

North East Joint Health Scrutiny Committee



Meeting on Wednesday 6 January 2016 at 10.00 am in Committee Room B, Civic Centre, Hartlepool

Agenda

1. Chairman's Welcome
2. Apologies for absence
3. To receive any Declarations of Interest by Members
4. Minutes of the meeting held on 17 December 2015 (*to follow*)
5. North East and Cumbria Learning Disabilities Fast Track Transformation Plan:
 - a) Covering Report (Scrutiny Manager); and
 - b) Presentation by the North of England Commissioning Support Unit (NECS)
6. Chairman's urgent items
7. Any other business
8. Date and time of next meeting

To be confirmed.

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

17 December 2015

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Chair: Councillor Martin-Wells, Hartlepool Borough Council

Stockton Borough Council:
Councillor Javed

South Tyneside Council:
Councillor McCabe

Durham County Council:
Councillor Robinson

Redcar Borough Council
Councillor Kay

In accordance with Council Procedure Rule 5.2 (ii), Councillor Taylor was in attendance as substitute for Councillor Mendelson (Newcastle City Council).

Also Present: Councillor Ainslie, Hartlepool Borough Council
Councillor Beal, Stockton Borough Council
Peter Dixon and Liz Rogerson, NHS England
Dr Sundeep Harigopal, Northern Neonatal Network Lead
Dr David Shortland and Sue Eardley, Review Team
Dr Alan Fenton and Derna Campbell, RVI Newcastle
Dr Sean Fenwick and Carol Harries, Sunderland City Hospital NHS Foundation Trust
Karen Hawkins and Boleslaw Posmyk, Hartlepool and Stockton on Tees CCG
Gill Findley, North Durham and DDES CCGs
Alan Foster and David Emerton, North Tees and Hartlepool NHS Foundation Trust
Kath Mathieson and Angela Hughes, Fighting for Hartlepool Hospital
Gordon Goddard, Town of Hartlepool Challenge
Representatives from Hartlepool Mail and Northern Echo

Officers: Elise Pout (Middlesbrough Borough Council)
Alison Pearson (Redcar and Cleveland Borough Council)

Judy Trainer (Stockton Borough Council)
Angela Frisby (Gateshead Borough Council)
Karen Christon (Newcastle City Council)
Stephen Gwilym (Durham County Council)
Paul Baldasara (South Tyneside Council)
Alastair Rae, Public Relations Manager (Hartlepool Borough Council)
Joan Stevens, Scrutiny Manager (Hartlepool Borough Council)
Angela Armstrong, Principal Democratic Services (Hartlepool Borough Council)

20. Apologies for Absence

Apologies for absence were received from Councillors Wendy Newall (Darlington Borough Council), Councillor Green (Gateshead Borough Council), Councillor Mendelson (Newcastle City Council), Councillor Pamela Brooks (North Tyneside Council), Councillor Dryden (Middlesbrough Borough Council), Councillor Sambrook (Northumberland County Council), Councillor Brady (South Tyneside Borough Council), Councillor Trisha Lawton (Hartlepool Borough Council) and Clare Wilson (Independent Person, Hartlepool Borough Council).

21. Declarations of Interest

Councillor Taylor (Newcastle City Council) declared a personal interest in minute 24.

23. Minutes of the meeting held on 1 October 2015

Confirmed subject to the amendment of the decision in minute 19 to refer to further consideration being undertaken of the NHS England review and the potential impact on the number of Learning and Disability inpatient beds.

24. Review of the Neonatal Services in the North East England and Cumbria – Consultation

The Scrutiny Manager introduced representatives from the Northern Neonatal Network/NHS England and the Royal College of Paediatrics (report commissioner) and Child Health (RCPCH) (report author) to present the recommendations/proposals of the Review of Neonatal Services in North East England and Cumbria which would assist the Committee to formulate a response to the consultation. The representatives provided a detailed and comprehensive presentation of the process undertaken during the review of Neonatal Services along with the recommendations of the review which covered the key issues of Transport; Configuration and the Network Role. The full report was attached by way of appendix.

A lengthy discussion ensued on the outcomes and the number of cots required for the provision of neonatal care across the North East region.

The representative from the Northern Neonatal Network informed the Committee that national and international evidence had shown that high activity centres had better outcomes.

