board will ensure that the needs of this plan are linked to this existing work programme.

Organisations will work together to seek financial support for this work stream, including European Social Funding as this aligns to the programme’s skills development objectives.
5.1.5 Communications and engagement

This will include stakeholders such as the current provider of mental health services, Lincolnshire County Council Specialist Adult Services, representatives from Clinical Commissioning Groups, Experts by Experience and representatives from Public Health, e.g. People’s Partnership. This group will be responsible for ensuring that, where services are to be the subject of major change, i.e. re-design, decommissioning, consultations are carried out in a timely manner and are as fully inclusive as possible of service users, their families and carers. Where necessary, this group will call on the provider of the Involvement Service to ensure that those with learning disabilities can fully engage with co-design and co-production services.

5.1.6 Community provision, accommodation and properties

One of the initial tasks for this group will be to conduct a thorough assessment of the estates, for both the NHS and the local authority, that do and potentially could support people in the client group. Activities will include:

- conducting an audit of current estates, including property that is owned or leased by health and social care providers
- identifying the need for suitable property, including in-patient care, resettlement accommodation, residential homes and community supported living in order to provide sufficiency
- establish a baseline of what is considered to be suitable accommodation for people in the client group, taking into account feedback from service users, health and safety requirements, safeguarding and the results of recent reports following inspections by the Care Quality Commission
- carry out condition surveys, including an assessment of whether or not properties are fit for purpose against the suitability baseline
- identify properties that require decommissioning, re-design and capital investment
- identify gaps in provision and develop a capital programme
### Work streams

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<td>SEND</td>
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<td>Commercial Services Specialist Adult Services</td>
<td>Property Services</td>
<td></td>
<td>Legal Services Lincolnshire</td>
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</tbody>
</table>
5.2 Key enablers to success

5.2.1 Personalisation

This will be a key aspect of Lincolnshire’s Transforming Care Plan. All stakeholders involved in the design and implementation of the plan are committed to ensuring that people have greater choice and control over how their health and care needs are met and that services are available as near as possible to where they live. Integrated Personal Commissioning and the promotion of Direct Payments and Personal Health Budgets as a means of achieving this will further support the transforming care agenda.

5.2.2 Trusting Cross Organisational Relationships

In Lincolnshire, trusting relationships are required across all organisations that are involved in the commissioning of care and support to address the needs of those with a learning disability and/or autism and those who have/may come into contact with the criminal justice system. The newly developed Transformation Board and Working Groups will be key for these trusting relationships to be established and will support the successful implementation and delivery of the programme. Commitment to transformation is already in place and shared by senior figures in the local authority, CCG and provider organisations.

5.2.3 Single Shared Vision across all Stakeholders

All organisations must share the same vision and aims with regards to the care and support of people with learning disabilities and/or autism and those who may have come into contact with the Criminal Justice System. This will help organisations work efficiently together focussed on the same set of goals. We have already started working towards the process of developing an shared vision and set of aims, engaging with people who use our services and family members has been central to this and we will continue together exploring the evidence base and innovative developments from other areas.

5.2.4 Support for the Programme

Due to this being a radical change for the way services will be provided in Lincolnshire there needs to be significant and continuous engagement in our plans and a formal consultation on the new service model.

Individuals that currently use services and their families and those that many have future interest in the change to the services will play a key role in how the new way of working is developed; they will have the opportunity to share their experiences and proactive co-production will be embedded into the new programme. This will ensure that the community and support services that will be developed will adhere to the needs of individuals and that they will not only be fit for purpose now but in the future. An Expert by Experience has been employed who plays a key role in ensuring that co-design is central to planning and development. All means of communications are in easy read format and engagement forums have been planned that will be held around the county so that individuals, families and other interested people have the opportunity to share their views and experiences.
5.2.5 Public communications and engagement objectives for the new programme

Responsibilities will be to:

- promote and increase awareness of the Transforming Care Agenda and Lincolnshire’s plans to improve care
- increase awareness among key target audiences and stakeholders of the establishment of the Transforming Care Programme and the shared vision and set of goals and aims
- widely communicate the need for change and the key drivers across the health and care system, national and local, for people with a learning disability and/or autism
- ensure continuous involvement of patients, carers and families in the development and delivery of the transformation programme, their experiences and views will be used to identify their needs and respond to them. There will be a continuous two-way approach that will inform local planning and delivery, both the CCGs and LCC have already shown commitment through recruiting an expert by experience worker.
- ensure opportunities that are effective and meaningful for public and stakeholder involvement and consultation that will have transparent, clearly define objectives and embedded mechanisms to give feedback to show how engagement has been a key element for informing plans and implementation
- inform people about what service change and new community services will mean and promote the change as a safe alternative to inpatient care that improves quality of life and independence
- support and merge communications with the national Transforming Care agenda to ensure consistency of information and narrative to support service transformation
- communicate the local transformation programme across key stakeholders and the general public of Lincolnshire, through gradual, clear and concise information and language that is inclusive and clear without using jargon, acronyms and clinical terminology.

