NHS

East of England
3-year delivery plan: 2021/22 - 2023/24 NHS England Long Term Plan (LTP) Commitments for People with a Learning Disability & Autism

Region:	East of England
TCP / STP / ICS	Cambridgeshire & Peterborough
Date:	24th Feb 2021

1. Activity Level 2021/22 – 23/24 *(2021/22 activity levels to be inputted into SCDS 11th March and 29th April 2021 if applicable)*

Activity	End 20/21 Target	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Cumulative Target
CCG Adult Inpatients	12	12	12	12	11	-
NHSE Adult Inpatients	12	12	12	12	11	-
Total Adult Inpatients	**24**	**24**	**24**	**24**	**22**	**-**
CYP Inpatients	5	5	5	5	4	-
AHC	2997	838	838	839	840	3355
LeDeR	100%	100%	100%	100%	100%	100%

Activity	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Cumulative Target
CCG Adult Inpatients	11	11	11	11	-
NHSE Adult Inpatients	11	11	11	11	-
Total Adult Inpatients	**22**	**22**	**22**	**22**	**-**
CYP Inpatients	3	3	3	3	-
AHC	838	838	839	840	3355
LeDeR	100%	100%	100%	100%	100%

Activity	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	LTP 23/24 Target Rate
CCG Adult Inpatients	11	11	11	10	30 per million population – 20
NHSE Adult Inpatients	11	11	11	10	
Total Adult Inpatients	**22**	**22**	**22**	**20**	
CYP Inpatients	3	3	3	2	12 - 15 per million population 2.3 – 2.9
AHC	838	838	839	840	3355 = 75%
LeDeR	100%	100%	100%	100%	100%

2. Long Term Plan Commitments – Current RAG Rating and Requirements needed to meet LTP Commitment

LTP Commitment	Current RAG Rating	Requirements needed to meet LTP Commitment by 23/24
1a. Reduced reliance on inpatient care (Adults) For every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit		1. Data and demand analysis, options appraisal, and implementation of a revised inpatient solution inclusive of inpatient service, enhanced community crisis service delivery, and enhanced specialist provider framework 2. Implement system revised inpatient solution, flexible environmental and clinical solution for LD and Autism, able to provide A&T and Locked Rehab function when necessary. 3. In the meantime, focus on quality and repatriation of OOA placements where needs can safely be met by local model. 4. Implement a revised and enhanced county wide community integrated health and social care model for Learning Disability and Autism (transformation paused due to Covid in 20/21) 5. Embed the revised enhanced Autism diagnostic service and implement community-based post diagnostic service across health and social care. Local funding identified. Implementation to progress in 21/22. 6. Embed the revised enhanced Forensic Service for Learning Disability and Autism, in parallel to the Forensic Provider Collaborative.
1b. Reduced reliance on inpatient care (CYP) For children and young people, no more than 12 to 15 children with a learning disability, autism or both per million, will be cared for in an inpatient facility		1. Surge and demand analysis for continued sustainability of the Inpatient Solution and community crisis offer for CYP. 2. Embed Autism Community services for CYP in line with revised all age Autism Strategy. 3. Embed revised Forensic Service for CYP. 4. Implement system solution and pathways for CYP transition.
2a. Care (Education) and Treatment Reviews (C(E)TRS): continue in the community and for inpatients as standard, and in line with national CETR policy and using virtual approaches in-line with CETR COVID-19 addendum during COVID-19, to ensure that all those involved in a person's care, education and treatment are acting to support admission avoidance and to ensure that a person can be discharged from hospital as soon as they are ready to leave		1. Continue meeting statutory KPI requirements via a dedicated CETR function/resource. 2. Manage surge and demand appropriately, seek system support, as necessary. 3. Utilize learning from CETRS to support Clinical Priorities, as per PDSA cycle. 4. Develop system risk management further – explore opportunities of EPIC and ICS digitalization allowing more proactive risk stratification based on patients' episodes of care, contacts with services.
2b. All **Care (Education) and Treatment Reviews (C(E)TRS)** Standards are met		