A representative from NHS England confirmed that no commissioning decision had yet been made and that subsequent discussions had led to further consideration that the proposals should be aligned with the Better Health Programme (formerly SeQiHS) and this was to be taken forward through further consultation.

Concern was expressed regarding the effectiveness / safety of neonatal transport arrangements across the region and it was suggested that this should form a key part of the consultation and any future proposals. As such it was requested that the Committee receive a further report from NHS England detailing proposals, and associated timescales, for the provision of improved transport arrangements.

The Chair welcomed indications that, pending completion of the consultation, there would be no significant changes to the current neonatal services provided at the University Hospital of North Tees, with services to be provided as follows (subject to clinical discretion / need). However, it was expected that should there be any significant change in the neonatal care service provision from Sunderland City Hospital and the University Hospital of North Tees, it be reported to this Committee.

Decision

- i) The Committee noted that that the consultation in relation to the review of neonatal services in the North of England and Cumbria will now be considered as part of the wider Better Health Programme (formerly SeQiHS) consultation exercise and looked forward to its involvement in the consultation process;
- ii) The Committee welcomed indications that, pending completion of the consultation, there will be no significant changes to the current neonatal services provided at the University Hospital of North Tees, with services to be provided as follows (subject to clinical discretion / need):
 - Babies born at 23 to 26 weeks to be treated at the RVI and James Cook hospitals; and
 - Babies born at 26 weeks plus to be treated in individual units (as currently provided).
- iii) The Committee emphasised the importance of resolving issues regarding the effectiveness / safety of neonatal transport arrangements prior to the implementation of any proposals for the provision of restructured services and requested a further report from NHS England detailing proposals, and associated

timescales, for the provision of improved transport arrangements.

25. Chairman's Urgent Items

None.

26. Any Other Business

None.

Meeting concluded at 11.35 am

CHAIR

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

6 January 2016

Report of: Scrutiny Manager

Subject: NORTH EAST AND CUMBRIA LEARNING
DISABILITIES FAST TRACK TRANSFORMATION
PLAN

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from the North of England Commissioning Support Unit who will be in attendance at today's meeting to present details of the transformation plan, its proposals and timescales.

2. BACKGROUND INFORMATION

- 2.1 The North East Regional Health Scrutiny Committee, at its meeting on the 1 October 2015, was made aware of review of the transformation of the Learning and Disability service being undertaken across five fast track areas. The North East and Cumbria being one of the identified fact track areas.
- 2.2 In considering the report attached at **Appendix A**, the Committee was concerned that the review could have a significant negative impact on the number of available learning and disability inpatient beds and associated wider community services in the region and, as such, that the proposals would constitute a substantial variation in service provision. In recognition of this, the Committee agreed that the review, and its proposals, should be considered in greater detail and in order to facilitate this, representatives from the North of England Commissioning Support Unit will be in attendance at today's meeting to present details of the transformation plan, its proposals and timescales.
- 2.3 In addition to this, invitations have been extended to:
- Representatives from across the North East and Cumbria health economy including Commissioners and Providers, the Northern Clinical Commissioning Group Forum; and
 - Experts by experience/ service user to share their views on how they see services working currently and what they aspire them to be.

2.4 In considering the evidence / information provided, the Committee will be:

- Obtaining clarification as to the potential regional impact of proposals;
- Considering / discussing the proposals in terms of how the business case has been developed; and
- Ascertaining how the region can input in to the development / implementation of the proposals and associated timescales.

3. RECOMMENDATIONS

3.1 That the Joint Committee:

- 1) Consider / receive the presentation and seek clarification as required; and
- 2) Give initial consideration to the proposals of the review and ascertain how it is to input in to the development / implementation of the proposals, within the associated timescales.

Contact Officer:- Joan Stevens – Scrutiny Manager
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NHS Protect

Northern Clinical Commissioning Group Forum (NCCGF)

For NCCGF of (Date): 01.10.15

Does paper need to be circulated before the agenda goes out (i.e. earlier than 6 days prior to NCCGF) (please circle): **No**

Is this for 'CCG-only' section (please circle): **All members**

Title of report:

North East and Cumbria Fast Track Learning Disability Transformation Work Programme Update

Purpose of report (brief description):

To provide the Northern CCG Forum with an update on the key developments and next steps in the fast track learning disability transformation work programme. The paper also includes the transformation plan that was submitted to NHS England on behalf of the North East and Cumbria Fast Track area and describes the NHS England assurance process, feedback received to date and future timescales.

