

**Report to: HEALTH SCRUTINY COMMITTEE**

**Relevant Officers:**

Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group  
Traci Lloyd-Moore, Integrated Commissioning Manager, Blackpool Council

**Date of Meeting:** 29 November 2016

## TRANSFORMING CARE PROGRAMME

**1.0 Purpose of the report:**

1.1 To provide a summary of the recent history of Transforming Care in England and consider an overview of Blackpool's response to the requirements of Transforming Care for people with a learning disability and/or autism and other challenging behaviours.

**2.0 Recommendation(s):**

2.1 To inform the Committee about local plans to meet the requirements of Transforming Care and of work to support implementation of the transformational plan for Lancashire "The Right Track" developed by Lancashire Transforming Care Partnership - a strategically led partnership of eight Clinical Commissioning Groups (CCGs) and three Local Authorities (and Health and Wellbeing Boards) for the Lancashire area.

2.2 For the Committee to provide ongoing support and challenge to enable continued engagement in respect of the Transforming Care agenda.

**3.0 Reasons for recommendation(s):**

3.1 Health and Social Care have a key role to play in ensuring that the commitment to transform services for people with learning disability and/or autism are achieved. Health Scrutiny needs to secure assurance that transformation meets the needs of vulnerable people, provides value for money and is sustainable.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget N/A

3.3 Other alternative options to be considered: None.

#### 4.0 Council Priority:

4.1 The relevant Council Priority “Communities: Creating stronger communities and increasing resilience”.

#### 5.0 Background Information

- 5.1 The history of learning disability services, and of services for those with autism, nationally over the last decades has been littered with a series of scandals, the most recent being Winterbourne View. In December 2012, the Department of Health published the Winterbourne View Concordat - a programme of action designed to transform services for people with learning disabilities and/or autism and other challenging behaviour. The key objectives of the Concordat were to develop and implement plans for the transfer of people from hospital to appropriate community settings **by 1 June 2014**. A number of national bodies including NHS England (NHSE), the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS) made a commitment to work collaboratively with CCGs and Local Authorities to achieve the objectives of the Concordat within this timeframe.
- 5.2 Following a series of reviews by NHS England to determine progress in delivering the Concordat it became clear that the ambition to move people from their current hospital settings including those inappropriately placed in hospital to community-based support within agreed timescales would not be achieved and a more complex process than first anticipated took place. The reviews found widespread failings in service design, failure of commissioning and failure to transform services in line with established good practice.
- 5.3 Recognising this, NHS England commissioned Sir Stephen Bubb in 2014 to produce a report **Winterbourne View – Time for Change** on how to accelerate the transformation of care and to make recommendations about what needed to be done to achieve systemic change. This report has informed the Transforming Care agenda, building on the work of the last few years and accelerating progress where it has been slow, whilst maintaining a commitment to seeing a substantial shift away from reliance on inpatient care.

## 5.4 Transforming Care Outcomes and Requirements

### Transforming Care Outcomes

1. People should be supported to have a **good and meaningful everyday life** - through access to activities and services such as early year's services, education, employment, social and leisure; and support to develop and maintain good relationships.
2. Care and support should be **person-centred, planned, proactive and coordinated** – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
3. People should have **choice and control** over how their health and care needs are met – with information about care and support in formats people can understand including the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.
4. People should be supported to live in the community with **support from, and for, their families/carers as well as paid support and care staff** – with training made available for families/carers, support and respite for families/carers, alternative short term accommodation for people to use briefly in a time of crisis, and paid care and support staff trained and experienced in supporting people who display behaviour that challenges.
5. People should have a choice about where and with whom they live – with a choice of **housing** including small-scale supported living, and the offer of settled accommodation.
6. People should get good care and support from **mainstream NHS services**, using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the Green Light Toolkit).
7. People should be able to access **specialist health and social care support in the community** – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.
8. When necessary, people should be able to get **support to stay out of trouble** – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or 'offending' behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.
9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a **hospital** setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.