3. 12 Point Discharge Plan: Implementation for all inpatients to track progress on discharge planning and to support the reduction in length of stay;		1. Ensure 12-point discharge plan in place for Adults + CYP via care management processes. 2. Ensure community care planning in line and prioritised with the 12-point discharge plan. 3. Enhance system governance for assurance against 12-point discharge plan. 4. Embed enhanced transition process that reflects pathways and service delivery changes from CYP to Adults.
4. Implement recommendations on restricting use of **seclusion, long-term segregation, and restraint**		1. Implement all age LD ASD Quality Safety Board and revised governance process. 2. Sustain quality and safety assurance within C[E]TR. 3. Continue to work with NHSE for those patients who are a Case of Significant Interest.
5. Community Services: Every local health system expected to use investment to have a seven-day specialist multidisciplinary service and crisis care that can provide robust and person-centred alternatives to hospital admission for adult and CYP		1. More details in on the Community Services and Enhances Seven Day MDT and crisis service are provided in the community mapping document. Main Highlights: 2. We will look to Upskill existing workforce to bridge the gap between the two services using CPD and/or HEE and/or NHSE/I money. 3. Will continue the transformation of the integrated LD services across CCC and PCC, that were paused in 20/21. Part of the solution is a review of community crisis function.
6. CYP Keyworker: all CYP with a learning disability, autism or both with the most complex needs will have a designated keyworker		1. 3 Phase implementation plan as per business case approved.
7. Personal Health Budgets Where possible, people with a learning disability, autism or both will be enabled to have a **Personal Health Budget** (PHBs).		1. Ensure sustained offer and uptake in business as usual for Personal Health Budget/Direct payments.
8. Annual Health Checks: 75% of people aged 14 and over with a learning disability on GP learning disability register should have had an annual health check each year		1. Enhance profile, governance, and ownership of AHC within Primary Care and Quality Safety surveillance (unless DES model changes). 2. Resume implementation of system wide PCN training programme for LD AHC. 3. Revise AHC proforma to align with holistic health screenings and immunisations. 4. Implement CYP process for AHC to enhance uptake and data/quality assurance. 5. Implement learning from Covid to support creative system reasonable adjustments for completing AHC and improving uptake.
9. Reasonable adjustment Flag Implementation within local healthcare systems of the '**Reasonable Adjustment**		1. Ensure contracts and service delivery is in line with Equality Act and provides reasonable adjustment for all age LD ASD patients 2. Implement LD Quality Standards for NHS/MH providers

Flag' within health care records that has been developed and piloted		3. Embed sustained equity for LD ASD across Patient Quality and Safety surveillance, system financial strategy, operational priority and primary care.
10. Expand **STOMP-STAMP** programmes		1. Sustain STOMP/STAMP assurance in C[E]TR process. 2. Embed revised governance for STOMP STAMP within Pharmacy and Meds Optimisation team. 3. Embed revised clinical assurance within inpatient and community MDTs.
11. Learning Disability Mortality Reviews (LeDeR): A continued focus on LeDeR ensuring that 100% in-scope reviews are completed in 6 months		1. Following the successful backlog clearing, to continue to meet KPI requirements via a dedicated LeDeR team. 2. Take learning, themes and outcomes for action and consideration via annual quality improvement cycles. 3. Utilise the NHSE LeDeR investment for targeted improvements in the LeDeR programmes (eg MARS, Independent LeDeR chair, training and supervision of volunteer reviewers).
12. Increase **Flu Vaccinations** and ensure uptake of **Screening Programmes** and **COVID-19 Vaccines**		1. Ensure LD ASD remain core members of system immunisation programmes as implemented during COVID. 2. Embed the reasonable adjustments promoted during COVID as part of business-as-usual screening and vaccinations.
13. Dynamic Support Systems / At Risk of Admission Registers should be in place in the local area, jointly owned by health social care and education, identifying CYP and adults at risk of admission to an institutional setting, is kept up to date, used by organisations to plan proactive, flexible and joined up support to wherever possible avoid admission		1. Sustain established reporting and governance structures. 2. Embed a robust transition pathway from CYP to adults. 3. Enhance equity across Cambridgeshire and Peterborough Local Authorities for reporting and governance at TCP level. 4. Enhance business intelligence for all age LD ASD. 5. Continue to uphold 100% KPI for people who are at risk of admission being offered a community care and treatment review to ensure they are safe, in the right place, and to understand their plans for the future.
14. Implement arrangements for 'host commissioner' oversight of local inpatient facilities through compliance with national **Host Commissioner** policy;		1. Embed local oversight governance in line with Host Commissioner policy. 2. Implement Quality and Safety Board for all age LD ASD.
15. Implement **Commissioner Oversight Visits** policy for all children, young people and adults in a specialist inpatient setting (at least every six weeks for children and at least every eight weeks for adults)		1. Sustain system priority for completion of Commissioner Oversight Visits. 2. Revise system governance process. 3. Implement Quality and Safety Board for all age LD ASD.
16. Autism: For people who have been referred to an autism diagnosis service,		1. Implement and enhanced Adult ASD Diagnostic Service. 2. Implement the Adult post Diagnostic Community Service.