Recommendations and actions required by NCCGF:

The Northern CCG Forum is asked to:

- Note the developments to date
- Note the feedback from the assurance process, timescales and next steps
- Review the North East and Cumbria Fast Track Transformation Plan and provide support for the direction of travel
- Ensure that the plan is presented to CCG governance groups and local Health and Wellbeing Boards.

Is the paper for (please tick):

Decision-making

☐

Information Sharing

☒

Discussion

☒

Sponsor: David Hambleton

Report Author: Mark Davies

Job Title: Project Manager, NECS

Date: 23/09/15



Partners in improving local health



North of England
Commissioning Support

North East and Cumbria Fast Track Learning Disability Transformation Work Programme Update

23rd September 2015

1.0 Purpose of Update

To provide the Northern CCG Forum with an update on the key developments and next steps in the fast track learning disability transformation work programme. The paper also includes the transformation plan that was submitted to NHS England on behalf of the North East and Cumbria Fast Track area and describes the NHS England assurance process, feedback received to date and future timescales.

The Northern CCG Forum is asked to:

- Note the developments to date
- Note the feedback from the assurance process, timescales and next steps
- Review the North East and Cumbria Fast Track Transformation Plan and provide support for the direction of travel
- Ensure that the plan is presented to CCG governance groups and local Health and Wellbeing Boards.

2.0 North East & Cumbria Learning Disability Fast Track Plan

Prior to the announcement of the National Fast Track Programme, the Northern CCG Forum had identified learning disabilities as a 'large scale' transformational change programme. As a result a great deal of scoping, engagement and mapping work had been undertaken including the development of a regionally agreed vision, which was underpinned by new service standards and principles that were developed to articulate the quality standards and outcomes that the North East and Cumbria will adopt.

The Northern CCG Forum also agreed the Terms of Reference and governance arrangements to oversee this programme of work with the North East and Cumbria Learning Disability Transformation Board being established to oversee and manage the development and delivery of the learning disability transformation programme.

On 12.06.15 NHS England announced that the North East and Cumbria would be one of five national Fast Track areas for Transforming Care for people with a learning disability. Fast Track areas were asked to develop a joint plan for transforming services by 7 September 2015, which needed to include bids for a share of the national transformation fund (£10M across the 5 fast track areas) to kick-start service change during 2015/16.

As part of the national fast track transformation programme the North East and Cumbria were required to produce an in-depth transformation plan focusing on five key areas:



The work that had already been undertaken in the North East and Cumbria has supported the development of a comprehensive transformation plan, with involvement of a wide range of stakeholders, despite the challenging national timescales.

The North East and Cumbria Transformation Board has overseen the development of the Fast Track transformation plan with NHS North of England Commissioning Support providing project and programme management support, as well as specific technical support (on areas including business intelligence, finance, communications and engagement, provider management and learning disability specialist knowledge). It was agreed that the plan would be developed at a regional level, and would feature locality specific plans which would describe the changes required at a locality level (Including service redesign, shifting resources, piloting of new models of care and any proposals for the use of the national transformation funds).

A number of regional stakeholder events were held to build on the previously agreed vision and develop the new service model. It was agreed that the model of care would focus on 7 key strands, which are aligned to the draft national service model:

- Choice and control at the heart of ALL service provision and planning
- Systematic, early identification and intervention
- Planned, proactive and coordinated care in the community
- Effective prevention and management of Crisis
- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System
- A consistently highly skilled, confident and value driven workforce
- Equitable service provision and high quality evidence based care

Task and finish groups were established to further develop the model and proposals in relation to these areas and the information and proposals they developed were included in the Fast Track plan. CCG and local authority commissioners also produced locality based plans which described the development, change and investment needed to achieve the new model of care and implement the North East and Cumbria Service and Care Standards. These locality plans were also submitted as part of the Fast Track plan.

The Transformation Board identified a core writing group, with representation from a range of stakeholders, who helped to pull the final plan together. The draft plan was

reviewed by the North East and Cumbria Transformation Board on 1st September and signed off by the SRO and Deputy SRO prior to submission on 7th September.

