

Report

Outline Strategic Commissioning Plans

Edinburgh Integration Joint Board

26 January 2018



Executive Summary

1. In the Statement of Intent presented to the Edinburgh Integration Joint Board in November 2017, the senior management team of the Health and Social Care Partnership committed to producing four outline strategic commissioning plans (one each for disabilities, mental health, older people and primary care) by Christmas 2017. This report provides an update on the progress in developing those plans.

Recommendations

2. The Integration Joint Board is asked to:
 - i. note that the draft outline strategic commissioning plans (OSCPs) for learning disabilities, mental health and older people were considered by the Strategic Planning Group (SPG) on 12 January 2018
 - ii. note that the SPG recognised that good progress had been made in the development of the plans and agreed that these could be used as working documents for sharing with stakeholders; (the SPC noted that the drafts were in different formats and that aligning these, along with the forthcoming OSCP for primary care and physical disabilities, as well as a consideration of the cross-cutting themes was required)
 - iii. approve the summaries of the outline strategic plans for learning disabilities, mental health and older people attached as Appendices 1, 2 and 3 as the means of communicating progress to date and action plans for the next 12 months
 - iv. agree to use the IJB development session scheduled for 27 April 2018 to provide members with the opportunity to consider the draft final outline strategic plans in detail prior to approval at a formal meeting

- v. agree to extend funding to EVOC and Scottish Care to support the development and implementation of the strategic commissioning plan for older people as set out in paragraph 13
- vi. note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 14.

Background

3. In November 2017, the senior management team of the Edinburgh Health and Social Care Partnership presented a Statement of Intent to the Integration Board. This set out actions to be taken in seven key areas, one of which was developing strategies, in recognition of external feedback that the IJB needed to have clearer, more robust plans. OSCP's were to be produced by Christmas 2017 in respect of four areas: disabilities, mental health, older people and primary care.
4. Following the production of the Statement of Intent, it became clear that the outline strategic commissioning plan for primary care should be delayed slightly, to take account of the details of the new GP contract; and that separate plans should be produced for learning and physical disabilities, rather than combining them into a single plan. Revised timescales were agreed for the outline strategic commissioning plans for physical disabilities and primary care to be produced for presentation to the SPG on 2 February 2018.
5. The draft outline strategic commissioning plans for learning disabilities, mental health and older people were circulated to members of the SPG prior to Christmas and discussed by the Group on 12 January 2018.

Main report

6. The SPG recognised that good progress had been made in respect of the content of the OSCP's for learning disabilities, mental health and older people. The Group noted that there needed to be consideration across all 5 OSCP's of cross-cutting issues such as housing, and that the formatting of the OSCP's varied. Whilst the Strategic Planning Group was happy to endorse the content and direction of travel set out in the plans, it requested an opportunity to bring all of the work back together for the IJB to consider "in the round". This would also provide the opportunity for outline financial frameworks to be developed in respect of each of the plans, which would begin to highlight choices that need to be made about the use of resources going forward.
7. Following the discussion at the SPG, officers agreed to produce two page summaries of each of the draft outline strategic commissioning plans, setting out

the context, current position, aspirations, priorities and an overview of the action plan for the next 12 months. The summaries are attached as Appendices 1 to 3.

8. Drafts of the outline strategic commissioning plans for physical disabilities and primary care will be presented to the SPG on 2 February 2018, as planned. It is proposed that discussion of the full, “in the round” picture, including cross-cutting themes, takes place at the Integration Joint Board development session on 27 April 2018, prior to presentation at a formal meeting of the Board for approval.
9. Chairs have now been identified for all four Reference Boards that will oversee the development of the outline strategic commissioning plans into full strategic commissioning plans. The first meeting of the Reference Boards for learning disabilities, mental health and older people will take place in February 2018, with the others commencing in March. The table below provides details of the chairs of the Reference Boards and the officers leading on the development of the strategic commissioning plans.