The Transforming Care Partnership will continue to engage with individuals with a learning disability and/or autism who potentially could develop challenging behaviours and their family and carers so that the new community support services can be evaluated for their effectiveness, equity and validity.

In order to ensure wide involvement, the programme will keep those who share their experiences and recommendations up-to-date in how their involvement has played a key role in developing future care services.

There is already close working with the provider trust to ensure concise engagement, implementation groups have been set up to ensure internal engagement for all staff. CCG/Commissioner involvement and engagement sessions will be held and steering groups for individuals with learning disability and/or autism and their families will be set up.
5.2.6 Sufficient Funding

Detailed financial plans are still in construction. Existing levels of spending by NHS Specialised Commissioning and details of out-of area in-patient placements are still being collated by CCG’s. This information, alongside existing spend on the Section 75 and LPFT Contract, will inform the overall envelope of investment. Further detail is required in relation to Children’s services scope. Match funding will be applied for as part of the local investment from the National Transforming Care programme.

5.3 Risks and mitigations

See Appendix F.
Appendix A
Roles and Responsibility of TCP Board members
(To be agreed with Joint Delivery Board and Joint Commissioning Board):

The Board will be chaired by the Senior Responsible Officer (SRO) or the Deputy (SRO) if the SRO is absent. Overall accountability for delivery of the agreed Transformation Plan sits with the SRO. The Deputy SRO will provide advice and support to the SRO on Local Authority related matters.

The Head of Commissioning for Learning Disabilities and Autism (CCG) and the County Manager for Learning Disabilities (LCC) will monitor the high level programme plan; oversee the management of risks and issues and raise issues that fall outside their authority to the SRO and Deputy SRO. They will be supported in this role by the project manager (Still to be agreed who this will be and how this will be funded).

The Transforming Care Board has been set up to ensure that the Lincolnshire Transforming Care Partnership (TCP) work together to develop and implement the Transformation plan in line with the National Service Model (2015) and Building The Right Support (DoH 2015). The board oversees all of its subgroups and projects. The board looks at how the objectives of the transformation plan can be achieved. It will have responsibility for:

- Developing a high level Transformation Plan and facilitate formal sign up to this Plan by key stakeholders;
- Monitoring progress against the transformation plan and make recommendations to key stakeholders on further improvement and change control;
- Recommend and secure agreement to key transformation objectives, milestones and performance measures. And monitoring and report on these to the TCP and overarching governance arrangements;
- Ensure TCP meetings all TCP are appropriately administered and records of each meeting are recorded accurately;
- Ensure Programme reporting requirements and deadlines to NHS England and other key stakeholders are met;
- Identify, Assess and Manage programme level risks;
- Manage programme level issues;
- Manage dependencies between the sub groups or projects;
- Look at resources across the project to make sure that they are used well so that the goals and activities can be successfully achieved.
- Make recommendations to inform future joint commissioning and de-commissioning strategies;
- Make recommendations on potential investments and savings in relation to the TCP programme;
- Provide specialist advice on engagement and consultation activities.
- make sure that the quality of programme documentation is good, and agree changes and/or actions as needed;
- comply with any directives or standards that affect the programme;
- make sure the views of the working groups are looked at and, where appropriate, used to direct the programme;
- make sure that internal and external communications are effective;
- oversee any evaluation arrangements for projects Board members should be able to:
- understand the overall programme and work streams plans and monitor progress against these;
- understand and act on anything that affects the delivery of the programme including agreeing timetables and milestones between board meetings, and; build relationships with stakeholders within and outside the programme.
Appendix B

Feedback from Transforming Care Team recruitment panel members with lived experience

“The interview panel process and any other activity that is conducive to enhancing positive images, results, maintenance and other such elements in relation to autistic people and essentially the entire community, is wholly endorsed by myself and it was an absolute pleasure to be given the opportunity to provide authentic input. Authentic input is integral to all elements mentioned above and beyond because autistic people are not hopeless, motionless, unimpactful beings and deserve to be majorly if not completely involved in everything that concerns them and others which is not to imply ‘them’ and ‘us’ but to confidently communicate that this approach is for everyone’s benefit.”  