A web portal was developed to store the Fast Track plan, allow everyone to access the most up-to-date version as the plan was developed and avoid the need to email the large file. The final fast track plan can be accessed at:

<http://www.necsu.nhs.uk/necfasttrack> Password: FastT0.

ACTION: The Northern CCG Forum is asked to review the North East and Cumbria Fast Track Transformation Plan and provide support for the direction of travel.

3.0 NHS England Assurance Process and Feedback

3.1 Regional Assurance Panel

Following the submission on 7th September, a regional assurance panel assessed the plan against the criteria detailed in the planning guidance and the following feedback was received on 10th September. The feedback identified the following areas of relative strength:

- *Given the limited time to prepare and produce the plan, and acknowledging the considerable pressures involved, the plan submitted at this point in time provides a good baseline from which the North East & Cumbria Fast Track Area can move forward*
- *The plan evidences strong leadership and stakeholder commitment to transform services which should lead to improvements in patient experience*
- *The service model reflects clinical insight and engagement with a sound community focus*
- *Links to the national work relating to CAMHS is noted*
- *The national service model principles underpinned the models of care described in the Plan*

The areas of focus to enhance the plan were detailed as:

- *Aligning the vision more closely with the service model*
- *Activity and finance modelling requires further attention for the purpose of setting trajectories and understanding future costs and must be underpinned by robust governance arrangements. The plan required this level of detail to assist local implementation and monitoring of outcomes and inform the national transitional plan*
- *The implementation plan should reflect key milestones over the lifespan of the plan with identified leads*
- *Workforce processes could be further explained and outlines as to how new models of care will be support*
- *References to children and young people with a learning disability/autism are included but this requires further detailed work in relation to the service model and outcomes*

- *Market and Provider development is fundamental to achieving service redesign, and requires a sustained focus, which needs to be examined working across geographical boundaries*
- *Further work is required to ensure clarity in relation to clinical outcomes, patient outcomes, national outcomes and performance measures*

Fast Track areas were expected to present responses to their specific feedback at a National Panel meeting on Tuesday 15th September. A team of people from the North East and Cumbria were identified to represent the Fast Track area and attended the national assurance panel.

3.2 National Assurance Panel

Following a successful presentation where a number of the areas of focus were addressed and assurance provided, the National Panel requested three specific outputs from the North East and Cumbria Fast Track:

- *Trajectories – could the Fast Track consider/determine trajectories beyond the 5 year plan? Could the ambition be greater than a 52% reduction?*
- *Route Map – A high level Route Map needs to be produced to clarify how, what, when, activity will come on line. What are the key milestones, who will lead?*
- *Financial Modelling – Clarification re the match funding specifically.*

Trajectories – A document detailing the rationale (attached as Appendix A1) behind the proposed trajectories has been sent to NHS England describing why the North East and Cumbria Fast Track has not produced trajectories past 5 years, with a particular focus on maintaining patient safety. The rationale recognises that the proposed trajectories are ambitious, have been developed with commissioning and provider engagement and are a realistic assessment of how far ahead we should be setting trajectories on bed numbers.

Route map - A route map has been produced (attached as Appendix A2) and submitted to NHS England. This document builds on the implementation plan and describes the high level actions required to deliver the transformation programme. The implementation plan and route map will need to be further developed with locality level actions and milestones.

Financial Modelling - Information (attached as Appendix A3) was provided to NHS England clarifying the match funding arrangements associated with the North East and Cumbria bid for National Transformation Funding.

3.3 Further Assurance and Allocation of National Transformation Funding

Decisions from NHS England on the allocation of the National Transformation Funding were initially expected around the 22nd September. However, given the additional complexities within Fast Track plans, this date has slipped. An updated timeline is expected from NHS England and this will be shared.

A national event is being held on 1st October to help support the resolution of any outstanding issues relating to individual plans, examine the implementation challenges and design a national implementation approach and integrate the individual Fast Track plans with the National Plan.

4.0 Next Steps and Timeline

The North East and Cumbria Learning Disability Transformation Board supported the Fast Track Plan and made a commitment to take the plan through the formal governance arrangements of each of the statutory organisations involved. Given the system wide involvement, and differing governance arrangements in place for each CCG and Local Authority partner, the plan needs to be presented to CCG governance groups and Health and Wellbeing Boards for formal approval during October and November. NECS are currently co-ordinating dates of meetings / dates of submission for papers and will liaise with the CCG and Local Authority learning disability commissioning leads in each area who will be responsible for ensuring the plan is presented to their local meetings.

