


Brent
Clinical Commissioning Group


Central London
Clinical Commissioning Group


Ealing
Clinical Commissioning Group


Hammersmith and Fulham
Clinical Commissioning Group


Harrow
Clinical Commissioning Group


Hillingdon
Clinical Commissioning Group


Hounslow
Clinical Commissioning Group


West London
Clinical Commissioning Group



North West London Clinical Commissioning Groups and Local Authorities

Transforming Care Plan

In response to *Building the Right Support*

April 2016

Supported by Like Minded – The Mental Health and Wellbeing Strategy for North West London



Joint transformation planning template

Planning template – NORTH WEST LONDON

Executive Summary

This document sets out the vision of the North West London (NWL) Transforming Care Partnership (TCP) for improving the care and support available for the people of North West London with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging. This is an all ages plan to address the needs of people with a learning disability, people with autism (including those with Asperger's syndrome) who do not also have a learning disability, and people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

This plan provides a shared picture of:

- The North West London area
- The services currently commissioned and provided across our area
- Our shared vision for how future services will be commissioned and provided
- What we need to change to achieve our vision and how we intend to do this

Across North West London, there is agreement to continue to collaborate on knowledge sharing and working towards the same strategic vision rather than having a preconceived set solution in place to deliver care.

This plan contains a broad over-arching vision, developed through extensive discussion with the learning disability, disability, children's and mental health commissioning leads, housing teams, and finance colleagues in Clinical Commissioning Groups (CCGs) and Local Authorities across our 8 North West London boroughs. This builds on work at a local level to understand the views of service users and their families/carers.

Our vision is that North West London, people with a learning disability and/or autism and their families will be able to say



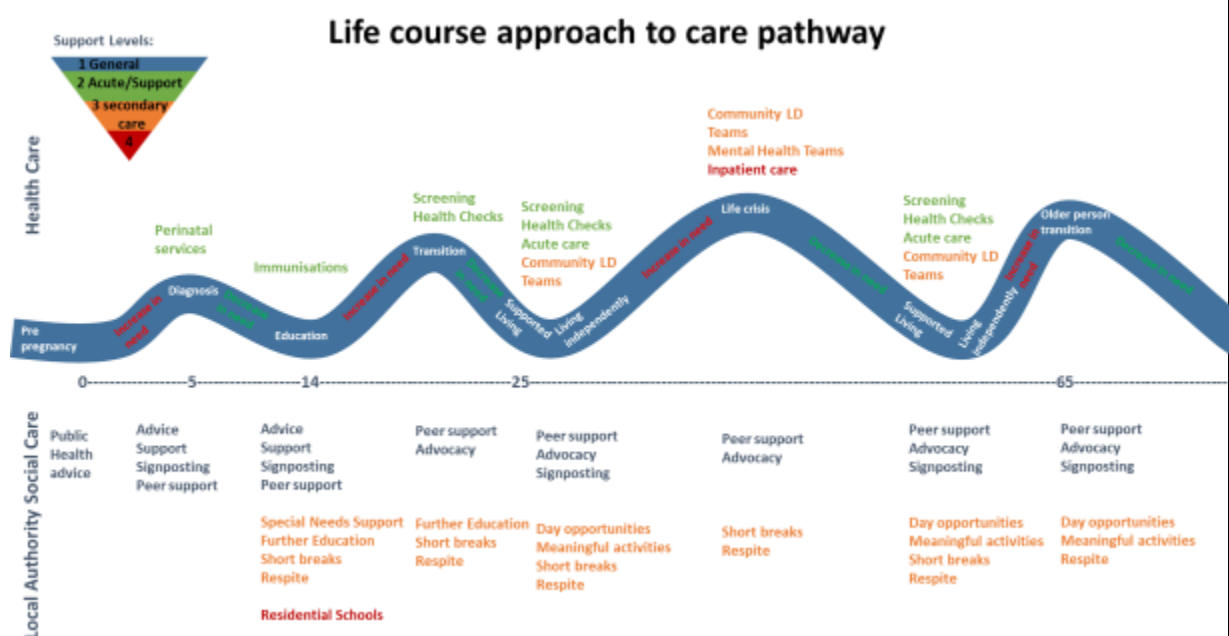
We will achieve this vision by developing pathways and services that:

- Are community based where appropriate, with a reduced reliance on inpatient facilities;
- Have staff with the right skills and experience to manage complex cases, including

managing the complexity of competing demands across health and social care;

- Provide respite for families and carers to maintain, wherever possible, at home placements and strong family relationships;
- House people with a learning disability and/or autism locally wherever possible and appropriate;
- Meet the needs of people of all ages – not defining support by age but instead responding to care and support needs and reducing the differences in services for children, young people and adults.

