Appendix

Learning Disability Fast Track Locality Plan for Sunderland

Locality Area(s): Who are the key Leaders to deliver this plan?

Sunderland Clinical Commissioning Group

Ian Holliday	Service Head
Alan Cormack	Joint Commissioning Manager (Learning Disabilities)
Janette Sherratt	Joint Commissioning Manager (Children)
Michelle Turnbull	Joint Commissioning Manager (Mental Health)
Ann Fox	Director of Nursing, Quality and Safety
Gloria Middleton	Clinical Lead

Sunderland City Council

Lennie Sahota	Head of Adult Social Care
Lynden Langman	Service Manager
Ann Dingwall	Commissioning Lead - Adults
Alan Caddick	Head of Housing Support & Community Living

Northumberland Tyne and Wear NHS Foundation Trust

Julie Bates	Community Clinical Manager Learning Disabilities - Planned Care
Don Stronach	Service Manager
Denise Pickersgill	Service Manager

Sunderland People First

Lisa Clark	Managing Director
Sharon Bell	Co-Chair Sunderland Learning Disability Partnership Board

Sunderland Carers Centre

Eibhlin Inglesby	Joint Operations Manager
Graham Burt	Chief Executive Officer

What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?

In Sunderland, we reflect the ambition echoed across the North East and Cumbria that the support provided for all people who have a learning disability and their families, will be as good as anywhere in the world. We will endeavour to ensure that, everyone has a chance to live as a valuable member of their community; close to the important people in their lives and supported by those who understand and care for them.

We will do this by meeting the agreed needs of individuals and their carers through effective commissioning, by:

- keeping people safe in all health, social care and family settings
- ensuring they routinely experience the highest quality evidence based health and social care that is reasonably adjusted to theirs and their carers needs
- eliminating health inequalities by addressing the wider determinants of health and enabling people to live meaningful and fulfilled lives
- eliminating avoidable hospital attendance and admissions for people with learning disabilities.

Sunderland has a longstanding history of collaborative work that is focussed on developing “local services for local people” this work has been “Core business” for a number of years and has been recognised as good practice nationally and regionally.

We have hosted several National Leads in Transforming Care and the related work streams to showcase the work that is on-going in Sunderland and people have commented on the following:

- *Leadership at all levels from Councillors to frontline*
- *Investment in and close engagement with the partnership Board, the local People First group (who have successfully become a self-managing Community Interest Company), families and advocates*
- *Everyone who is in hospital is tracked (confidentially but transparently), discharge activity is proactive and thoroughly person centred*
- *They said: “There is a close and respectful working between local health and social care colleagues including clinicians and practitioners etc. We said: “It’s the only way to do things...".*
- *Also, good use of peer review to learn and improve (no defensiveness or blame culture) and a shared determination to create a good legacy.*

The then Director of the national Joint Improvement Programme stated on his blog “ *Needless to say I was very impressed; if every local area was as organised, proactive and joined up as Sunderland we could pack our bags and say job done.” (2014)*

It is our proposal to continue on the path we have been following which has been recognised as good practice nationally and regionally.

We have never been, and are not, complacent though and we recognise that there are several areas where we need to continue reviewing our practice and influence North East & Cumbria activity.

We propose that we concentrate initially on a small number of issues that we can “resolve” relatively easily (“quick wins” – see Actions and Next Steps below). We will then reflect with our partners and then move on to other issues highlighted in the draft service model that we feel we may need to review in Sunderland.

The model in Sunderland will build on long established collaborative working between agencies and partners to deliver on key areas that have been identified to continue to deliver the NE & C Outcome standards as well as the finished National Model of Care. This will enable us to provide the best service possible for the residents of Sunderland who have a learning disability and/or autism and /or behaviour that challenges and who may need inpatient assessment and treatment.

Stakeholder Engagement

Due to tight timescales and the holiday season, it has not been possible to arrange engagement meetings to consider all of the issues within the plan with all of the stakeholders.
However as evidenced throughout this plan, engagement and positive relationships with all stakeholders is a strength that as a City we have worked hard to engender and we continue to view this of vital importance to achieving better outcomes for the people we work alongside.

The details in this Sunderland this plan outline the work that has been ongoing for some time

There continues to be strong partnership working between the Council and the CCG, this also applies to Northumberland, Tyne and Wear NHS Mental health Trust (NTW) which is the main health provider for people with learning disabilities in hospital and for those who need health support from the community learning disability services, including psychiatry, psychology and nursing.