5.5 Care and Treatment Reviews

Care and Treatment Reviews (CTRs) were introduced by NHS England as a requirement of Transforming Care. Care and Treatment Reviews are intended to support individuals in hospital settings and their family to have a voice and to assist the team around them to work together to support a discharge into community. The review process, carried out by independent expert advisers (including one clinician, one 'expert by experience' and the responsible CCG commissioner), asks **whether the person needs to be in hospital** and, **if there are care and treatment needs** and **why these cannot be carried out in the community** unless clinically indicated otherwise. Care and Treatment Reviews for people in hospital take place every 6 months.

5.6 Care and Treatment Reviews have now been embedded as "business as usual" and expanded to include a pre and post admission process and a Blue Light process for unplanned/emergency admissions. They have also been adapted to take account of children and young people of transition age with a diagnosis of autism which are aligned to Education, Health and Care (EHC) plans. Each CCG is required to have a locally agreed process for undertaking Care and Treatment Reviews using guidance drawn from national Care and Treatment Reviews policy.

At Risk Register

5.7 CCGs and Local Authorities are also required to develop and maintain a local "at risk" register which identifies people in the community at particular risk of behavioural challenge which may result in placement breakdown leading to a hospital admission. This proactive and responsive approach aims to ensure that the right support is made available to prevent the need for an admission. Young people of transition age who have been identified as at risk of admission through the Education, Health and Care (EHC) planning process and those in 52 week residential placements must also be included. It is therefore crucial for partners across health, social care and education to work together to monitor the register.

## 5.8 Policy Drivers

### Transforming Care Next steps

Published by NHS England in June 2015, in partnership with Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH).

#### Aims & Objectives

National focus - Delivery of five key priorities **empowering individuals, right care in the right place, workforce, regulation and data** led by NHS England and national partners listed above.

Local focus - Delivery of a 'Fastrack' programme which was established to provide additional support for health and social care commissioners in areas with high numbers of individuals with a learning disability and/or autism in hospital settings, to test out new approaches, address long standing issues and strengthen local services to reduce reliance on inpatient care. Each site received support from NHS England to develop a transformational plan.

The six sites selected were:

- Greater Manchester
- Lancashire (including Blackpool and Blackburn with Darwen)
- Cumbria and the North East;
- Arden, Herefordshire and Worcestershire;
- Nottinghamshire;
- Hertfordshire

## Transforming National Plan & Service Model

“**Building the right support**” published in October 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Care (ADASS) accompanied by a “**national service model**”. This three year national plan aims to develop more community services and reduce inpatient beds by up to 50 per cent, freeing up funds to build new community services.

### Aims & Objectives

- Provides a clear framework for **developing local services** and **closing some inpatient facilities** by 2019
- **Closure and acquisition of Calderstones** by Mersey Care NHS Foundation Trust
- Delivering systemic change by introducing **48 Transforming Care Partnerships**
- Working with Health Education England to consider **Workforce development**
- Working with the National Learning Disability Team on a Delivery Framework to **evaluate change**
- Collaborating with Specialised Commissioners\*
- Developing **Personal Health Budgets**
- Achieving the reductions – being held to account

\* Individuals in secure hospital settings are funded by NHS England’s Specialised Commissioning, it is the intention that on discharge this resource will follow individuals who have been in medium and low secure placements for five or more years through a dowry, funding will cover both care and accommodation costs. For individuals in secure placements of less than five years, CCG’s and local authorities are expected to agree arrangements for funding their community packages.

### 5.9 Regional Response to Transforming Care

In October 2015 Lancashire’s five year transformational plan “**The Right Track**” developed through the ‘Fastrack’ process was approved by the NHS national team, and the eight respective CCGs and three Health and Wellbeing Boards covering the Lancashire area. The plan is multi-faceted with a number of separate, but inter-linked workstreams, with the co-production a key thread throughout. The plan is underpinned by a strong emphasis on personalised care and support planning, and the promotion of personal budgets and personal health budgets which ensure the plan meets Care Act 2014 requirements.