CCGs will ensure that people wait no longer than 18 weeks from referral to first appointment. In 2021/22, CCGs are expected to develop a robust plan of how they will improve the quality of data in relation to diagnostic pathways and outcomes		3. Support implementation of wider learning and actions from the local system ASD Needs Assessment 4. Implement actions from revised all age Autism Strategy, working towards all age diagnostic services and post diagnostic services (all age pathways). 5. Standardise CYP ASD service offer across the north and south of the county.
17. Engagement with new **Provider Collaboratives** in their development of discharge pathways and community alternatives to inpatient provision including Pathway Panels and Pathway Funds, which will replace the FTA with a local, collaborative approach to transferring resources from specialised inpatient care into the community.		1. Create and sustain all age governance and collaboration with the Provider Collaborative. 2. Enhance Forensic Services for LD ASD in line with the Provider Collaborative. 3. Enhance community resilience and provider framework to support Forensic needs. 4. Embed system funding strategy and contracts with Provider Collaboratives.
18. Engagement in local area **People Plan** to ensure that it is includes a robust plan for workforce for people with a learning disability and autistic people		1. Embed sustained equity for LD ASD across Patient Quality and Safety surveillance, system financial strategy, operational priority and primary care. 2. Ensure LD workforce strategies across the system actively evidence links with the system workforce strategy. 3. Support a continued system culture transformation of recruitment, development and retention making effective use of the full range of our people's skills and experience- eg explore new models of training and staff rotation for LD services. 4. Support diversity in recruitment.

Red = LTP commitment not currently being met and requires improvement and investment to meet by 2023/24

Amber = LTP is partially being met and requires improvement and investment to meet by 2023/24

Green = LTP commitment currently being met and is expected to continue throughout until 2023/24

1. **Community Mapping Exercise** – this information is taken from the recent exercise.

a. **Intensive Support**

#	Function group described in the model service specification	CYP with autism	CYP with a learning disability	CYP with a learning disability and autism	Adults with autism	Adults with a learning disability	Adults with a learning disability and autism
A	Support and training	1	3	2	1	2	1
B	Assessment treatment and support	1	3	2	1	2	1
C	Co-ordination of transitions from inpatient and other settings	2	3	3	2	2	2
D	Crisis response	3	3	3	2	3	2

b. **Forensic Support**

#	Function group	Adults with autism	Adults with a learning disability	Adults with a learning disability and autism
A	Forensic risk assessment and management of risk in the community	1	1	1
B	Delivery of offence-specific therapeutic interventions	1	1	1
C	Case management and interventions	1	1	1
D	Support and training to those providing day to day support	1	1	1
E	Consultancy and advice	1	1	1
F	In-reach support	2	1	1