In Sunderland we have regular and well established forums where Transforming Care has been discussed over the past eighteen months, these include

- **Learning Disabilities Partnership Board**: This important and valued resource plays a key role in the governance, oversight and accountability of all work which has an impact upon the lives of individuals who have a learning disability and / or Autism. Representatives range from individuals who have a learning disability, family carers, as well as Carers Centre representatives as well as key stakeholders from the multi-agency partners
- **Health & Social Care Integration Board**
- **Adult Partnership Board**
- **Health &Well Being Board**
- **Adult and Children Safeguarding Boards**
- **CCG Executive**
- **CCG Quality, Safety & Risk Committee**

There continues to be on-going work and commitment to embed and drive up standards and the oversight of this continues to be facilitated and led alongside involvement of service user and carer groups.

Key Enablers for Success

- **Partnership Board**

This important and valued resource plays a key role in the governance, oversight and accountability of all work which has an impact upon the lives of individuals who have a learning disability and / or Autism.
The Partnership Board has 3 work streams attached with representatives of the Board as well as experts by experience and professionals in the field who support the development of the agenda and work undertaken:
The 3 work streams consist of **Health**, **Employment** and **Housing**
The work streams, with the oversight of the Partnership Board; identify priorities that include supporting choice and equality to improve outcomes in all 3 areas throughout Sunderland. The streams work with partners in the City to develop shared understanding and agreement regarding what it is to lead fulfilled and meaningful life in Sunderland

- **Prevention, Early Intervention and Crisis Care**

The local focus continues to be on preventing admissions so far as is possible and to plan well for discharge in advance of final agreement on discharge dates. This planning includes the patient, their family and advocate, social care, the CCG and relevant clinicians. For some people the Courts/Tribunals will influence dates and transition timetables. CPAs are attended by the CCG commissioner in addition to the social worker and the lead learning disabilities nurse.

We continue to be supported in this process by our Carers Centre and our local self–advocacy group

In recent years Sunderland CCG has worked closely with Northumberland Tyne and Wear NHS Foundation Trust to redesign community services in Sunderland that support individuals who have a learning disability and provided additional resources.

Following the closure of a 12 bedded Assessment and Treatment Unit in Sunderland, the CCG worked closely with partner agencies to enable a responsive and flexible community service to be provided and this Community Team is managed by Northumberland Tyne and Wear NHS Foundation Trust.

- **Sunderland Community Treatment Team**

The learning disability Community Treatment Team provides specialist learning disability services for adults with a learning disability in the Sunderland locality.
The team consists of three intervention streams centred on the person with learning disabilities primary need of **mental health**, **Positive Behavioural Support (formerly challenging behaviour)** or **complex physical health.**

A small group of people have complex needs that cut across pathways, e.g. complex physical health and mental health needs.

One of the main aims of the team is, wherever it is possible, to deliver effective care and treatment in a person's own home.

The team has been developed to offer a flexible service response that enable care to be "stepped up" (and down) in response to changing need, to create a viable alternative to hospital admission. ***See Figure 1.0***

Positive Behavioural Support:

Key members of the team have completed the Advanced Professional Diploma; B Tech level 5 in Positive Behavioural Support from Cardiff University.

Other members of the Team are currently completing Professional Certificate in Positive Behavioural Support, B Tech level 4; this is currently Band 5 Nurses

Also available is the Advanced Certificate Positive Behavioural Support which is B Tech level 3 and this is aimed at members of the peripatetic team such as Speech and Language Therapists, Occupational Therapists who are not actively involved in the functional assessments but need an understanding of the principles

Other members of the Community Treatment Team have completed the Masters in Applied Behavioural Analysis at Bangor University; this has enabled the development of a training schedule in which these individuals act in a supervisory role mentoring those undertaking the Diploma and certificate level courses

This initiative by NTW has enabled the development of a positive behavioural approach to supporting individuals who display behaviours that challenge, their families and staff teams.

This has enabled the development of a pathway of care and support which includes a proactive approach to functional assessments of behaviour, a focus on formulation and a shared understanding of the purpose and function of the behaviour.

A training package has been developed which allows service providers from community setting to send staff on a two day intensive positive behavioural support training.