### 5.10 Regional Governance

Lancashire’s plan is governed by Lancashire Transforming Care Partnership a strategic steering group of representative partners. An existing commissioners’ group, the Learning Disability Commissioners Network for Lancashire, has taken responsibility for

delivering the operational elements of the plan supported by a Programme Team which reports to the Steering Group. There is a governance framework in place for Learning Disabilities Transformation through Lancashire Health and Wellbeing Board and the Collaborative Commissioning Board.

- 5.11 A number of National organisations are involved in supporting Transforming Care Partnerships to deliver on this ambitious agenda including NHS England, Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Health Education England (HEE), Skills for Health, Skills for Care, the Care Quality Commission (CQC), NHS Trust Development Authority (TDA), Monitor, and provider representative organisations.
- 5.12 Co-production  
The Transforming Care Plan and associated action plans continue to be refined through ongoing consultation and engagement with people who have experience of inpatient services, their families and carers, as well as key stakeholders, such as Public Health, Housing and the Criminal Justice System. This is undertaken through a pan-Lancashire 'Confirm and Challenge' group which meets on a quarterly basis. Now that Transforming Care is part of the Healthier Lancashire programme, communications are aligned with the Healthier Lancashire communication programme timelines.
- 5.13 Patient cohorts  
Across Lancashire 93 patients in secure or other hospital settings fall under the care of the Transforming Care Programme. Ten discharges have so far been achieved and work is currently focussed on resettling an additional 35 patients into community placements in 2016-2017.
- 5.14 Local response to Transforming Care  
In Blackpool, a significant amount of work has been undertaken to understand the needs of people with learning disabilities and/autism and to understand the future demand Transforming Care will place on services, including gap analysis, market stimulation and the requirement for service redesign.
- 5.15 Blackpool has a well-established Integrated Community Learning Disability Team with strong links between the team and Commissioners across the local authority and CCG. All are linked into and working collaboratively with the Lancashire Transforming Care Partnership and are committed to ensuring successful implementation of the Lancashire plan.
- 5.16 However, to take account of differing levels of maturity in existing Learning Disabilities services and our relative size, Blackpool has developed a local version of Lancashire's plan. The priority areas are outlined below and where relevant, activity is appropriately aligned with Lancashire's plan.

- Enhanced Advocacy Services
- Care and Discharge Planning
- Development of specialist accommodation and the specialist Learning Disabilities provider market
- Development of enhanced respite and crisis provision
- Workforce development
- Funding arrangements (pooled budgets)
- Transitions including alignment with Blackpool's Transformational Plan for Children's Emotional Health and Wellbeing

#### 5.17 Local Governance

A steering group has been established to oversee implementation of Blackpool's plan and to ensure continued alignment with the Lancashire plan. The group is chaired by the Director of Adult Services with senior representation from commissioning, health, adult social care, education and housing. Members of this group are represented on Lancashire's Learning Disability Commissioners Network, the Transforming Care Partnership and the Collaborative Commissioning Board. The governance framework for Learning Disabilities Transformation is through the Blackpool Health and Wellbeing Board.

An overview of key activity in delivery of Blackpool's plan is described below:

#### Care and Discharge Planning

- 5.18 The Integrated Community Learning Disability Team take the lead on all care and discharge planning for individuals with a learning disability and autism who are in hospital working in partnership with providers, clinicians, families and carers to ensure that right support is put in place at the right time to ensure the best possible outcomes are achieved, while working to a successful discharge. Individuals with sole diagnosis of autism are supported through Community Mental Health teams. The process is now supported by a team of case co-ordinators, bid for as part of Lancashire's five year transformational plan.

#### Care and Treatment Reviews

- 5.19 Care and Treatment Reviews are up to date for all Blackpool individuals in a hospital setting. However, it has becoming increasingly evident that as work to discharge patients accelerates and requests for pre-admission Care and Treatment Reviews and Care and Treatment Reviews for young people with autism increase, the capacity of CCG Commissioners to undertake and organise Care and Treatment Reviews is diminishing and concerns have been raised in respect of this regionally. Blackpool has experienced an increase in Care and Treatment Reviews for patients admitted to the Harbour and requests from Children's Services (Child and Adolescent Mental Health Services, CAHMS) for young people with autism, however there is limited resource to meet continuing demand. Consideration needs to be given as to how the process will operate across health and social care on a practical level going forward.