Scoring categories and definitions:

1. **In development** - Commissioners are at the start of the commissioning process in terms of understanding levels of demand and the capacity of existing services to implement the functions. Strategic planning across multi-agency partners is at an early stage of development.
2. **Emergent services and coverage** - Levels of demand and the capacity of existing services to implement the functions have been mapped. There is an up to date financial map of commissioning budgets that is/or could be aligned to implementing the functions. The STP/ICS Long Term Plan details how all services will be fully established over the next 5 years
3. **Established services with agreed plans** - Service specifications have been updated/or created to meet the requirements for some of the functions. Service(s) are in place to meet some of the functions but there are gaps in coverage but there is a strategic commitment and plan in place between the CCG and LA to implement the remaining functions within the next 12-24months.
4. **Comprehensive coverage/best practice** - Services are in place to meet all of the functions with full coverage for each group. Services are regularly reviewed by providers and commissioners. There is a high level of trust and mutual respect between providers and commissioners in implementing the outcomes identified in the service specification(s) and resolving any disputes. Joint commissioning arrangements are in place.

c. Requirements

Community Service	Requirements needed to meet LTP Commitment by 23/24
1) Reduced reliance on inpatient care (Adults)	**We have sufficient resources in our inpatient commissioned portfolio to allow the local system to undertake transformation of inpatient provision.** 1. Implement system revised inpatient solution. Surge and demand has been exacerbated by Covid therefore it is expected that a fixed term solution will be required up until 22/23 to safely support parallel LT implementation. This will be a system solution that will incorporate the inpatient service, and community crisis. 2. Support contract variations within existing community service that will repatriate OOA placements where needs can safely be met by local model. 3. Data and demand analysis, options appraisal, and implementation of a revised inpatient solution inclusive of inpatient service, enhanced community crisis service delivery, and enhanced specialist provider framework. 4. Implement a revised and enhanced county wide integrated health and social care model for Learning Disability and Autism 5. Embed the revised enhanced Autism diagnostic service and implement community based post diagnostic service across health and social care **Main areas for considerations for NHSE funds:** 6. Embed a long-term enhanced community crisis model inclusive of provider/accommodation and community staff. 7. Embed the revised enhanced Forensic Service for Learning Disability and Autism, in parallel to the Forensic Provider Collaborative
Reduced Reliance on inpatient care (CYP)	**Assume separate financial allocations, outside of this EoE Funding 3yr Plan** 1. Surge and demand analysis for continued sustainability of the Inpatient Solution and community crisis offer for CYP. 2. Embed Autism Community services for CYP in line with revised all age Autism Strategy. 3. Embed revised Forensic Service for CYP. 4. Implement system solution and pathways for CYP transition . 5. Develop local solutions to prevent out of area placements . 6. Implement a system wide integrated health, education and social care model for LD/ ASD . 7. Grow the market in local providers offering bespoke packages of care for CYP with challenging behaviours. 8. Develop ARFID pathways.
2) CETRS	**No additional investment required.** 1. Meet statutory KPI requirements by maintaining already existing system. 2. Manage surge and demand as necessary. 3. Support Clinical Priorities.