Our North West London plan aims to truly be an all ages plan that follows the life course. As such, we do not put emphasis on the differences between children and young people, adults, and older adults. Instead we are describing services, systems, and pathways that meet the needs of ALL people, regardless of age.



These services and pathways will help us to achieve:

- Timely access to assessment and treatment for learning disability and/or autism;
- Reduced numbers of admissions to hospitals (both secure and non-secure), and shorter stays when admitted;
- Improved health and educational outcomes;
- Improved quality of life;
- Improved experience of services.

Our North West London plan builds on the progress already made in each of the boroughs; it brings together best practice and shared learning and where it makes sense brings together resources, capabilities and expertise to develop collaborative solutions. Where there are differences and local nuances, these are outlined in each borough's local annex (attached to this plan). However, across North West London we are aligned on our plans to commission:

- **Community support**, including the utilisation of more skilled staff to manage more complex/challenging behaviour. This may involve moving or outreaching staff from inpatient facilities into community services, and vice versa, to share learning.

- **Crisis care**, available 24 hours a day, 7 days a week that ensures that people with a learning disability and/or autism who display behaviour that challenges, and their families and carers, receive care and support that meets their needs in times of crisis, including when this crisis occurs outside of standard working hours.
- An **all ages offer** that responds to the care and support needs of people regardless of their age and reduces the differences between services for children, young people and adults.
- A North West London level **service for people with a forensic history** or Asperger's to provide the specialised psychological support required and manage the smaller number of cases over a larger geographical area;
- Education and support to encourage the use of **education, health and care (EHC)** plans and **personal budgets**, working with parents, carers, and people with a learning disability and/or autism who display behaviours that challenge to develop guidance and support to use these budgets to personalise and self-manage their care.
- **Co-ordinated care** across the health, social care and housing pathways, ensuring that primary care clinicians, teachers, social care and housing staff are involved in early identification and signposting, and all partners are engaged in on-going care and support.

Some boroughs have already included detailed proposals for how services will look different in the future but further work will be required in a number of other areas. In addition we know that it will take time to turn our vision in to reality and that more detailed, measureable implementation plans will be needed. We have included within this document the next steps required and how we intend to agree the next level of detail.

The details contained in this document and appendices have been developed locally – Governing Bodies, Local Authority Leads and Health and Wellbeing Boards have commented on the February version of the North West London plan.

This latest version has been shared with all contributing partners and agreed by the Transforming Care Board in April. This plan will be shared with Governing Bodies and relevant committees in May and June as part of the final assurance process.

An updated finance and activity template has been prepared, but further assurance work is needed to test the investment assumptions and review of the finance in more detail. Due to the timescales the bids received have not gone through a thorough assurance and governance process either within the individual CCGs or the TCP.

There is still more work required to refine and align the transforming care bids, establish the match funding and the phasing of the bids with CCGs and LA financial leads. It is expected that this will be concluded by the end of May 2016

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

North West London Transforming Care Partnership covers all residents of North West London, and comprises the eight CCGs and Local Authorities of: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. The CCGs and Local Authority boundaries are coterminous in 6 of our 8 boroughs. West London CCG covers the borough of Kensington and Chelsea, and the

Queens Park and Paddington areas of Westminster. Central London CCG covers the remainder of Westminster. The geography covered by our Transforming Care Partnerships is shown in the diagram below:

Boroughs of NW London Transforming Care Partnership



To ensure an appropriate balance between economies of scale and the necessary local focus on the commissioning of health services, the eight CCGs manage their operations in two groups:

- BHH Federation of CCGs, covering the CCGs of Brent, Harrow and Hillingdon
- CWHHE Collaborative of CCGs, covering the CCGs of Central London, West London, Ealing, Hammersmith and Fulham and Hounslow.

North West London has four community health providers, two mental health trusts, and nine acute and specialist trusts. There are also a number of hospices, rehabilitation centres, residential care homes, and nursing homes and a vast number of third and independent sector provided services.

Commissioning Arrangements

There are a number of different approaches to collaborative commissioning arrangements; there are joint commissioning arrangements in place between the CCG and the Local Authority in Ealing, Hillingdon and Hounslow, and for the three boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster with less formal relationships in Harrow. Brent CCG and Local Authority have just recently appointed a joint Learning Disabilities commissioner.

For children and young people with a learning disability and/or autism, commissioning arrangements differ slightly between boroughs. In some areas, commissioning is managed by children's commissioners and in other areas by disability commissioners; often these arrangements are joint posts between CCG and local authority commissioning teams.

Service Provision

a) Inpatient Specialist Providers

The Kingswood Centre, provided by Central and North West London NHS Foundation Hospital Trust (CNWL) is an inpatient unit located in Brent that provides specialist learning disability services for adults with acute mental health needs, autism and severe challenging behaviours, including forensic histories, and a recovery service. The majority of the CCGs spot purchase beds from Kingswood Centre; however Brent CCG has a block contract with the Kingswood Centre. As at March 2016, 13 North West London inpatients were being treated in the Kingswood Centre.