Callum, Lived experience interview Panel member (January 2016)

“The posts were for positions in the team working on the Transforming Care agenda, and so it was vital that we knew how the panellists felt about working with autistic people. One of the best ways to do that is to actually see how they interact with us, and deal with our sometimes quirky behaviour.

One of the panellists conducted most of his part of the interview whilst lying on the floor behind some filing cabinets. I spent much of it spinning thread on my spindle, and the other panellist had some pressing questions on an issue that he is campaigning about. We all had something different and unique to bring to the process, and we made a good team. It would have been nice to have had someone with a Learning Disability join us, and I did feel that we were lacking something there. Hopefully, in the future we can rectify that.
It was interesting to see how people responded to our question about how they felt about working with us. Most responded with a carer / patient scenario, whereas a few more enlightened ones started talking about us as work colleagues. That was the answer we were looking for, though we admit, it's a very forward thinking model at the moment. I wish it wasn’t.

However, being involved and valued in this interview process is a significant step in the right direction. It does show what we are capable of, and directly influenced the selection of the candidates. It certainly was not tokenistic, and the A-team members were paid for their time.

The picture is of me in my ‘NT Space Suit’. We discussed autistic sensory needs as part of our interview process, because we all think it is an area that needs a lot of development in service delivery.”

Jo, Lived Experience Panel Member (January 2016)

“I feel that it was a good opportunity to see what kinds of people wanted these jobs, and to see how well they could set aside the jargon and formality in exchange for frank communication.

I will say that the technical qualifications went over my head. I could not possibly judge whether someone is capable of doing something I cannot. However, seeing how an applicant dealt with one of their interviewers lying on the floor was a useful test, I think.

It is a very comfy floor.

And, of course, the obvious: It’s good to have at least one autistic person involved at in selecting someone who will have significant influence over many other autistic people.”

Joshua, Lived Experience Panel Member (January 2016)

“I have extensive professional experience of working with experts by experience in a professional capacity. Furthermore, in the recruitment process I have always actively involved service users, where possible, in the process. However, my interview with South West Lincolnshire CCG was my first experience as an interview candidate where there were three aspects to the interview, which
all carried equal weighting. For me, the most meaningful part of the process was the panel interview with people with lived experience of autism. Although there was a member of CCG staff present at the panel, they did not directly participate and were purely there if needed to prompt in relation to time keeping. I felt the most relaxed that I ever have during an interview and truly valued the experience. I was aware that the CCG employ an expert by experience who has autism but to have a dedicated lived experience panel was a phenomenal experience and the co-production with people with a learning disability and autism was evident throughout the interview process.”

Interview Candidate for Transforming Care Manager Role (January 2016).

“Having people with lived experience involved in the interview process and having an influence over choosing the successful candidate that is recruited is extremely important. It sends a strong message about the South west CCGs values, representing how pivotal coproduction is. Involving people with lived experience allows them to ask the interviewee questions about what is important to them and how the interviewee responds shows their experience and passion in that service area. I believe that involving people with lived experience in recruitment should be normal procedure for all job interviews especially in the health and care sector.”