A PBS mentorship group is currently in planning, this will include senior staff who have a management or supervisory role from service providers to take part in the two day training. This will then be followed up by a regular mentorship support group facilitated by a clinical Psychologist where the group can reflect on their experiences of introducing PBS as well as working with the Psychologist to identify the best way to support staff teams when working in a way that supports PBS.

Active Support:

Key members of the PBS team work alongside independent sector community provider teams in introducing Active support into individuals lives as well as in group home settings, this recognised model is introduced in a structured and systematic way. Pre training assessment and post training assessments are undertaken to measure agreed outcomes and the improvement in the person's quality of life can be measured in a way that embeds the training and philosophy for all involved

Similarly, a scheme is currently underway that is training team leaders and managers from community providers in Active Support, this scheme is designed to develop Proactive Leadership in Community Settings, training managers to lead and maintain the philosophies of Active Support within the settings where they work.

Key Functions of the Team include but are not limited to:

The Team works collaboratively with Individuals who have a learning disability and or Autism as well as families and support providers in offering among other things:

- **Facilitating access** to mainstream health services / Generic health services
- **Proactive work** /education with individuals, parents, care providers and other professionals
- **Preventative work**. Health promotion, healthy living groups, Active Support
- **Consultation, Assessment and formulation** regarding presenting need and functional analysis of any behaviours that may challenge
- **Personalised Interventions** with individual and carers/ families (Individualised workshops, Wellness Recovery Action Plans, Behaviour Support Plans)
- **Multidisciplinary team approach** (MDT) the team includes Psychiatrists, Nurses, Psychologists, Speech and Language Therapists, Occupational Therapists, Physiotherapists
- **Multi-agency approach** working with providers, other agencies
- **Daily MDT**: Scheduled slot to review any issues or on-going concerns regarding individuals supported by the team.
- **Transitions team** 14+
- **Step up** – function (See Figure 1.0)
- **Crisis function:** The team operates a 7 day 8 till 8 service; there is also a dedicated 24 hour phone number with access to a Crisis Intervention Team which consists of mental health as well as learning disability trained nurses
- **Principal community pathway:** The CCT is part of a community pathway which includes support from mainstream mental health services in offering Scaffolding support to individuals as well as supporting staff teams
- **Training**
- **Proactive planning** to support discharge
- **Forensic Outreach Clinic,** this service offers an opportunity for individuals, families and support staff to have consultation with experienced clinicians from NTW forensic services on a regular basis to review Support plans, Risk management plans and gain proactive advice and guidance on any issues of concern. ***(This service was developed in conjunction with NTW and Sunderland CCG and has been since rolled out to other areas)***