There has been work undertaken in the last 6 months to review and develop a specification for the range of services provided by the Kingswood Centre with associated performance metrics and a transparent pricing structure for the different aspects of the service.

Cygnets Hospital is operated by Cygnets Health Care, a large independent provider of mental health services, and provides inpatient services for individuals with an autistic spectrum disorder combined with mental health needs. There are currently 7 North West London inpatients being treated in Cygnets Hospital in Harrow.

Out of area beds are commissioned by North West London CCGs on a case by case basis using spot purchase contracts, using a person centred, and needs-based approach. There are currently around 46 patients, funded by either NHS England or CCGs, who are placed in LD specialist providers outside of North West London. Inpatient beds for children with a learning disability are also spot purchased, using a needs-based approach. There are currently only 2 North West London children with a learning disability under 18 in inpatient beds.

Based on prevalence estimates, we expect that the number of people with a learning disability and/or autism, who are placed in specialised residential care funded by local authorities is much higher. Local Authorities are currently working to reduce this number by developing additional supported housing and floating support.

Examples of Good Practice: Hillingdon Local Authority has been working proactively to move people out of institutional settings with a programme to review those in residential care and enable them to move into supported housing where appropriate.

b) Community Learning Disabilities Providers

There are four community learning disability providers across North West London Transforming Care Partnership:

- Central and North West London NHS Foundation Hospital Trust (Brent, Harrow & Hillingdon CCGs)
- London North West Healthcare NHS Trust (Ealing CCG)
- Hounslow and Richmond Community Healthcare NHS Trust (Hounslow CCG)
- Central London and Community Health Care NHS Trust (Central London, Hammersmith & Fulham & West London CCGs)

Assessment and treatment for children and young people with a suspected learning disability and/or autism are most commonly provided by CAMHS teams within CNWL and West London Mental Health NHS Trust (WLMHT). In some CAMHS teams there are distinct

learning disability sub-teams (e.g. Hillingdon CAMHS provided by CNWL), whereas in other areas, learning disability and/or autism assessments are managed within Tier 3 CAMHS. In some areas, child development teams or community paediatric teams conduct initial assessments for young children (under 5 or 6, depending on the local area protocols).

c) Social care providers

There is a very broad range of providers across North West London offering a range of services to both adults and children with a Learning Disability and/or autism. These are delivered either by Local Authority 'in-house services or via the independent sector provider market.

In North West London there are over 170 registered independent Care Homes / Nursing Homes for adults with Learning Disabilities, with Brent having the largest concentration of homes in North West London with 25% (44 homes) of the total homes located in Brent.

The market for specialist Learning Disabilities services delivered within the community is growing. The main care providers are MENCAP, Certitude, Yarrow Housing, Craegmoor and Cyrenians.

The services provided by these social care providers are wide and varied to ensure that packages of care are bespoke and developed with the individual. Support can range from day opportunities, residential services, supported living and advocacy, to respite care, short break solutions and personal independence support.

Individuals who choose to access a personal budget can further tailor their support to include services such as ability cycling, creative arts, bespoke learning and leisure programmes, horticultural therapy programmes and hydrotherapy again all provided by a range of independent providers across North West London.

All of the support packages and programmes listed above contribute to a reduction in social isolation, an increase in community participation and a reduction of dependence on traditional building based services.

d) Education providers

Children and young people with a learning disability and/or autism may access a range of educational services, including mainstream schools, special schools, and 52 week residential schools placements, depending on their support needs.

There are currently no 52 week residential schools in the North West London area, and as such all children and young people attending these schools are placed outside of London. The numbers of children in these placements across North West London are not yet confirmed, but in total for 6 of our 8 boroughs there are 49 young people in these placements. There are also special schools, specialist schools, and specialist centres attached to mainstream schools in our boroughs that provide education and support for children with a learning disability and/or autism.