	4. Support system risk management.
3) **12 Point Discharge Plan**	**No additional investment required.** 1. Ensure 12-point discharge plan in place for Adults + CYP with weekly review and governance process in place, 2. Ensure community care planning in line and prioritised with the 12-point discharge plan and that all patients have 1 allocated lead professional (whether that be a health or social care lead). 3. Enhance system governance for assurance against 12-point discharge plan that reports both to the Transforming Care Executive Board and the Quality Safety LD ASD Board. 4. Embed enhanced transition process that reflects pathways and service delivery changes from CYP to Adults, with local system and inter-agency policy plus SOP.
4) **Seclusion, long-term segregation and restraint**	**No additional investment required.** 1. Implement all age LD ASD Quality Safety Board and revised governance process. 2. Sustain quality and safety assurance within C[E]TR and ensure it remains a standardised proforma. 3. Continue to work with NHSE for those patients who are a Case of Significant Interest.
5) **Community Services**	**EoE Funding 3yrs Plan** The local health and care system will work together in enhancing the community infrastructure by considering investments into: 1. Embed a long-term enhanced community crisis model inclusive of provider/accommodation and community staff. 2. Work towards a 24/7 specialist crisis service for LD/ASD – this will require full commissioning cycle. 3. Support system variation and reasonable adjustments for existing 24/7 crisis services. 4. Adjustments to the community teams to make then resilient in supporting LD/ASD in the community.
6) **CYP Keyworker**	**CYP Keyworker Investment as per ringfenced NHSE allocations (funding identified as indicative and allocation to be confirmed by NHSE).** 3 Phase implementation plan as per business case approved.
7) **Personal Health Budgets**	**No additional investment required.** 1. Ensure sustained offer and uptake in business as usual for Personal Health Budget/Direct payments for CYP and Adults. 2. Ensure the above is included within CHC and s117 funded packages of care. 3. Add to joint funding protocol for children's continuing care /S117 . 4. Ensure key workers offer choice and personalisation.
8) **Annual Health Checks**	**NHSE Funding Bid (£30k + £50k 21/22). No further allocation required, as AHC funded via DES.** 1. Enhance profile, governance, and further ownership of AHC within Primary Care and Quality Safety surveillance 2. Resume implementation of system wide PCN training programme for LD AHC. 3. Revise AHC proforma to align with holistic health screenings and immunisations. 4. Embed sustainable programme to implement learning from AHC and thus continue to reduce health inequalities. 5. Implement CYP process for AHC to enhance uptake and data/quality assurance.

	6. Implement learning from Covid to support creative system reasonable adjustments for completing AHC and improving uptake.
9) Reasonable adjustment Flag	**No additional investment required (at this stage).** *NB Owed to redeployment and incident management priorities, C&P were unable to support to RAF offer from NHSE at this time (offered Feb 2021). As such C&P will work from 21/22 towards:* 1. Work closely with NHSE to support local learning around the RAF pilot. 2. When secured, implement RAF and Summary Care Record Portal – a local project group will need to be established in preparation for implementation. 3. Ensure contracts and service delivery is in line with Equality Act and provides reasonable adjustment for all age LD ASD patients. 4. Embed sustained equity for LD ASD across Patient Quality and Safety surveillance, system financial strategy, operational priority and primary care.
10) STOMP-STAMP	**No additional investment required.** 1. Sustain STOMP/STAMP assurance in C[E]TR process. 2. Embed revised governance for STOMP STAMP within Pharmacy and Meds Optimisation. 3. Embed revised clinical assurance within inpatient and community MDTs.
11) Learning Disability Mortality Reviews (LeDeR)	**EoE Funding 3yr Plan .** 1. Following the successful backlog clearing, to continue to meet KPI requirements via a dedicated LeDeR team. 2. Design and implement learning from reviews. 3. Support LeDeR as a system priority and governance for LeDeR programme (eg, training, supervision for reviewers, independent chair). 4. Align LeDeR in C&P within the umbrella of Health Inequalities as per NHSE Regional Team. This will include AHC and will require as stated above enhancements and C&P COT investment in the LeDeR team.
12) Flu Vaccinations, Screening Programmes, COVID-19 Vaccines	**No additional investment required.** 1. Ensure LD ASD remain core members of system immunisation programmes as implemented during COVID. 2. Embed the reasonable adjustments promoted during COVID as part of business-as-usual screening and vaccinations. 3. Ensure pathways with all other areas in health inequalities are in operation.
13) Dynamic Support Systems / At Risk of Admission Registers	**No additional Investment required.** 1. Sustain established reporting and governance structures in line with CETR policy and BRS. 2. Embed a robust transition pathway from CYP to adults. 3. Enhance equity across Cambridgeshire and Peterborough for reporting and governance. 4. Enhance business intelligence for all age LD ASD. 5. Continue to uphold 100% KPI for people who are at risk of admission being offered a community care and treatment review to ensure they are safe, in the right place, and to understand their plans for the future.