### At Risk Register

- 5.20 A local at risk register is in place for Blackpool which identifies adults (aged 18+) with complex needs either placed locally or out of area to ensure placements are supported appropriately to minimise the risk of hospital admission. Work is also underway to develop a system to capture all eligible young people of transition age in collaboration with Children's Services.

### Specialist Support and Accommodation

- 5.21 Blackpool has worked collaboratively with Lancashire transforming care partnership to shape the provider and accommodation market, to ensure there is sufficient level of specialist care and support providers and a suitable mix of housing to meet the needs of people that fall under the transforming care criteria. A pan-Lancashire accommodation strategy is under development which will set out the current and future housing requirements of the Learning Disabilities population. A procurement exercise led by Lancashire County Council is now complete and a flexible Agreement comprised of specialist care and support providers has been established with call off arrangements between Blackpool and Lancashire in place. Commissioners are also working collaboratively to develop suitable crisis provision offering local specialist support to prevent the need for out of area assessments.
- 5.22 Plans are also underway to develop a specialist (intermediary) service in Blackpool to support individuals appropriately in the community following discharge. The model has been informed through the work of the Integrated Community Learning Disability Team and the expertise of professionals in the assessment of inpatients as part of the Care and Treatment Review process, which has determined the type of environment that would reduce the risk of admission and ensure that needs are met in the least restrictive way. The capital investment required to create a safe and appropriate environment has been secured through **NHS England's Winterbourne Capital Resettlement Fund**. It is anticipated that the service will be occupation ready by end March 2017. Arrangements to commission an appropriate specialist provider to deliver the service will commence in December 2016 calling off Lancashire's Flexible Arrangement.

### Workforce Development

- 5.23 A programme of workforce development is underway with national funding secured through Health Education England/Skills for Care to upskill in-house and external providers – embedding Positive Behavioural Support (PBS) and Challenging Behaviour approaches. Blackpool Council successfully bid for just over £15,000 to roll out PBS training locally.
- 5.24 Feeding into the Workforce Development priority of the Lancashire plan, Blackpool's is contributing to the roll out of a Learning Needs Analysis Tool and engaging with

Learning Disability Provider Forum partners supported by Blackpool Council's Care and Support Service Manager and Learning Disability Commissioning Manager which will help provider organisation's supporting learning disabled people in Blackpool to understand the existing knowledge and skills within their workforce, where and if there are any skill gaps and better understand the opportunities to respond to those areas to ensure the skills of this particular workforce broaden and improve. The data will be accessible to each individual provider and available to the Council which will ensure more effective procurement of training going forwards as this will be targeted towards the areas where there may be a shortfall in the skills required by the workforce.

### Transitions

- 5.25 Transition is a key area of the Transforming Care agenda. Evidence has shown that transitions between child and adult services remain problematic for young people and families and there is a lack of innovation and collaboration to 'wrap services' around people who are complex. The Lancashire Plan makes clear that young people with behaviour that is complex and challenges should be the subject of focused attention and support. Therefore commissioners must work to ensure that local capacity and confidence is built to improve support and increase resilience in the system.
- 5.26 In response, the Community Learning Disabilities Team in collaboration with Commissioners and other specialist providers has recently tested out a new approach which introduces behaviour focused assessments at an earlier stage in the transition process, in order to develop more effective and proactive plans to minimise placement breakdown. Evaluation has been undertaken to measure the effectiveness and intended benefits using the views and experiences of practitioners, provider, service users, families and carers involved in the pilot. It is intended that the framework will be used in future transitions as best practice.