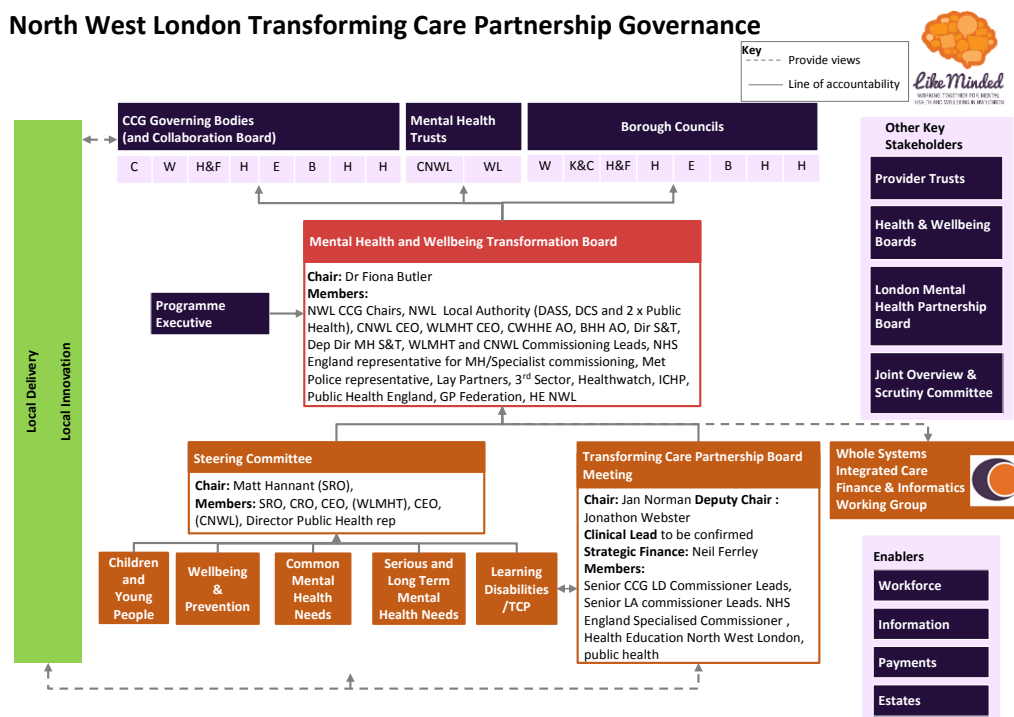
Describe governance arrangements for this transformation programme

The North West London Transforming Care Partnership Board provides leadership and assurance on the delivery of the TCP plan and will oversee progress of all the agreed work

streams. The Transformation Board is chaired by the Senior Responsible Owner (SRO), Jan Norman, Director of Quality and Safety, Brent, Harrow and Hillingdon (BHH) CCGs Federation. The Deputy SRO is Jonathan Webster, Director of Quality, Nursing and Patient Safety for Central London, West London, Hammersmith and Fulham, Hounslow and Ealing (CWHHE) CCGs. The Strategic Financial Governance will be provided by Neil Ferrelly, the Chief Financial Officer across BHH

Membership includes senior commissioning representation from learning disability, mental health, and children’s commissioners from local authorities and CCGs. In addition to NHS Specialised Commissioner, Local public health and Department of Justice.

North West London Transforming Care Partnership Governance



In addition to the Partnership Board, a working group has been developed to drive implementation with fortnightly meetings scheduled. This will feed into the Partnership Board.

The North West London TCP Board is established as a strategic commissioning forum – with agreed routes for wider engagement across our provider base outside of the Board. The TCP Board reports to the North West London Mental Health and Wellbeing Transformation Board which has the senior executive and clinical leads from key partner organisations – including representatives from the West London Alliance from Directors of Adults' Services, Directors of Children’s Services and Directors of Public Health.

We welcome the membership of NHSE as a full partner and member of the Board.

Describe stakeholder engagement arrangements

In developing this plan, consultation has taken place with learning disability, disability, children’s and mental health commissioning leads, social care and housing teams, and finance colleagues in CCGs and Local Authorities across our 8 North West London boroughs. Meetings are on-going as we continue to develop our plans.

In November 2015 there was a well-attended North West London Learning Disabilities workshop with 76 attendees. These included a user representative, representatives from Central North West London FT Learning Disabilities services. West London Mental Health Trust and from all the community learning disability services including LA and NHS staff. CCG and Local Authority commissioners were also represented at the meeting alongside the quality and safeguarding leads and Health Education North West London.

The aim of the workshop was to explore ways to improve mental health services for people with a learning disability in North West London and increase knowledge and understanding of the wider mental health transformation programme, the North West London Like Minded Programme and the links to:

- Crisis Care; IAPT (psychological therapies); perinatal mental health; Children and Young People's Mental Health Services (CAMHS)

It also provided an opportunity for stakeholders to reflect on how the local Green Light Meetings can be used to take forward improvements for people with a learning disability and mental health needs.

The workshop helped to identify the number and range of partners involved, from users and carers, commissioners from health and local authorities, the community providers of learning disabilities, mental health trust providers and the housing and community care providers.

The output from the workshop was an agreed action plan which will deliver change and improvement to ensure that people with learning disabilities in need of very specialist mental health services will get the support that they need. Additionally the workshop informed the emerging thinking about what is needed to support those with a learning disability and a forensic background to live safely in the community. This thinking has informed the development of our Transforming Care Plan.

In each of our boroughs, there are existing stakeholder engagement forums and groups, advocacy services and partnership boards that meet regularly and their feedback forms an important part of learning disability and/or autism service and pathway redesign.