	6. Ensure that recommendations from community C(E)TRs involve support from specialist health teams, local authority respite care, voluntary agencies, short breaks, and self-advocate and carer organizations providing support. 7. Ensure that CETRs support and promote use of enhanced intensive support and community crisis services. 8. Work with the ICS digital developments and explore EPIC supporting dynamic risk register.
14) Host Commissioner	**No additional investment required.** 1. Embed local oversight governance in line with Host Commissioner policy. 2. Implement Quality and Safety Board for all age LD ASD. **In line with the Host Commissioner Guidance** 1. Lead on the commissioning and implementation of the delivery of services and utilise partnership resources in the way best designed to promote the purposes of the partnership efficiently and cost effectively. 2. Will not diminish or transfer to the other either the CCG's or Council's statutory obligations and responsibilities in relation to health and social care services. 3. Coordinate and empower a number of different relationships including with clinicians, the Chief Officer and commissioning support staff of the Host CCG, and also those of its key associate CCGs.
15) Commissioner Oversight Visits	**No additional Investment required.** 1. Sustain system priority for completion of Commissioner Oversight Visits as per the host commissioner guidance. 2. Revise system governance process ensuring that patient safety and quality is at the heart of all visits. 3. Implement Quality and Safety Board for all age LD ASD that reports to the Quality Surveillance board chaired by CPCCG Chief Nurse. 4. Embed tripart quality visits inclusive of health, social care, and contract/commissioning. 5. Ensure C&P remain in line with the Learning disability and autism - host commissioner guidance.
16) Autism (Adults)	**Recurrent annual investment of £460k, from the CCG baseline allocation** 1. Implement an enhanced Adult ASD Diagnostic Service that can meet demand as per NICE guidance. 2. Implement the Adult post Diagnostic Service inclusive of specialist health and community services across health, social care and third sector organisations. 3. Implement learning and actions for ASD Needs Assessment. 4. Implement actions from revised all age Autism Strategy, working towards all age diagnostic services and post diagnostic services (all age pathways).
Autism (CYP)	**EoE Funding 3yrs Plan** 1. Implement post diagnostic needs led support. 2. Scope additional therapy requirements – Speech and language , OT, sensory . 3. Scope additional funding requirements for ARFID and other eating disorders. 4. Scoping of trauma informed approaches. 5. Use of local authority sufficiency forecasting data for SEND to inform planning .
17) Provider Collaboratives	**No additional funding required. Agree risk share for FTA.** 1. Create and sustain all age governance and collaboration with the Provider Collaborative.

	2. Enhance Forensic Services for LD ASD in line with the Provider Collaborative. 3. Enhance community resilience and provider framework to support Forensic needs. 4. Embed system funding strategy and contracts with Provider Collaboratives.
18) People Plan	**No additional investment required.** 1. Embed sustained equity for LD ASD across Patient Quality and Safety surveillance, system financial strategy, operational priority and primary care. 2. Ensure LD workforce strategies across the system actively evidence links with the system workforce strategy. 3. Support a continued system culture transformation of recruitment, development and retention making effective use of the full range of our people's skills and experience- eg explore new models of training and staff rotation for LD services. 4. Support diversity in recruitment.
Community Mapping Exercise	
a) Intensive Support (Adults)	**EoE Funding 3yr Plan** **As per sections above:** 1. Enhance system specialist provider framework and embed localised financial transfer award. 2. Support system accommodation framework for 'single service' and other bespoke specialist accommodation. 3. Enhance the intensive support teams and move towards a 24/7 service.
Intensive Support (CYP)	**EoE Funding 3yr Plan** 1. Scope Integrated Intensive support team model for CYP. 2. Enhance respite provision.
b) Forensic Support	**EoE Funding 3yr Plan** 1. Enhanced forensic service within reasonable adjustments to meet LD and or ASD. 2. Enhanced pathways with 'roaming' staff that support patients at the right time and in the right place to avoid 'box services' that are not flexible. 3. Support implementation of the forensic provider collaborative.