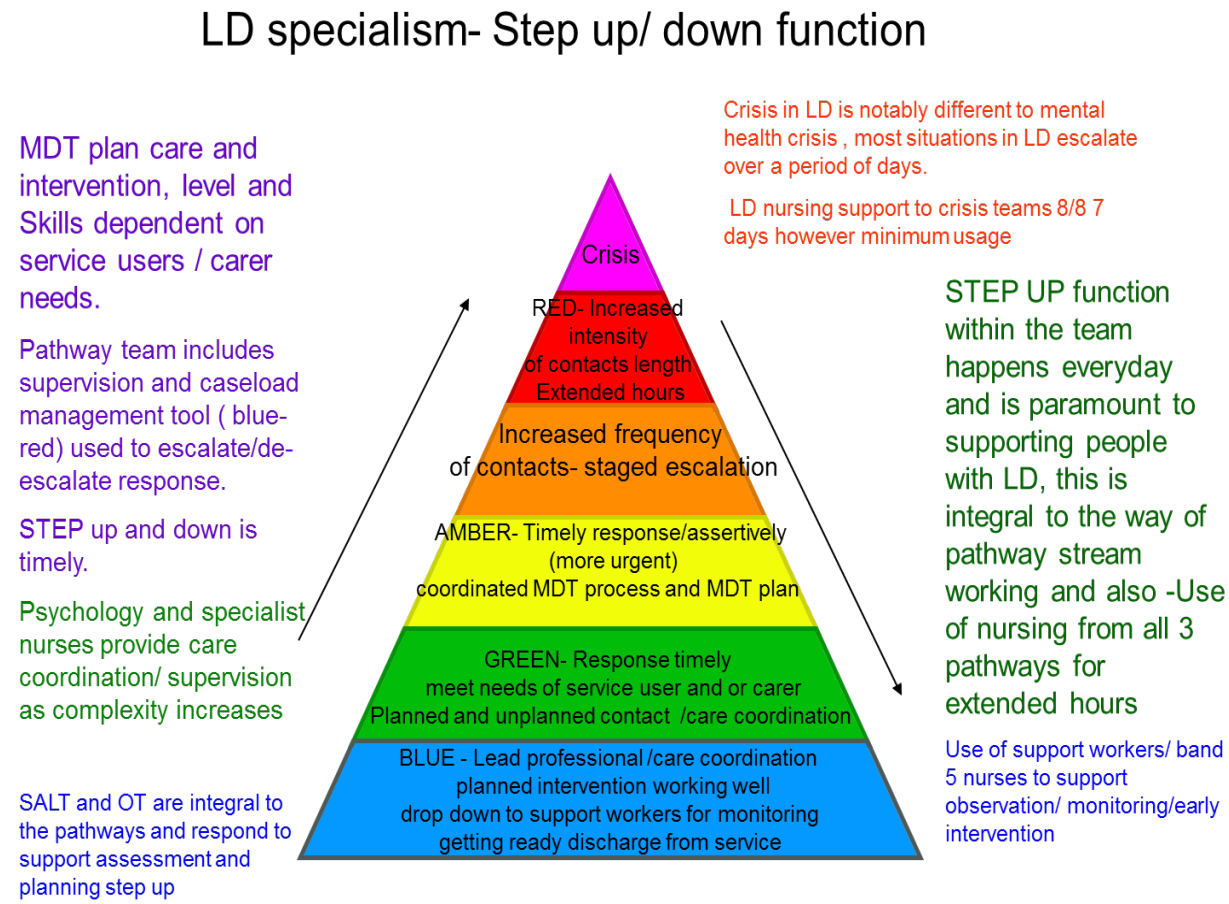
LD specialism- Step up/ down function
MDT plan care and intervention, level and Skills dependent on service users / carer needs.
Pathway team includes supervision and caseload management tool (blue-red) used to escalate/de-escalate response.
STEP up and down is timely.
Psychology and specialist nurses provide care coordination/ supervision as complexity increases
SALT and OT are integral to the pathways and respond to support assessment and planning step up
Crisis in LD is notably different to mental health crisis , most situations in LD escalate over a period of days.
LD nursing support to crisis teams 8/8 7 days however minimum usage
Crisis
RED- Increased intensity of contacts length Extended hours
Increased frequency of contacts- staged escalation
AMBER- Timely response/assertively (more urgent) coordinated MDT process and MDT plan
GREEN- Response timely meet needs of service user and or carer Planned and unplanned contact /care coordination
BLUE - Lead professional /care coordination planned intervention working well drop down to support workers for monitoring getting ready discharge from service
STEP UP function within the team happens everyday and is paramount to supporting people with LD, this is integral to the way of pathway stream working and also -Use of nursing from all 3 pathways for extended hours
Use of support workers/ band 5 nurses to support observation/ monitoring/early intervention

Figure 1.0

- **Sunderland Better Care Fund & Integration**

Sunderland has a history of Pooled Budget Arrangements which have facilitated the opportunity of a number of innovative approaches to be developed; including bespoke packages of support to be established. The existence of the pooled budget arrangements enabled Sunderland to develop dedicated teams and posts, such as the Resettlement Team, Futures Team as well as Partnership Officer and the Solutions team These have led to measurable changes and better outcomes to the quality of lives of individuals, their families as well as the development of service providers.

This history of collaborative approaches to finding individual solutions has provided sound foundations for the Better Care Fund.

Sunderland City Council and Sunderland Clinical Commissioning Group are determined to pursue full integration of services.

In parallel, jointly managed pooled budgets have been established this year amounting to over £152 M – CCG (62%) and Council (38%). This is the spend on adults "out of hospital care" but including learning disabilities inpatient spend - the learning disabilities pool is around £33 M. There is the potential for further expansion which may include public health and children budgets.

- **Dedicated Posts**

As stated earlier the existence of the Pooled Budget arrangements have facilitated the development of the following posts,

Partnership Officer:

This dedicated post has been established for a number of years and works alongside the Partnership Board to facilitate and move forward the learning disability agenda in Sunderland. Working with Key stake holders and supported by individuals who a learning disability the Partnership Officer promotes inclusion and equality within communities.