Specific examples include work during 2015 that Ealing and Hillingdon have both undertaken consultations with service users and carers which highlighted a number of areas where they thought improvements were needed:

- Not knowing where to go for help
- First step is my GP – but they aren't always helpful
- My GP doesn't give me enough time to explain things, my appointment isn't long enough, I'm only allowed to talk about 1 issue at my appointment
- Being on the waiting list for counselling for a long time means things can change and get worse
- Not everyone can access all the services available
- Not being able to have a choice about where to meet for my support from CTPLD
- Not having a choice about what time I can meet
- Not having enough choice about what I can do in the day to help improve my mental health
- Staff don't always know how to best support someone with a learning disability, sometimes they see the way I am behaving as part of my learning disability, not a part of my mental health being bad

- I can't understand what is happening to me, people aren't explaining in a way that I can understand
- It makes things worse when I get ill as I find it all so overwhelming and difficult to understand what's going on
- I don't understand what my medication is for and why I should take it
- I was told I can't use Improving Access to Psychological Therapies (IAPT) because I have a learning disability – this is illegal and unfair

Within Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and Westminster, learning disability representatives of the Joint Partnership Board have identified priority issues of health, housing, choice and control and transport. Within these broad themes key areas of importance to customers are: choice in housing; accessible communication to support decision making; person-centred planning and support; having a say in matching of support staff; employment and access to personal budgets.

In Ealing, the voices of parents of children and young people with a learning disability and/or autism are heard through the Parent's Forum – a group self-organised by parents and funded by the Council as part of the Special Educational Needs and Disability (SEND) reforms. The feedback from this group feeds into local learning disability plans and has influenced the development of this North West London plan.

Examples of Good Practice: a three borough market engagement event on 1st February shared these messages plus the need for skilled approaches to support positive outcomes for people with complex needs and behaviours.

On-going engagement with providers will help shape the Transforming Care Plan and in particular the responses to the needs of individuals.

These themes have been incorporated into our Transformation Plans – developing our themes of improving choice and control, person centred care, and specialist services.

Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers

In **March 2016** Certitude ran a number of events across North West London. The aim of these events was to consult with a wide range of people about Transforming Care and the North West London Plan (appendix 1 –ppt). Seeking to explore what “Good Support” looks like for people who have learning disabilities and their carers; these ranged from finding out people's experiences of housing, health and support services, seeing what works and doesn't work and finding out what people think needs to change.

The events were open to people with learning disabilities, autism and/or their carers living in North West London and we were interested to hear from people who have experience of behaviours that could be described as challenging, and/or people who have mental health problems.

We used different mechanisms to consult with people including a couple of large events in



Ealing and Hammersmith, one to one discussions, and some coffee mornings for carers. At the two events over 70 people attended, there was a mixture of attendance from services users, carers, families, providers, voluntary and third sector providers.

People with learning disabilities and autism told us what works (and what doesn't) and what is important to them:

What works well	What doesn't work well	What is important to me
<ul style="list-style-type: none"> • Being listened to • Having things explained to me • Being given time to talk • Choice of a same sex doctor • Developing my own health plan 	<ul style="list-style-type: none"> • Speaking to my carer and not me • Going to the dentist • Being told what to do • When someone develops my health plan without talking to me 	<ul style="list-style-type: none"> • Having a job • Being with my friends • Having my own place • Earning my own money • Going out to concerts • Holidays

These are some of the concerns raised by families and carers:

- Not getting a yearly health check;
- Lack of understanding and knowledge about people with LD and/or autism;
- Health systems, processes and delays can cause anxiety and exacerbate the situation;
- Having to wait a long time before getting a response from social workers and community teams;
- Reduction in government funding has led to cuts in some services.

Co-production is also a fundamental element of our Children and Young People's Mental Health Transformation Plan. We worked with stakeholders including children, young people, parents, clinicians, teachers, and youth services to develop that transformation plan, approved by NHS England in December 2015. This ensured that our plans reflected what our service users and key partners wanted.

In 2015, the Like Minded team facilitated three co-production workshops for North West

London, focussing on children and young people's mental health services. The workshops were well attended with representatives from health services (CAMHS), public health, local authority, schools, as well as local young people and parents (both those using local services, and those not engaged with services). The workshops focussed on Future in Mind's recommendations and took on board feedback from participants to identify high priorities for immediate action and longer term priorities. This feedback influenced the choice of priorities in our Transformation Plan, including the decision to focus one of our eight priority areas on learning disabilities and neurodevelopmental disorders.

As part of our Transformation Plans, we are currently working with The Anna Freud Centre to conduct a mental health needs assessment and training and development needs analysis that will then inform the development of a new model of care and support for CAMHS across North West London. As part of this work, we will be holding workshops across the boroughs focusing on learning disabilities and autistic spectrum disorders. These workshops will focus on developing our understanding of parents', carers', and young people's perspectives on:

- their aspirations: what outcomes they want for their children/young people/themselves
- what is working well (in universal, targeted, and specialist services)
- the areas where they require additional support, and how this could be most appropriately provided
- areas of particular concern, and any views on solutions to these

The outputs of these workshops will then steer the development of both our CAMHS and Transforming Care plans.