ACTION: Members of the Northern CCG Forum are asked to ensure that the plan is presented to CCG governance groups and local Health and Wellbeing Boards in their localities.

The programme implementation plan and route map describe key activities and deliverables that need to be progressed. Key actions to be taken forward during October include:

- Confirmation of the National Transformation Funding Allocations
- Further developing the locality plan milestones and timescales
- Establishing the proposed task and finish groups to progress the agreed work areas
- Developing the formal programme arrangements and documentation
- Developing an approach and submitting a bid for a share of the 'North 2015/16 capital plan' funding (approx. £3.6M) to support the resettlement of patients with learning disabilities (this can include grants to Housing Associations, voluntary bodies or local authorities to purchase, refurbish, adapt properties for individuals or small groups of people).
- Further financial analysis and modelling to provide further detail on the baseline position and model the financial implications of the proposed plan
- Agreement of the communication and engagement approach. Including preparation of communications for staff, people with learning disabilities, families, carers and the public.

Sponsor: David Hambleton

Report Author: Mark Davies

Job Title: Project Manager, NECS

Date: 23/09/2015

Appendix 1: Trajectory Rationale



Trajectory
Rationale_v3.0(23.05)

Appendix 2: Route Map



Route Map - Fast
Track C and NE.xls

Appendix 3: Match Funding detail



Transformation
Funding 170915.docx

North East and Cumbria Learning Disability Fast Track: Trajectory Rationale

The North East and Cumbria Fast Track is taking a population-based approach to its transformation programme. We recognise that improving the lives and outcomes of people with learning disabilities requires a life course approach which supports the changing needs of individuals throughout their life. Stakeholders across the North East and Cumbria have agreed an ambitious and broad vision which requires focused improvement and transformation across the wider determinants of health.

The North East and Cumbria has a good understanding of the current numbers of people with learning disabilities who are being supported by health or social care, including detailed information on the numbers of people currently receiving treatment and care in a learning disability inpatient setting.

The transformation is focused on some specific areas within a broader portfolio of work which will contribute to ensuring people receive high quality, evidence based care in the most appropriate setting and increasing the number of people cared for in the community, reducing the number of inpatients and associated contracted beds.

The North East & Cumbria Health and Social Care Economy have worked closely to agree a shared currency to establish a baseline and subsequently agreed a challenging and significant reduction in in-patient numbers, as well as a reduction in contracted bed numbers across the region. This reduction was projected over the 5 year fast track period with significant front loading of bed closures to show the North East and Cumbria's dedication to this transformation programme, and the pace at which it is required.

As stated, the North East and Cumbria Fast Track area proposes a 52% planned bed reduction trajectory by 2020. The North East and Cumbria has not considered trajectories beyond the 5-year period however, progress against this will be regularly reviewed by the North East and Cumbria Learning Disability Transformation Board and opportunities to further stretch this ambition will be explored throughout the delivery of the transformation programme. As described in the transformation plan, a full range of other system and outcome measures will also be monitored throughout the transformation programme to ensure that; the impact of changes to services and care is understood; quality of care is improved; and quality of life is improved. We believe it is inadvisable to make further assumptions about bed reductions beyond 2020 given the need to assess the impact of the already significant changes proposed.

There has been significant involvement of providers, commissioners and other stakeholders in setting this ambition and trajectory and it is a reflection of what is considered, safe and appropriate for the population of the North East and Cumbria and will allow delivery of the proposed model of care. The detailed implementation plan and locality plans that describe how this will be achieved are being further developed to provide further assurance that this can be achieved.