Strategic Commissioning Plan	Reference Board Chair	Lead Officers
Learning and physical disabilities	Angus McCann and Ella Simpson	Mark Grierson mark.grierson@edinburgh.gov.uk
Mental health	Mike Ash	Colin Beck Colin.beck@edinburgh.gov.uk Linda Irvine Linda.irvine@nhslothian.scot.nhs.uk
Older people	Derek Howie	Katie McWilliam Katie.mcwilliam@nhslothian.scot.nhs.uk
Primary care	Melanie Main	David White David.white@nhslothian.scot.nhs.uk

10. In parallel to the production of the final outline strategic commissioning plans for presentation to the Integration Joint Board, it is proposed that the existing draft plans will be shared informally with stakeholders. This will allow the draft documents to form the basis for work to continue on both the development of the final strategic commissioning plans and implementation of the action plans, as set out in the attached appendices.
11. EVOC on behalf of the Third Sector Strategy Group has proposed a set of principles that should underpin the development of the outline strategic commissioning plans. Other members of the Strategic Planning Group have

agreed to work with EVOC to develop a set of principles that are acceptable to all stakeholders. These will be presented to the Integration Joint Board for approval, along with the final drafts of the outline strategic commissioning plans.

12. Whilst there is absolute commitment that the final strategic commissioning plans should be produced with the full collaboration of stakeholders, the extent to which stakeholders have been involved in the production of the outline plans has varied across the three plans. This reflects the broader position in developing plans over the nearly 3 years of the IJB's existence.
13. The approach taken to the Outline Strategic Commissioning Plan for Older People has been to establish five workstreams (detailed in Appendix 3), some of which are being led or co-led by officers from EVOC and Scottish Care, funded through the Integrated Care Fund. This funding is intended to ensure that the third and independent sectors are directly involved in the governance, delivery and measurement of the integration outcomes. The current arrangements are due to be reviewed by the end of March 2018, although ongoing funding is available through the Integrated Care Fund. Given the importance of the third and independent sectors' contribution to the development and implementation of the strategic commissioning plans, it is proposed that funding for these posts and associated work should be extended for a further year at a total cost of £132k.
14. The table below sets out the next steps and timescales in respect of the five outline strategic commissioning plans.

Month	Milestones	Outcomes
February 2018	<p>2 February – OSCPs for Physical Disability and Primary Care presented to IJB Strategic Planning Group</p> <p>First meeting of Reference Boards for Mental Health, Older People, and Learning Disabilities (6-weekly thereafter)</p>	Approval to move onto next stage – presentation to IJB.
March 2018	<p>2 March progress report on outline strategic commissioning plans to IJB</p> <p>9 March – consideration of report on cross-cutting themes by Strategic Planning Group</p> <p>First meeting of Reference Boards for Physical Disabilities and Primary Care</p>	<p>Approval for proposed approach to develop draft final outline plans with outline financial frameworks</p> <p>Clarity regarding approach to cross cutting themes</p>

April 2018	<p>27 April</p> <ul style="list-style-type: none"> - discussion of draft final outline strategic commissioning plans for learning disabilities, mental health, older people, physical disabilities and primary care at IJB Development session - IJB approval of five outline strategic commissioning plans at formal meeting 	<p>Approval to move onto next stage – development of Strategic Commissioning Plans</p> <p>Draft Directions to NHS Lothian and City of Edinburgh Council</p>
November 2018	Informal circulation of Strategic Commissioning Plans	
December 2018	Presentation of Strategic Commissioning Plans for Older People, Mental Health, and Learning Disabilities to Strategic Planning Group	

Key risks

15. Failure to produce a strategic commissioning plan for older people would result in failure to address one of the recommendations from the Joint Inspection of Services for Older People.
16. The outline strategic commissioning plans need to provide a clear vision of the direction of travel and priorities of the Integration Joint Board in respect of major areas of health and social care services, with clear action plans for delivery. There is a risk that publishing a set of documents that do not have common look and feel will be perceived as indicating a lack of a coherent and joined up approach.
17. Lack of financial detail in previous plans has resulted in them being seen as not fit for purpose. Publishing documents without a level of financial detail will not meet the recommendations of the joint inspectorates.

Financial implications

18. The proposals contained in this report require the commitment of £132k from the Integrated Care Fund for a further year to 31 March 2019. Monies for this are available in the budget for 2018/19.