These workshops will also bring together children's, mental health, and learning disability commissioners from health and social care to develop our understanding of the opportunities and challenges in developing an all ages offer for people with a learning disability and/or autism and ensure all our commissioning plans are aligned. Already the development of this Transforming Care Plan has supported the development of these relationships through joint working; we plan to build on this to ensure our on-going work is co-produced with all stakeholders.

We consider this plan to be a living document, and as such it will continue to develop as we implement changes and learn from doing. To ensure this plan continues to be co-produced, we will ensure that children, young people, parents, carers, and adults with a learning disability and/or autism are involved in the evaluation of the services they use, and the plan as a whole by working in partnership with our existing forums and embedding service user feedback into our contracting processes.

On-going planning will also build on existing coproduction structures through partnership boards, sub-groups, and groups such as the Parents Reference Group, Preparing for Adulthood Steering Groups, Transition Forums, and Carers' groups. Engagement of care co-ordinators will be key to ensure a realistic focus on the holistic needs of the people they are planning with and the issues or barriers they are facing on the ground

Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership

Any additional information

Please see attached template.

2. Understanding the status quo

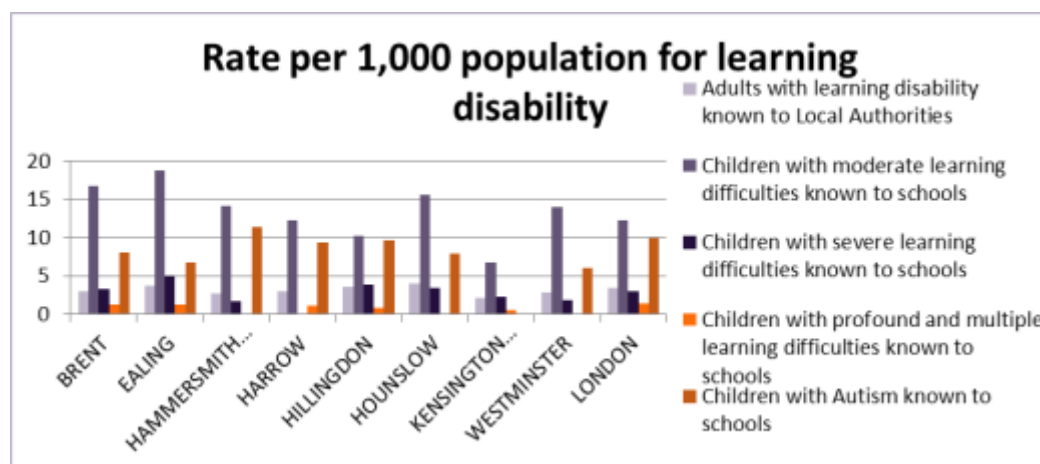
Baseline assessment of needs and services

Provide detail of the population / demographics

Learning Disability in North West London

The cohort of people with a learning disability and/or autism in North West London is diverse, and growing. The below graph shows the latest figures for learning disability prevalence across North West London and the rate per 1,000 population for the whole of London¹.

You can see that the rate per 1,000 population for children with moderate learning disabilities known to schools varies across the boroughs from 18.8 in Ealing to 6.8 in Kensington and Chelsea, with the London rate being 12.3².



We also know that the percentage of adults registered with a GP in North West London as having a learning disability varies across the boroughs from 0.2% to 0.4%³.



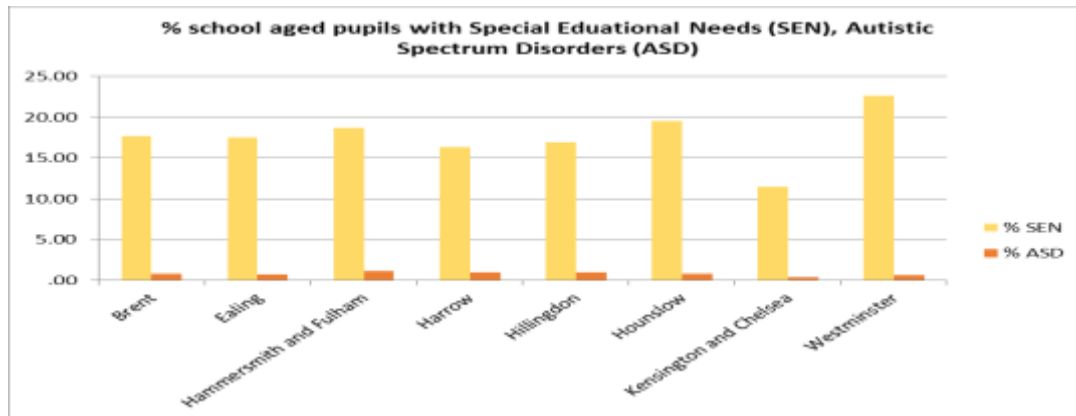
¹ Public Health England Fingertips data 2013/14

² <http://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E12000007/ati/102/are/E09000020>

³ HSCIC, 2014

In 6 out of our 8 North West London CCG areas, we do not have up-to-date information on the mental health and emotional well-being of our children and young people. We are therefore investing some of our Children and Young Peoples Transformation Plan funding in producing needs assessments to further guide our local priorities.