The Solutions team

The Solutions Team offers a unique role in providing leadership and guidance and play an integral role in providing a coordinated and integrated approach when working with a range of stake holders including customers, social workers, health professionals and commissioning managers. They work successfully across all agencies in driving forward a multi-disciplinary approach to finding individual housing and support solutions for customers.

Nurse Lead:

The post holder, Gavin O'Doherty, currently undertakes a wide range of activities to support the work of the Solutions Team, across Sunderland Care and Support Services, with Health Colleagues, colleagues in the Local Authority People's Directorate as well as with other stakeholders. This post has been essential in supporting the transformation agenda and is a unique post in having active links to health, local authority and CCG.

Solutions team workers x2

These posts; a Service Manager Post and a Senior solutions team worker have also been integral in the working with a range of stake holders including customers, social workers, health professionals and commissioning managers in identifying potential & compatible individuals to fill vacancies or share new or existing accommodation.

- **Sunderland Supported Accommodation Commissioning Forum**

This Forum has been established to support the strategic planning for individuals, who have complex needs, with regards to their accommodation and support needs.

The Forum meets on a two weekly basis and has membership which includes the Commissioning Manager, Service Manager for Adult Social Care, and the Strategic development lead for Accommodation; lead Team Managers from Adult Social Care as well as members of the Solutions Team

- **Commissioning Intentions Database**

The database provides specific intelligence regarding customers who have complex needs and highlights the accommodation and support needs over a two year period to support strategic planning for such individuals.

This intelligence, that informs the database, is collated from customers Adult Needs Assessment and Accommodation Support and Care Plan and where appropriate from a customer's Individual Service Design (ISD).
This data gives the Forum direction in planning services that are needed now as well as being able to identify future service pressures. This supports the Council's strategic direction of becoming an intelligent commissioning organisation.

The database is shared at the Supported Accommodation Commissioning Forum on a two weekly basis where members of the Solutions Team provide detailed updates to on-going work and developments enabling the Forum to identify the next steps and actions as well as identifying any issues or areas of best practice.

- **Residential and Supported Accommodation List**

The solutions team has the responsibility for maintaining the Accommodation List and provide Updates of current vacancies within the City of Sunderland. Vacancies and updates regarding any changes are entered onto the database as soon as the information is received from providers and Social workers.

The Solutions Team provides support to both providers as well as Social Work Teams to identify possible housing solutions for people identified via the Commissioning &Intentions Database or from individual Social Work Teams.

- **Deregistration of Small Group Living Homes**

The LA is currently undertaking a programme to deregister the Learning Disability residential small group living homes; this will enable individuals to have more rights in relation to their tenancy, more disposable income through access to a greater range of benefits leading to greater choice better outcomes and increased independence for the residents.

- **Sunderland Transforming Care Project Board**

This Board consists of representatives of people with learning disabilities and families, CCG learning disability Commissioning Manager, Service Manager for Adult Social Care, Social work managers, Local Authority children's and housing services representatives. This board monitors the implementation of Transforming Care and reports into the Learning Disabilities Partnership Board.

The Board is supported by a working group of officers of the CCG and the Local Authority.

Planning for discharge database

This database ensures that everyone who is in hospital is tracked (confidentially but transparently), discharge activity is proactive and person centred. It includes people who are currently in Forensic beds and ensures that appropriate information is tracked, e.g.: date of recent and next CPA, advocacy and family involvement.

- **Management meetings**

These meetings take place between Local Adult social Care managers as well as Community Treatment management and senior staff. This is a forum to explore any issues or barriers to ensuring wellbeing and safety of individuals. It also focuses on a joint planning approach to training

- **Development of a lifespan service**

Sunderland Local Adult Services are developing a Lifespan approach which supports transition from child to adult services, this will ensure a more streamlined way of supporting better outcomes for young people and their families.

- **Sunderland People First**

This locally and nationally renowned organisation is an independent champion for people with learning disabilities and autism in Sunderland. Their aims are to promote rights, equality and diversity of people with learning disabilities and autism.

They work as an integral part of the Partnership Board, coordinating the meetings; one of its members is the co- chair for the Learning Disability Partnership Board.

Sunderland People First members attend all 3 work streams of the Partnership Board and attend meetings in relation to Transforming Care.