Implications for Directions

19. Whilst there are no Directions arising directly from this report, the action plans set out in Appendices 1 to 3 will help to deliver a number of existing Directions. Directions will be reviewed prior to the presentation of the draft final outline strategic commissioning plans to the Integration Joint Board to identify any Directions that have been completed or need to be withdrawn or amended. Any new Directions required in relation to the outline strategic commissioning plans will be presented to the Board in due course.

Equalities implications

20. There are no sustainability implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals in the final outline strategic commissioning plans, where appropriate.

Sustainability implications

21. There are no sustainability implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals within final outline strategic commissioning plans where appropriate.

Involving people

22. A number of stakeholders have been involved in the development of the draft outline strategic commissioning plans. Engagement with stakeholders and partners, including people who use health and social care services and unpaid carers has been part of the process of developing the outline plans into final strategic commissioning plans.

Impact on plans of other parties

23. There is no direct impact on the plans of other parties arising from this report. Any implications arising from the specific outline strategic commissioning plans will be discussed with the relevant partner organisations.

Background reading/references

[Report to Edinburgh Integration Joint Board – Statement of Intent – November 2017](#)

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Appendices

Appendix 1	Learning Disabilities Outline Strategic Commissioning Plan
Appendix 2	Mental Health Outline Strategic Commissioning Plan
Appendix 3	Older People Outline Strategic Commissioning Plan



Appendix 1 - Learning Disabilities

Outline Strategic Commissioning Plan

Context

People with a learning disability can be defined as individuals with a significant, lifelong condition that started before adulthood, which affects their development and which means they need help to: understand information; learn skills; cope independently.

The Edinburgh Health and Social Care Partnership knows of 8,584 people with a learning disability in the city, of whom 1,335 are in receipt of services from the Partnership. The national population of adults with a learning disability is predicted to increase by 2% each year. However, in Edinburgh, the number of young people over 16 years of age seeking day support is increasing by 5% per year. This could result in an additional 300 people needing services in five years' time, and 700 people in ten years.

Current Position

For support services, the main demand arises from children entering adult services, where an increase in people with extreme challenging behaviour and complex needs is being evidenced on a growing basis. The benefits of improved health services are that people with a

learning disability are living longer and require services for longer, including support for their elderly carers.

Turnover in services is relatively low, which means services are regularly at capacity and unable to expand without investment. This has been addressed by the Council and the Partnership over a ten-year period by investing new monies to provide some increase in service capacity. This investment has met the legal duty on the Partnership to provide day opportunities.

Aspirations

Housing is a key aspiration for everyone, however, providing accommodation for everyone known to the Partnership would present a challenge both financially and practically in terms of available appropriate housing models.

The Partnership knows of 76 people who are seeking to move to their own accommodation. The estimated cost of meeting this need, with associated support over a four-year period is £10.8m. To manage this demand, we will prioritise people who we assess as requiring accommodation; in particular we will focus on young adults, people living in hospital and those living with ageing carers.

Priorities for the future:

- The redesign of the Royal Edinburgh Hospital will require 19 community placements (18 already commissioned); in addition, 15 beds for assessment and treatment will be commissioned from NHS Lothian.
- Taking a whole life approach that improves earlier intervention in childhood for people with behaviours that are challenging, and the development of smoother transitions from children to adult services.
- Adopting an 'Ageing in Place' strategy, which will promote awareness of disability issues in older people's services and aging issues amongst learning disability services.
- Strengthening services that can support people with more complex behavioural or forensic needs in the community, which will lead to the development of four 'locality leadership groups'.
- Identification of a range of housing and support options for people with learning disabilities and people with complex needs with a focus on core and cluster services.
- Reducing the cost of night care by developing a night support service with the option of on-call responders.



- Creating a ‘framework’ or ‘alliance’ agreement for accommodation with support across current partners to improve the links between people and providers.

Key priorities for people with autism (who do not have a learning disability) include:

- Further development of the existing Edinburgh Autism Plan to reflect the emerging new priorities from the next and final stage of the Scottish Strategy for Autism.
- Ongoing advice and information for people with autism, including finding and maintaining housing and work in Partnership with key stakeholders.
- Continuing the Partnership’s approach to promoting autism awareness with staff and the general public.