#### Pilot Aims

- Identify the presenting needs and ecological systems and supports which are required to ensure the young person's health, wellbeing and social care needs are met in the least restrictive way.
- Identify pro-active approaches which can be utilised within children's service settings which will increase skills, reduce restrictions and ultimately result in a positive and appropriately supported care package.
- Work in collaboration with families and other key stakeholders to increase understanding of the varying legislative frameworks and address potential barriers early within processes to reduce delay.
- Reduce reliance on high-cost, restrictive and out-of-area placements.
- Identify and mitigate risks and barriers at the earliest possible stage

<ul style="list-style-type: none"> <li>Identify training requirements for future staff teams</li> </ul>
<b>Pilot Outcomes</b>
<ul style="list-style-type: none"> <li>Individual PBS plans have been developed collaboratively and in consultation with young people and their families.</li> <li>Increased collaborative working between adults, children's and third sector colleagues to develop services which are Person Centred, outcomes focussed and proportionate to presenting risks increase resilience in the system and agree future good practice</li> <li>Plans belong to the young person rather than the 'provider'.</li> <li>Promoted co-production based on choice and control</li> <li>Shared approach encouraged positive risk taking and open mindedness</li> <li>Pro-active provider has made this a truly shared project.</li> <li>Use of flexible and intelligent commissioning arrangements has resulted in the right service being commissioned in the right way at the right time in order to meet needs</li> </ul>

5.27 Patient cohort

Blackpool has a relatively small cohort of 9 individuals that fall under the care of the Transforming Care Programme. The table below outlines the current status of clients and anticipated timescales for discharge.

Number of clients	Where are they placed?	Anticipated discharge 16/17	Anticipated discharge 17/18	Anticipated discharge 18/19
4	Non secure hospital	2	2	-
4	Medium secure hospital	1	1	2
1	High Secure hospital	0	-	-

5.28 Care and Treatment reviews are up to date for each patient and all have been clinically assessed as appropriately placed. Families and carers are fully involved in all aspects of the care planning and review process. Detailed planning to facilitate discharge for three patients as indicated in the table by end March 2017 is underway.

5.29 Outside of this, there has been one discharge on end of life care for one long stay patient of more than five years, from Calderstones (now Mersey Care) to a local supported living placement in January 2016.

5.30 Through the care and treatment review process (to be updated) hospital admissions have been prevented in 2016-2017, where an admission could not be avoided this has

resulted in two admissions however detailed and proactive discharge planning is already underway for these individuals with involvement from family and carers.

#### Reporting requirements

- 5.31 CCG and local authority reporting requirements on progress of the transforming care programme has increased substantially over the past four years an overview of what is reported, to whom and how often is summarised below:
- Assuring transformation data on individual patients is submitted to the Health and Social Care Information Centre (HSCIC) on a monthly basis by Blackpool's Integrated Learning Disability Community Team Manager. This is a new reporting mechanism replacing Winterbourne quarterly returns to NHS England.
  - Weekly sub-regional reporting to NHS England on patient activity is submitted via Blackpool CCG.
  - The operational arm of Lancashire Transforming Care Partnership meets on a fortnightly basis to review implementation of the pan-Lancashire transformational plan and progress against key actions. This is attended by members of Blackpool's transforming care steering group. The Transforming Care Partnership reports into the Collaborative Commissioning Board (CCB)
  - Blackpool's Transforming Care Steering Group meets monthly to review progress against local priorities and ensure continued alignment with the Pan-Lancashire plan. This group in turn provide updates on activity to Blackpool Health and Wellbeing Board, Blackpool LD Partnership Board, Blackpool Adults Safeguarding Board and the CCG Quality Committee and Governing Body.
- 5.32 The requirements of Transforming Care are substantial given the relatively cohort of people with complex needs the programme aims to support. However the process is being managed appropriately in accordance with patient needs and there is high level of proactive partnership working and collaboration across local and regional partners to realise the wider ambitions of the programme across the Lancashire footprint.
- 5.33 Does the information submitted include any exempt information? No

#### **List of Appendices:**

#### **6.0 Legal considerations:**

- 6.1 To meet the requirements of Transforming Care, the Council and CCG must work within the legal requirements of the Mental Health Act 1983 and the Mental Capacity

Act 2005. Individuals in hospital settings are subject to restrictions through the Deprivation of Liberties (DOLS) or Court of Protection. Patients can therefore not be moved without the appropriate applications being made.