Other important functions the group undertake are:

- Offering training, including Disability Awareness Training, Personal Assistant Training as well as Hate/ Mate Crime Training
- Converting complex information into easy read information which is accessible for people with a learning disability and autism
- Members who are Experts by Experience offer Quality Checks for medical facilities, social and leisure facilities and have recently began to quality check supported accommodation provision for people who have a learning disability
- They undertake consultations with partner organisations to give the views of people with a learning disability

Sunderland People First have a long history of supporting key stakeholder organisations and have offered a critical friend view point on many projects and have been invaluable in the Transformation of Care Agenda.

Actions and Next Steps

1. **Crisis prevention and intervention** - convene a meeting of the relevant managers in NTW and the Council initially to ensure a mutual robust understanding of various roles and responsibilities and how current services are deployed to good effect

2. **Develop a "register" of individuals at risk of hospital admission** - with similar participants, initially to measure and compare the databases that we maintain, children and adults, to discover if they match up to the statements in the draft Service Model at page 18 (– risk stratification of children and adults in their area with learning disabilities and / or autism who have a mental health condition or display behaviour that challenges (including behaviours which may lead to contact with the criminal justice system) and who at times might need extra support to remain in the community (as opposed to experiencing a crisis and going into hospital). The register should be used to ensure that there is sufficient resource in each area to provide early interventions and personalised and coordinated support in the community.) **Supported Accommodation Forum**: we need to review the purpose of our collective and separate data bases to ensure information sharing and relevance to service managers and their staff and that we have effective information supporting the prevention of admission to and discharge from specialist hospitals with risk stratification where possible.

3. **Accommodation** – In order to "pump prime" and further assist with prevention of admissions and aid timely discharges, an amount of "capital" monies would be advantageous for property adaptations and perhaps a contribution to any new build. (No capital bids progressed at this time)

4. **Engagement** – As soon as is practical, we will convene a local workshop involving all local interests to match our current services and thinking against the final Service Model (which is currently in draft form). This has not been possible to date due to the holiday season and the short timescales.

5. **Autism Partnership Board** – We are supporting and encouraging a local group of people on the autism spectrum and their families to seek registration as a Community Interest Company which will boost their ability to seek funding from statutory and non-statutory sources. We have a newly constituted Autism Partnership Board which will be an excellent vehicle to ensure that autism figures highly on local agendas, particularly for those who are high functioning. Sunderland Joint Strategic Needs Assessment is being refreshed and a comprehensive section being imbedded regarding the autistic spectrum and Sunderland services.

6. **Workforce Development**

   Provider competence – There is a need for a range of regional, responsive, competent and specialist providers that have staff who are trained and experienced in supporting people with behaviours that challenge, mental health conditions and offending behaviour. This is something that has been discussed at regional meetings for a very long time as it is something that cannot easily be developed on a locality basis – providers cross locality borders!

   We would want to support any NE&C initiatives in this respect.

   Local Authority commissioning of community providers is well established and a small number has developed expertise in supporting people with high needs.

7. **Care and Treatment Reviews**

   Whilst the initial requirements for CTRs were met, we need to respond to the national model when finalised. This means that independent clinicians and experts by experience will have to be commissioned. Also, we need to review our current processes to integrate CTRs into "normal" business.

Governance and Oversight:

In all of these developments we will, as per our usual way of working, include and involve representatives of people with learning disabilities and families. Indeed, they will be asked to help design the workshop.

We will work with Sunderland People First to ensure the Sunderland Plan as well as all correspondence is in Easy to Read Format.

Progress and outcomes from any of the above will be formally reported into the Learning Disabilities Partnership Board / the CCG Quality, Safety and Risk Committee and onwards to the CCG Governing Body / the Adult and Children's Partnership Boards / the Safeguarding Committees. Also, not least, to the Sunderland Transforming Care Project Board comprised of representatives of people with learning disabilities, families and officers of the Council and the CCG.