Delivery timescale	Design	Implementation
Q1 (Jan – Mar’18)	<ul style="list-style-type: none"> • Develop and disburse community forensic services • Provide business case for disinvestment and provision of service from voluntary sector • Provide 21st homes a definitive number for properties 	<ul style="list-style-type: none"> • Convene the partnership meetings • Convene Reference Group – Chaired by IJB member • Convene Provider, CLDT, internal operational locality groups
Q2 (Apr – Jun’18)	<ul style="list-style-type: none"> • Work with finance/children and families/CAMHS to map out the resources available to improve children’s services • Commissioning Plan for people with a learning disability • Develop a procurement framework for housing with support • Refresh the Edinburgh Autism Plan to align with the Scottish Government priorities • Develop the overnight strategy • Develop options to ‘pool’ budgets for day support • Support the redesign of the Royal Edinburgh to move from hospital care to community care • Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> • Build nine tenancies for complex care • Commission tenancies for forensic support
Q3 (Jul – Sept’18)	<ul style="list-style-type: none"> • Work with providers and third sector to deliver option 2 in new models of support • Build on the ‘Time Out’ pilot to develop a safe house model for intermediate support • Continue work on the 2019 Strategic Commissioning Plan 	
Q4 (Oct – Dec’18)	<ul style="list-style-type: none"> • Draft of Strategic Commissioning Plan presented at IJB 	<ul style="list-style-type: none"> • Draft of Strategic Commissioning Plan produced
Ongoing (throughout 2018 and further)	<ul style="list-style-type: none"> • Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> • Carry forward above actions as required



Appendix 2 - Mental Health Outline Strategic Commissioning Plan

Context

The World Health Organisation defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

At any one time, around one in four people (over 120,000 people in Edinburgh) experience a mental health problem. Anxiety and depression are the most common mental health problems, but others include schizophrenia, personality disorders, eating disorders and dementia.

Current Position

The provider landscape is complex with multiple mental health and substance misuse teams, many independent and voluntary sector providers and a range of specialist mental health services provided from the Royal Edinburgh Hospital campus and the Royal Infirmary of Edinburgh. The commissioning landscape is fragmented, dedicated expertise and capacity are scarce, and it is therefore difficult to achieve focus, shared solutions and shared priorities. In addition, there is variability in service provision and recording of outcomes, an under-representation of social care and

housing, a lack of mental health expertise in GP surgeries and A&E, disconnects in out of hours services and inconsistent and misaligned services for young people.

Aspirations

We propose a whole system approach that includes involvement from the public, third and private sectors, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities, inclusive employers, and services that maximise independence and choice.

Priorities for the future:

- **Prevention** – Place-based and person-centred life course approach improving outcomes, population health and health inequalities
- **Access** – Responsive and clear access arrangements connecting people to the support they need at the right time
- **Parity of esteem** between mental health and physical illness through collaborative and mature cross sector working across public sector bodies, third sector and private sector
- **Sustainability** – Ensure the best use of Edinburgh’s funding through improving financial and partnership sustainability by - place-based cohesive and collaborative

commissioning needs-based care pathways, pooled budgets and more community based models of support, linked to wider Edinburgh’s transformation activity; maximising digital health opportunities and investing in new workforce roles

- **Culture** – Mental health is ‘everyone’s business’, enabling local areas to make decisions for system wide outcomes supported by shared information. This includes mental health and social care, but more broadly, the opportunities to consider the best approach across public services and the third sector, with a focus on community, early intervention and resilience, building on 5 Ways to Well Being
- **Evidence and Research** – Learning from local, national and international evidence and research and driving transformational change across traditional silos and with a wide range of partners from public, voluntary and private sectors
- **Measurement** – Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care and shared approaches to strengthening communities and voluntary sector effectiveness
- **Employers** – All employers promote good employment practice for mental health, building capacity for conversations to support suicide prevention