The proposed reduction is considered very ambitious within the proposed timescales and some of the challenges and rationale are described below:

- Complex flows and system considerations are operating that need to be fully understood and modelled to determine whether any further reductions are achievable. This includes a more detailed understanding of out of area patients, the number of which is particularly high in the North East and Cumbria, particularly in forensic learning disability and children and young learning disability services. For example in one provider for 2014/15, 34% of learning disability inpatient bed days were commissioned for out of area patients. These complicated flows of patients which are not only from England but also includes a significant flow of people from Scotland also have implications for ordinary residence and responsible commissioner arrangements as people often choose to settle in the North East following discharge from an inpatient setting. Given the complexity of the region and its service provision, the North East & Cumbria Fast Track area intends to commission an independent expert to look into the demographic, geographical and out-of-area implications, to fully understand what that means for the region, and in turn for those individuals who require services.
- Workforce requirements are significant and achievement of the proposed trajectories will require transformation of the workforce with the significant investment and intensive focus on workforce development that is described in the transformation plan. It is felt that reductions beyond those described in the trajectories are unlikely to be unachievable within the 5 year period, as workforce is likely to be a limiting factor. A large proportion of the workforce of trained experienced staff are due to retire in the next few years and workforce planning to-date has not been adequate to address this issue. There have been reductions in the number of nurse training places offered and those people who currently work in inpatient services have been leaving to join agencies where they are offered more attractive terms and conditions with higher salaries. There also needs to be a well-informed debate about challenging behaviour and what it really means. New ways of facilitating the management of individuals whose behaviour challenges need to be developed and training and staff development and support enhanced. This will require a cultural shift across all agencies. This cultural shift is possible, but in order for it to be achieved it will take time and needs to be managed effectively. It is imperative that patients should not be left in a worse position exposed to sub-standard care as an unintended consequence of this transformation programme. They should continue to receive high level good quality care in suitable environments where they can achieve a good quality of life.
- Several clinicians have flagged risks associated with a lack of community infrastructure and a subsequent inability to support people adequately with community interventions and/or risks associated with rushed discharges or inability to admit to a bed when there is serious public protection concern. The pace of closure is important, however, patient safety should be paramount. It will take time to ensure that adequate community infrastructure is developed.
- Providers have been heavily involved in developing the trajectories and consideration has been given to the viability of providers delivering services in the future. The North East and Cumbria service model recognises that some people with learning disabilities will require inpatient services and it is important

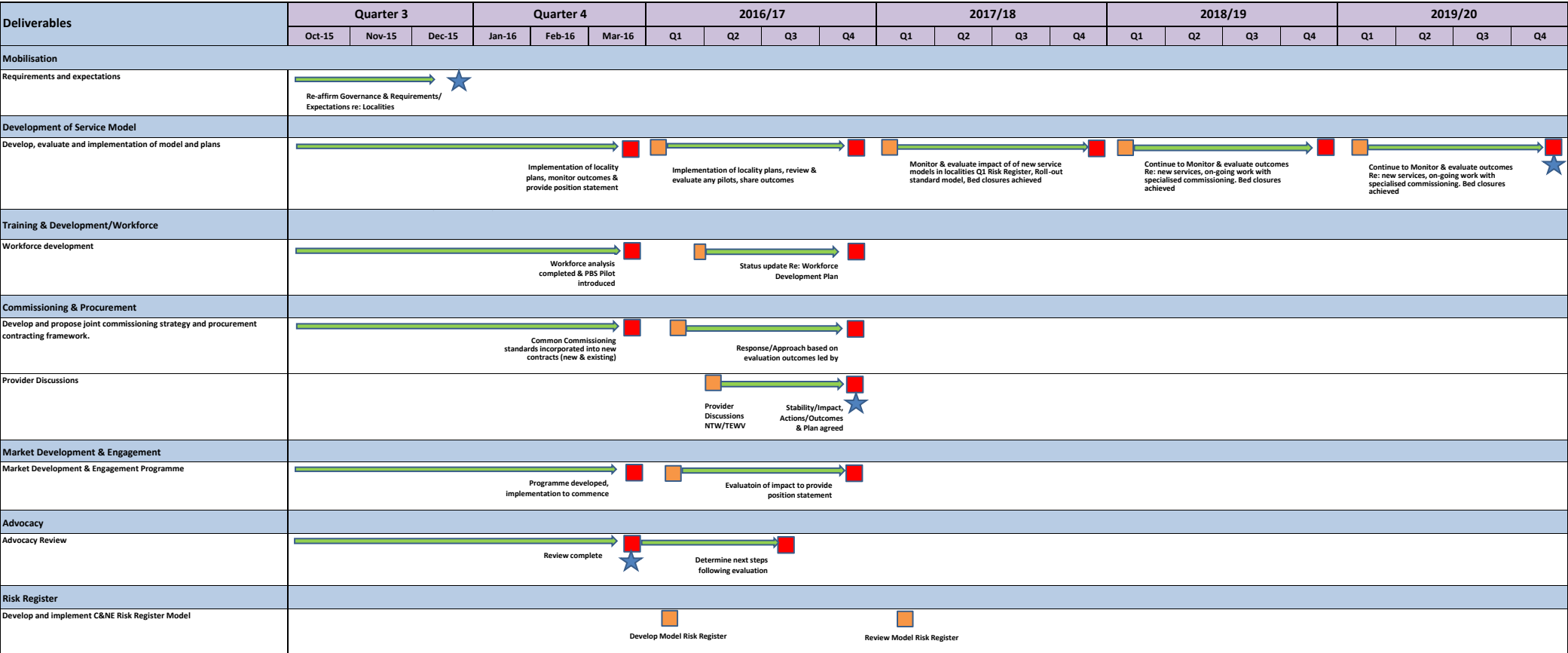
to ensure that future service configurations are deliverable. This will be explored further as the more detailed implementation plans and financial modelling are developed.