RISKS, ISSUES & MITIGATIONS

Risk that…	Caused by…	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Too fast a reduction in beds will have a detrimental impact for the rest of the system and possibly on individuals.	Precipitous reaction to central requirements	H	H	Work with Fast Track partners to mitigate risk.	NE& C TC Board
Providers, both existing and developing, are not ready for such major change	Timescales which need to be medium to long term	H	H	Work with Fast Track partners to mitigate risk	NE& C TC Board

STAKEHOLDER ENGAGEMENT

	CCGs	Spec. Comm.	LGA	ADASS	Users & public	Providers
a						
b						
2						
3						
4						
5						

Green = actively engaged and supportive

Amber = engaged but some issues

Red = not engaged/opposed

Due to the tight timescales and the holiday season, it has not been possible to arrange engagement meetings to consider all of the issues herein.

Therefore we cannot complete this at this time.

However, Fast Track issues will be reported to and considered in our many forums as soon as is practical to ensure Knowledge/ Awareness and sign up to the plan for future satisfactory and robust engagement.

PROPOSALS FOR BIDS

Proposal 1:

In order to further assist with prevention of admissions and aid timely discharges, an amount of “capital” monies would be advantageous for property adaptations and perhaps a contribution to any new build

There is a need to have the ability to assist with **accommodation** issues related to prevention of admission to and early discharge from hospital.

There are situations where a small resource such as £5,000 is needed for minor adaptations to properties and it proves difficult to access such “capital”.

Similarly, for a small number of individuals, there is a requirement for bespoke accommodation that would require major adaptation of a property or new build. In Sunderland we are well placed to work with housing providers to obtain and/or develop such properties.

Therefore, a “**capital pool**” is needed and the CCG is considering contributing up to £250K match funding for Sunderland schemes. Developments can be achieved in 15/16 through 16/17, with spend of the National Transformation Fund contribution in 15/16. (The Transformation Fund since identified excludes Capital Bids)

There is a need also to identify and develop a “Step Up, Step Down.” Accommodation model to support the excellent work already undertaken by the CTT. This resource would complement the prevention and crisis response element of supporting individuals who find themselves in a situation where they may need to move out of their current environment for a short period of time. Whether this be for a social reason, change in family dynamics, or the risk management issues pertaining to keeping people safe and well.

Proposal 2:

Over 60% of adults with autism rely on their families for financial support and 40% live at home with their parents • Two thirds of adults with autism report that they do not have enough support to meet their needs • As a result of this lack of support, a third of adults with autism have developed a serious mental health problem • Just 15% of adults with autism are in full-time employment.

Low-cost early intervention and prevention services aim to reduce the need for high-cost acute support associated with crisis management services in the longer term. With appropriate circles of support, many adults with autism are able to live relatively independently in the community, requiring only low-intensity services. Without such support, there is increased risk of social exclusion and of mental illness.

Currently, there is no service provision that has been specifically designed for adults with Aspergers Syndrome and High Functioning Autism. Mainstream services are not equipped to deal with the complex and diverse needs of adults with this condition.

Similarly, there is no specific continuation of healthcare provision for anyone who has Aspergers Syndrome or High Functioning Autism after they leave children's services.

We wish to commission the development of a local **autism support network** through a Sunderland Community Interest Company which will support people and their families pre and post diagnosis. Currently, that support depends upon the goodwill of families and others. We wish to encourage the creation of a development worker, some hours of which will be paid to a person/s on the autistic spectrum, thereby setting a good example. That will then spur applications to grant making bodies - statutory and non-statutory and encourage market development.

Therefore, **pump priming** of £150K is needed and the CCG is considering contributing up to £75K match funding for this Sunderland scheme. Developments can be achieved in 15/16 through 16/17, with spend of the National Transformation Fund contribution in 15/16.

Proposal 3:

Training Fund - £3,000: Workforce development will be an essential aspect of ensuring Sunderland's Plan is achievable in delivering the model that ensures good outcomes for individuals who have a learning disability.

Training is a key issue in the development of any workforce: building on the work that Sunderland Community Treatment Team have established in delivering Positive behavioural Support, we would like to develop training and expertise around the issue of Sensory Integration.

Sensory Integration deficits affect individuals who have autism and/or individuals who have a severe learning disability.

There has been an improved understanding over recent years of this issue and specialist training has been developed to enable skilled practitioners to assess a person's sensory needs and develop a profile or sensory diet.

In Sunderland, currently we have one Occupational Therapist who is trained up to this standard; it is our proposal to fund specialist training for the second OT. This will increase the capacity for these specialist assessments to be undertaken.

Also, this will enable a programme of training to be developed for independent providers that will support the understanding of these issues among individuals, their families and the independent providers' workforce.