Across North West London, the percentage of school aged children with special education needs, including autistic spectrum disorders, ranges widely as demonstrated in the graph below.⁴



Many of our North West London boroughs have undertaken LD JSNAs in the last few years. The details below provide a snapshot from these of some of the North West London specific challenges and opportunities:

- In Brent, 2.6% of school children had a learning disability (2014). This was slightly lower than the England average of 2.9%⁵
- Out of 600 individuals with learning disabilities known to local GPs in Hounslow, there are 296 females (45%) and 358 males (55%). The median age for females was 43 and for males was 37 years. Learning disabilities are more common in men than women (for severe learning disabilities an average ratio of 1.2:1, and for mild learning disabilities 1.6:1) and these figures are in keeping with that⁶.
- Nearly 10% of adults with a learning disability are in paid employment in Ealing in 2011/12. This is statistically better than England average (6.1%) for the same period⁷.
- Numbers in residential care of all ages in Hammersmith and Fulham have been steadily rising over time, with around 50-60 more 18-65 year olds in residential care than is typical for London and England⁸.
- Kensington and Chelsea had experienced falls in numbers in residential care but this has risen sharply in recent years, and has 15-25 more than expected in residential care⁹.
- Published figures on the spend on residential care suggest it was very high in

⁴ Public Health England Fingertips Tool (2014). Accessed at <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005>

⁵ Brent Learning Disability Brief JSNA 2014

⁶ This is Hounslow, 2014

⁷ Ealing JSNA 2012

⁸ Tri borough Joint Strategic Needs Assessment 2013-2014

⁹ Tri borough Joint Strategic Needs Assessment 2013-2014

Hammersmith and Fulham and high in Kensington and Chelsea by virtue of the higher proportion of clients in this type of accommodation¹⁰.

Needs Grouping described in the National Service Model

The National Service Model identifies 5 groups of people with a learning disability and/or autism who:

- Have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges;
- Display self-injurious or aggressive behaviour (not related to severe mental ill health), some of whom will have a specific neurodevelopmental syndrome where there may be an increased likelihood of developing behaviour that challenges;
- Display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour);
- Often have lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system;
- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Across North West London we do not have a comprehensive register which reflects these cohorts. However, since the publication of the new service model, boroughs are developing new ways to reflect these grouping starting with At Risk registers.

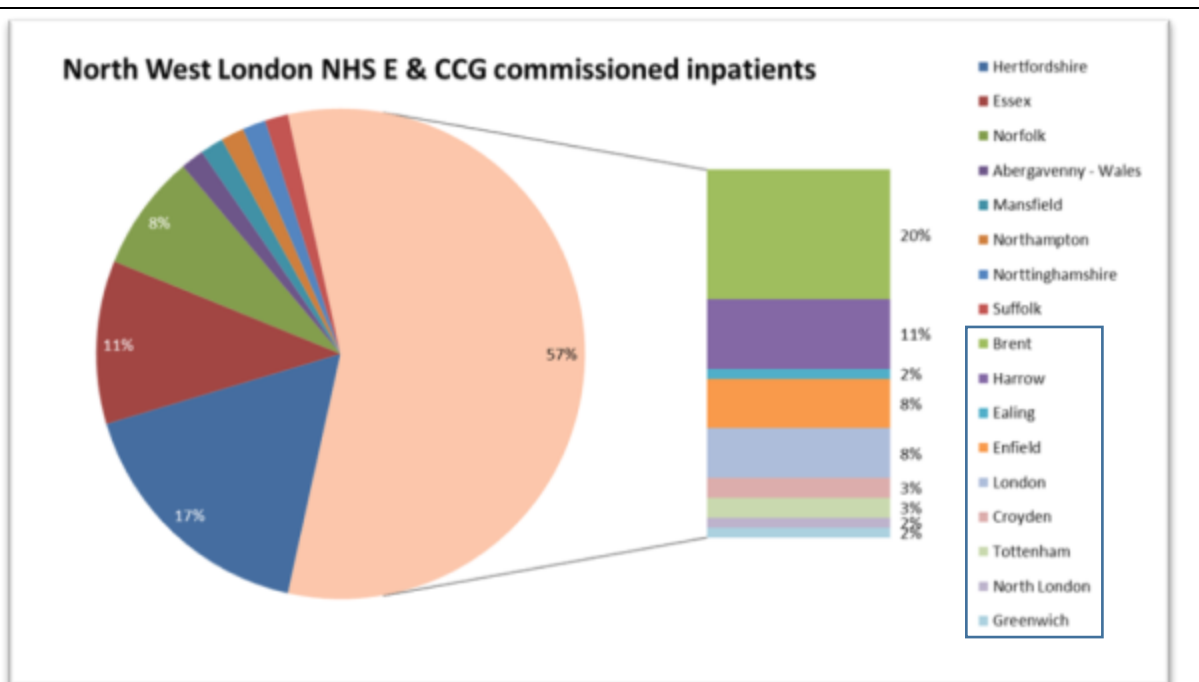
It is clear from the individual plans that there are some data discrepancies between records held by Local Authorities and those held by General Practice. This discrepancy is further exacerbated by the differences in population figures between these two sources, with GP registered population often being quite different to Local Authority resident populations. To address these challenges and bring consistency to registers, the Transforming Care Partnership work stream will focus on developing a comprehensive framework to develop consistent registers across North West London which are grouped against the 5 cohorts.