Action Plan

Delivery timescale	Design	Implementation
Q1 (Jan – Mar'18)	<ul style="list-style-type: none"> Fit for purpose governance arrangements through our Strategic Commissioning Plan Reference Board for Mental Health responsible for delivering the Edinburgh wide all-age mental health strategy Housing will be fully engaged in commissioning and delivery. Agreed business case for St Stephen's court – additional Grade 4 and Grade 5 provision (14 places) Consolidate partnership model for Firrhill Test of concept Agreed phase three bed numbers by February 2018 to inform the Outline Business Case for the REH. This comprises: <ul style="list-style-type: none"> 15 Low secure 18 rehabilitation 3 women with multiple / complex needs A single system, with clear leadership and partnership working across all public sector organisations. A clear vision and understanding of what services should be provided at Edinburgh and locality levels Agreed business case for increase of 7 Grade 5 places and 7 4 places at St Stephen's Court 	<ul style="list-style-type: none"> Work with Housing Providers to ensure that people with mental health problems have priority access to the new builds An increase in the Re:D Collaborative supported programmes including diversion programmes and support for those in prison by March 2018 Establish the GameChanger PSP Wellbeing Centre by March 2018 which will be a centre for the delivery of health and community interventions New management, new premises and now ways of working for Inclusive Edinburgh Homeless Projects from March 2018 Logic model and outcomes framework for Edinburgh Wellbeing Service by March 2018. Continuation priority gold status for patients leaving the REH.
Q2 (Apr – Jun'18)	<ul style="list-style-type: none"> Identified leaders and champions to delivery plans for each of the initiatives. Signed off business case for all Grade 6 inpatient care to be reprovided at the Royal Edinburgh Campus - patients will only be sent out of area for inpatient or outpatient services in exceptional specialist circumstances. Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care and shared approaches to strengthening communities and public and 3rd sector effectiveness Standardised outcome framework by June 2018 Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> Introduce structured planning with all residents in grade 4 provision, using the tool agreed by Wayfinder Model. Training for staff completed by April 2018. Use of community assets for open access to mental health services from April 2018 Interim 6 inpatient provision on the REH campus for women with multiple and complex needs and Grade 5 provisions by October 2018 Open access to mental health and substance misuse use services in each locality. Test of Concepts commence in April 2018
Q3 (Jul – Sept'18)	<ul style="list-style-type: none"> Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> Increased number of staff who can deliver distress brief interventions in range of community and institutional settings - training commences January 2018 with 100 trained by June 2018. 90 % of people receiving access to matched care (intervention appropriate to assessed needs) evidence based therapies seen within 18 weeks by September 2018.
Q4 (Oct – Dec'18)	<ul style="list-style-type: none"> Draft of Strategic Commissioning Plan presented at IJB 	<ul style="list-style-type: none"> Draft Strategic Commissioning plan produced
Ongoing (throughout 2018 and further)	<ul style="list-style-type: none"> Continue work on the 2019 Strategic Commissioning Plan 	<ul style="list-style-type: none"> Integrated statutory and third sector mental health teams within each locality by April 2019.





Appendix 3 - Older People's Outline Strategic Commissioning Plan

Context

Over the next 20 years, the number of people aged 65 and over in Edinburgh will increase significantly. More people will be living with long-term conditions, disabilities and complex needs. The number of people aged over 85 is expected to almost double by 2032 to 19,294. It is anticipated that people who require intensive levels of support will increase by 60% over the next 20 years, due to demographic factors.

The number of people living with dementia is projected to increase by 25% over the next 10 years to 9,765, and in 20 years the number could rise by 65% to 12,944 people.

Current Position

Performance is sub-optimal, with a clear need for modernisation. We currently have approximately:

- 1000 citizens waiting in the community for an initial assessment
- 1000 citizens who have been assessed waiting for services
- 175 citizens whose discharge from hospital has been delayed, of whom an average of:

- 64 require care home placements; and
- 88 require packages of care

This leads to suboptimal care, and from a management perspective, a poor use of resources. Integration gives us access to a far greater span of resources, but we know from the modelling we have carried out that if we carry on as we are, it will cost at least an additional £50m over the next ten years across the health and social care system in Edinburgh.

Aspirations

This outline strategic commissioning plan provides a basis for a coalition of change, which in turn supports our city in moving to deliver a new model of 'Realistic Care', recognising the limitations not only of resources in the statutory sector, but the significant limitations of statutory approaches. We need to see our role as one of commissioning services, rather than as a provider of "one-size-fits-all" versions.