Interview Candidate for Transforming Care Team (January 2016).
Appendix C

Terms of reference
### 5.3 Risks and mitigations

<table>
<thead>
<tr>
<th>Risks</th>
<th>Description</th>
<th>Probability (high, medium, low)</th>
<th>Impact (high, medium, low)</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of people 'at risk' of admission to inpatient care</td>
<td>There is still some ambiguity in relation to the cohort of people that should or should not be recorded on the 'at risk' register and, therefore, on the scope of Pre-Admission Care and Treatment Reviews (CTR), which may have impact on activity and associated resources. Clarity about whether or not consent is required to include someone on the register is also a matter for further consideration.</td>
<td>Medium</td>
<td>High</td>
<td>Additional guidance requested from NHS England in particular to regarding scope of Children and Young People that may be at risk of admission and subject to pre CTR reviews. Working with NHS England to map how many children and young people could, potentially, meet the requirement for hospital at the time of transition. Develop local guidance protocols and procedures for development and management of 'at risk' register and CTRs.</td>
</tr>
<tr>
<td>Funding and risk share</td>
<td>The change in balance of care from inpatient to community based support will have a differential impact on NHS and LA budgets. Local agreements will need to be negotiated to confirm how community base provision will be funded and new risk share agreements will be required. Specific funding agreement required for discharge of Mainstream Mental Health Hospital placements (13).</td>
<td>High</td>
<td>High</td>
<td>Establish TCP Financial sub group to consider funding and risk share agreements and make recommendations to each agency about the way forward. This will sit alongside a review of existing Section 75 Agreement with opportunity for widening of scope.</td>
</tr>
<tr>
<td>Consultation</td>
<td>The transformation proposals set out in this plan will be subject to the governance arrangements of each agency but some elements may also require public consultation. These proposals may, therefore, be subject to change control.</td>
<td>Medium</td>
<td>High</td>
<td>Develop briefing sessions for CCG Boards and Elected Council Members. Develop a robust consultation plan.</td>
</tr>
<tr>
<td>CAMHS Tier 3</td>
<td>A key element of the Early Help Children's Pathway is the funding for Tier 3 plus CAMHS which will be aligned with the Behaviour Partnership funding from schools. Uncertainty around requirements: CCG funding for this provision is a matter to be resolved.</td>
<td>Medium</td>
<td>Medium</td>
<td>Agree recurrent funding as part of Parity of Esteem and CCG planning process.</td>
</tr>
<tr>
<td></td>
<td>With commissioning intentions signalling a reduction in inpatient beds to providers the availability of local choice in</td>
<td></td>
<td></td>
<td>Develop specific inpatient commissioning strategy to ensure provision is as local as possible, good</td>
</tr>
<tr>
<td>Risks</td>
<td>Description</td>
<td>Probability (high, medium, low)</td>
<td>Impact (high, medium, low)</td>
<td>Mitigation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Availability and quality of inpatient beds</td>
<td>provision may be limited. Switching costs may be difficult if quality concerns are identified. The ability to commission local inpatient beds when demand has reduced may be difficult unless a block purchasing provision is used, which may have implications for cost.</td>
<td>Medium</td>
<td>High</td>
<td>quality and value for money.</td>
</tr>
<tr>
<td>Capacity of suitable qualified and trained staff</td>
<td>National shortage of clinical staff. Some areas of Lincolnshire where recruitment and retention is particularly challenging.</td>
<td>Medium</td>
<td>High</td>
<td>Develop recruitment and training plan. Identify sources of funding that will support skills development in health and social care.</td>
</tr>
<tr>
<td>Capacity of suitable settled accommodation</td>
<td>Shortage of suitable accommodation for people leaving inpatient care.</td>
<td>Medium</td>
<td>Medium</td>
<td>Work closely with district councils and social housing associations to ensure suitability of accommodation.</td>
</tr>
<tr>
<td>Mainstream services</td>
<td>Do not make reasonable adjustments to accommodation. LD/autism needs.</td>
<td>Medium</td>
<td>High</td>
<td>Development of specific liaison functions into mental health and physical health services. These will include ASD Liaison, physical health liaison and mental health liaison for both acute and primary care. Reasonable adjustment mark for services is currently being developed as part of one of the Autism Strategy’s action plan deliverables.</td>
</tr>
<tr>
<td>GP health checks</td>
<td>Not all GPs in Lincolnshire are signed up to the Direct Enhanced Services (DES) and so not provide annual health checks to people with a learning disability. GPs do not step up to providing health checks owing to capacity constraints.</td>
<td>Medium</td>
<td>Low/Medium</td>
<td>Support GP networks to build their skills and capacity to enable the provision of health checks consistently. Through the development of specific liaison functions, health liaison nurses will have more capacity to support GPs with annual health checks.</td>
</tr>
<tr>
<td>Committee/group</td>
<td>Date</td>
<td>Responsibility</td>
<td></td>
<td></td>
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<td>LE CCG governing board</td>
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<td>Tracy Pilcher</td>
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<td>LW CCG governing board</td>
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<td>Wendy Martin</td>
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<td>S Lincs CCG governing board</td>
<td>28.4.16</td>
<td>Amanda De La Motte</td>
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<td>Pamela Palmer</td>
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<td>Adults DMT</td>
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<td>Justin Hackney</td>
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<td>Sally Savage</td>
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<td>Joint Delivery Board</td>
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<td>Justin Hackney</td>
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<td>Autism Partnership Board</td>
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<td>Sharon Jeffreys</td>
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<td>Learning Disability Partnership Board</td>
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<td>Joanna Tubb</td>
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<td>Mental Health Group</td>
<td>25.5.16</td>
<td>Colin Warren</td>
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School Census data suppresses values <5; therefore, comparisons cannot be made with ward data in Section 2.1.