As is clear from the North East and Cumbria Fast Track plan and proposed trajectory that bed reductions, the impact of them, the focus on improving quality and quality of life and the ability to support people in a community setting is our aspiration. This aspiration and ambition will not stop in 2020. However, given the complexities outlined above, we need to learn from our experience and plan sensibly beyond that timeframe.

North East & Cumbria Fast Track - proposed trajectories

North East & Cumbria Fast Track - proposed trajectories									
Total Inpatients (in CCG Contracted Beds)	Baseline (31.03.13)								
NTW	69								
TEWV	46								
CPT	8								
Other	26								
Total	149								
CCG Contracted Beds									
Provider	Baseline (31.03.15)	15/16	16/17	17/18	18/19	19/20	2020	Total Reduction (no. of beds)	Total Reduction (%)
NTW	60	50	34	28	28	28	28	32	53%
TEWV	56	41	38	33	28	25	25	31	55%
Cumbria Partnership	6	6	6	5	5	5	5	1	17%
Other (Independent sector & spot purchased)	24	24	22	20	16	14	12	12	50%
TOTAL	146	121	100	86	77	72	70	76	52%
Specialised Commissioning Beds									
Provider	Baseline (31.03.15)	15/16	16/17	17/18	18/19	19/20	2020	Total Reduction (no. of beds)	Total Reduction (%)
All	109	97	75	64	62	62	62	47	43%

Cumbria and North East Transforming Care Fast Track Programme



Key Milestones-example recognifiguration of resources, intial discussions, procurement etc

Steps in Process/evaluation

Delivery/Target Date

Trajectory

North East and Cumbria Region – Matched funding update 17-09-15

Transformation Funding for Learning Disability Services

The North East and Cumbria Fast Track project plan is predicated on key financial investment from the Transformation funding being in place. The funding being requested is at a level which the Chief Finance officers from across the region believe is prudent and will support deliverable and cost effective approaches to successfully moving the project forward.

Our submission has been produced with input from all local CCG's, Local authorities and other key stakeholders across the area.

Our Governance

The approach taken to compile the Funding Requirement has been assured through existing governance arrangements, and as such has been approved by the North East and Cumbria Learning Disability Transformation Board. The Funding requirement reflects both Regional and Locality based priorities and has been scrutinized to ensure that duplication is minimised, cross working is encouraged and that the overall plan results in resources being targeted in the most appropriate way to maximise impact and best support successful project delivery.

The approval of Transitional funding will be reported back to the Transformation Board and they will receive regular monitoring reports on progress, slippage and outcomes in relation to the funding on a regular basis once it is awarded.

Matched Funding

The table below shows the areas of matched funding for 2015/16 aligned to the transformation funding request. All matched funding is committed in full and will be spent in full by March 2016.

Transformation Plan Category	Transformation Funding Bid £	CCG Matched Funding 2015/16 £
Strengthening and Developing Community Support	1,031,500	2,291,386
Workforce Development	256,400	160,000
Market Development	44,500	50,000
Dual running/ Non Recurrent costs of partial closure/ Capacity for risk	623,500	
Community and VCS support	150,000	160,000
Capital Works/ Grants/ Modifications/ Refurbishments and Specialist Equipment	470,000	
Project support and development	135,000	50,000
Total	2,710,900	2,711,386