There are five work streams, which embody the priorities for the plan. The Older People's Working Group will oversee the actions relating to each work stream, supported by reference groups for each.

Priorities for the future:

- **Stream 1 – Health and Wellbeing** – We want to "take a big step back" by focusing on

providing alternative and additional services earlier in the pathway, and by ensuring that appropriate information and support are provided to citizens in making choices that reflect their needs more effectively

- **Stream 2 – Access and Assessment** – We have taken significant steps forward to meet challenges in accessing care, with the establishment of an assessment and review board, which has sponsored the production of a harmonised assessment process. This requires considerable additional work, but has great potential to reduce the size of queues, including investment in Telecare, self-directed support and changes to our support planning approach
- **Stream 3 – Short Term Care and Support** – We will work collaboratively with our primary care, third, independent and housing sector colleagues to identify different models of care and capacity available to ensure quick and timely discharges from acute services and short-term support required to prevent admission
- **Stream 4 – Long Term Care and Support** – In light of the significant challenges of acquiring adequate long-term care and support in the community, we will work with the independent, third and housing sectors to create a more coherent design



framework for contracting, with a view to increasing care in the community. We will review how our directly-provided services are run and make recommendations on the future model for improved sustainability and quality. In developing a 'Realistic Care' model, self-management and preventative use of equipment to strengthen earlier reablement activity. We will also be engaging with day care and lunch club providers to improve our wider integration. Our work with service users, carers, and the third sector has also identified that we must make more of the opportunities afforded us by self-directed support.

- **Stream 5 – Complex care, Accommodation, and Bed-based services** – The IJB has outlined its direction of travel for all services, which is to shift the balance of care from institutions to homely settings in the community. Our ambition is to ensure that people are as close to home as possible, which includes supporting care homes by increasing the number of places available and investing in downstream beds, which can facilitate earlier discharge from hospital.

Action Plan

Delivery timescale	Design	Implementation
Q1 (Jan – Mar'18)	<ul style="list-style-type: none"> • Explore further emerging technologies • Develop case for expansion of falls services (implementation after Q1) • Initial exploration of day services • Develop a prototype 'Care Control centre' and test concept • Create a directory and functional ability of all short term services available • Identify capital investment for Jardine Clinic to vacate Liberton site • Confirm the status of Gylemuir House with Care Inspectorate 	<ul style="list-style-type: none"> • Implement next phase of telecare expansion project • Capacity optimisation of Reablement service and home care services • Replace current capacity provided in Oakland Care Home.
Q2 (Apr – Jun'18)	<ul style="list-style-type: none"> • Map availability of and capacity of preventative services • Plan to develop 'new types' of befriending • Trial 'Discharge to assess' approaches in one of four locality • Proposal to IJB for new models of delivery for short term services. • Proposal to address front line staff sickness levels • Review directly-provided long term care services and recommend future model for improved sustainability • Review of Day care delivery models and modernisation plan • Review alternative delivery models and capacity review of Care homes. • Identify and commission new care homes 	<ul style="list-style-type: none"> • Implementation of Care control centre for the • Partnership • Transfer or move of all bed based services from Liberton site
Q3 (Jul – Sept'18)	<ul style="list-style-type: none"> • Strategy formulation for health & wellbeing for older people by third sector strategy group • Proposal to IJB on harmonisation of assessments to match capacity • Review current sector design for long term support including contracting mechanism 	<ul style="list-style-type: none"> • Implementation of recommendations from staff sickness proposal
Q4 (Oct – Dec'18)	<ul style="list-style-type: none"> • Confirm our approach to intermediate care facilities and developed initial agreement with 2 such facilities. • Estimate acute capacity required to be commissioned for older people 	<ul style="list-style-type: none"> • Roll out 'Discharge to assess' across all four localities • Improve efficiency of our current CEC care Homes.
Ongoing (throughout 2018 and further)	<ul style="list-style-type: none"> • Work with independent sector to understand mixed provision of care sector beds and provide additional 240 beds in 2019 	<ul style="list-style-type: none"> • Roll out plan for Self Directed Support including trialling and feedback mechanism