## **7.0 Human Resources considerations:**

7.1 The Integrated Community Learning Disability Team (CLDT), comprising of health and social care professionals from the Local Authority's Adults Social Care Team, Psychology Services, Blackpool Teaching Hospitals' Community Health and Blackpool CCG, are responsible for co-ordinating and reviewing care plans of people with learning disabilities in social care and health placements. The Contracting and Commissioning Team within the Local Authority are responsible for coordinating contract monitoring arrangements including quality monitoring of local authority and NHS contracted services respectively.

## **8.0 Equalities considerations:**

8.1 A Lancashire wide Joint Strategic Needs Assessment (JSNA) report highlighted that people with learning disabilities are one of the most excluded groups in the community:

- Nearly half live in the most deprived areas of Lancashire.
- Fewer than 15% Lancashire are in employment across Lancashire and in Blackpool this figure is considerably lower.
- The housing needs of people with learning disabilities are considerable and will increase.
- People with learning disabilities experience much poorer health outcomes across a range of conditions including respiratory diseases, sensory impairment, gastrointestinal cancer, anxiety and depression, dementia and challenging behaviour.
- Prevalence and need is increasing whilst available budgets have been decreasing and are likely to continue to decrease.
- This has major implications for how services are delivered and will require a different approach to commissioning and developing co-produced services.

## **9.0 Financial considerations:**

9.1 As part of the national plan, NHS England confirmed that dowries would be available to individuals who have been in medium and low secure placements for five or more years. Currently individuals in medium and low secure settings are funded through NHS England's Specialised Commissioning; it is the intention that this resource will follow the patient following discharge. Funding will cover both care and accommodation costs and be transferred to the local authority. For individuals in hospital settings for less than five years, CCGs and local authorities are expected to

agree arrangements for funding community packages.

- 9.2 The new packages of care that are required for discharged patients are a cost pressure to CCGs and local authorities. Nationally, discussions are underway to determine how and what level of funding will travel with patients following discharge and it is a national expectation that CCGs and local authorities will move towards pooled budget arrangements. It was anticipated that care packages for those moving out of hospital will vary, with some costing between £250,000-£300,000 per year, but some costing much less.
- 9.3 Supported by the NHS Midland and Lancashire Community Support Unit (CSU), Lancashire Transforming Care Partnership is currently considering options for pooling budgets and has drawn up a financial protocol which sets out the scope and process for pooling or aligning resources which has been agreed in principle by the eight CCGs and three local authorities (or Health and Wellbeing Boards).
- 9.4 For the three individuals in Blackpool with identified discharge dates in 2016-2017, Blackpool Council and Blackpool CCG are progressing arrangements for funding of these packages. None of the individuals are dowry eligible.

## **10.0 Risk management considerations:**

### **10.1 Safeguarding**

Scrutiny has a key leadership role to play in ensuring that the commitments of the Transforming Care programme are achieved in respect of safeguarding and protecting the most vulnerable. A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council, Blackpool CCG and care providers.

### **10.2 Finance**

The implementation of Transforming Care presents a level of financial risk from Specialist Commissioners to CCGs and councils as patients are discharged. It has therefore been discussed at a regional level that the most appropriate way to manage this risk is through a Lancashire wide pooled budget. In response, a finance group has been set up with representatives from each local authority and respective CCGs. This group has agreed an initial set of principles within which to establish the arrangement. Initial thoughts are for the pool to cover all elements of the Learning Disabilities budget (including all local authority, Specialised Commissioning and CCG expenditure). This will make the budget a significant value. The timescales for establishing the pooled budget have been set at April 2017 with full integration by September 2017. However given the level of anticipated financial risk, Blackpool is not currently able to commit to progress to a Lancashire wide pool but is given consideration to a local arrangement.

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 Strong engagement of providers, patient and stakeholder is essential and all are being involved in the development of the plan and the detailed delivery models. Stakeholders beyond health and social care are being engaged in the process (e.g. public protection unit, probation, education, housing) and including people with direct experience of using inpatient services.

**13.0 Background papers:**

13.1 None.