2. **Funding Expenditure Plan –** this is to include Community, LeDeR and CYP Keyworker funding allocations.

Year 21/22				
LTP Commitment	**How and What will be delivered**	**Investment £**	**Timeline**	**Lead**
LeDeR	Utilise available funding to supplement a dedicated local LeDeR team functions for example: additional training, additional reviewers for complex reviews, independent chair, group system supervision to volunteer reviewers, quality improvement engagement initiatives, independent MARS chairing.	31,784	1/4/21 – 31/3/22	Susan Sadek
CYP Key Worker	Key Worker roles across C&P in line with expression of interest submitted.	£366,688		Karlene Allen
Community Services, Reduced Reliance on Inpatient Care Enhanced Intensive Support and Forensic Services Adult Autism Service	The local health and care system will work together in enhancing the community infrastructure by considering investments into: Adjustments to the community teams to make them resilient in supporting LD/ASD in the community Support extension of Crisis community beds: 3 x Single Service crisis provider + accommodation Support Expansion of Community Forensic Service : 1 x clinical forensic psychologist (RC) LD ASD 2 x LD forensic nurses Implement Adult Autism Diagnostic and Post diagnostic Service (local CCG funding of 450k, annum, recurrent).	£424,700		Marek Zamborsky
	Total NHSE	**£823,172**		
Year: 2022/23				
LEDER	Utilise available funding to supplement a dedicated local LeDeR team functions for example: additional training, additional reviewers for complex reviews, independent chair, group system supervision to volunteer reviewers, quality improvement engagement initiatives, independent MARS chairing.	£30,277		Susan Sadek

Community Services, Reduced Reliance on Inpatient Care further enhancement of Intensive Support	Further Expansion towards 7 day community Crisis Functions , explore links with the local MH crisis function (111 Option 2 for LD and ASD)	£661,847 (cumulative from 21/22, actual additional investment in 22/23 = £237,147		Marek Zamborsky
CYP Key Worker	Recurrent funding to expand keyworkers	£466,688		Karlene Allen
	Total	**£1,158,812**		
Year: 2023/24 Allocation £				
LEDER	Utilise available funding to supplement a dedicated local LeDeR team functions for example: additional training, additional reviewers for complex reviews, independent chair, group system supervision to volunteer reviewers, quality improvement engagement initiatives, independent MARS chairing.	£15,892		Susan Sadek
Community Services, Reduced Reliance on Inpatient Care Enhanced Intensive Support and Crisis Care 24/7	Full establishment of All Age LD and ASD crisis function operating 7 days a week Potential investment into CYP ASD post diagnostic support	£1,272,730 (cumulative from 22/23, actual additional investment in 23/24 = £610,883		Marek Zamborsky
CYP Key Worker	Recurrent funding to continue Keyworkers	£466,688		Karlene Allen
	Total	**£1,755,310**		

Financial Assumption:

CPCCG makes a financial assumption that all allocations beyond 23/24 will become recurrent, and the funds will be allocated accordingly to CCG/ICS baselines.

3. Plan Sign off

Transforming Care Partnership Senior Responsible Owner (SRO) (Representative from CCG or Local Authority)	Transforming Care Partnership Deputy SRO (Representative from CCG or Local Authority)
Organisation…………………………………………… Designation……………………………………………. Signature……………………………………………….	Organisation…………………………………………… Designation……………………………………………. Signature……………………………………………….
Executive Director(s) of Provider Collaborative(s)	Parent carer/ forum or NNPCF representative
Organisation…………………………………………… Designation……………………………………………. Signature……………………………………………….	Organisation…………………………………………… Designation……………………………………………. Signature……………………………………………….
(Other)	(Other)
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