A further gap in our current planning is information relating to individuals known to the criminal justice system; within each borough there are local links and information is appropriately shared with the Local Authority. The ideal would be a consistent framework to ensure that future planning and modelling includes data from the criminal justice system.

Analysis of inpatient usage by people from Transforming Care Partnership

The attached Finance and Activity Template includes the detail on inpatient usage numbers and finances for North West London. Analysis of the total inpatient data as at February 2016 is shown in the chart below. This shows that 43% of inpatients reside outside of London, with the highest locations being Hertfordshire (20%), Essex (11%) and Norfolk (8%).

¹⁰ Tri borough Joint Strategic Needs Assessment 2013-2014



57% of the North West London inpatients are inpatients within the geographical area of London and of these 33% are treated within NWL area. 20% of inpatients are treated in Brent which is where the Kingswood Centre is located and this service is provided by Central and North West London Foundation Trust. 11% of patients are treated in Harrow where the Cygnet Hospital is located.

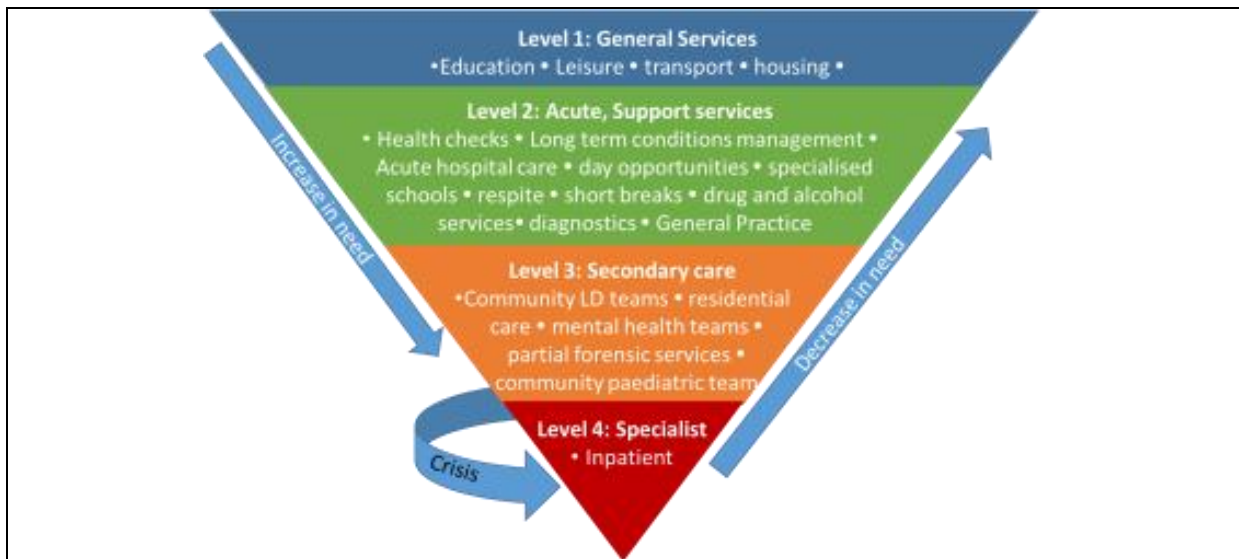
Among the out of borough placements there are 11 North West London originating patients currently living in inpatient centres provided by Hertfordshire Partnership University NHS Foundation Trust. Some of these units are classified as Special Residential Services (SRS). Some of the residents have lived there for over 20 years and both they and their families can be fearful of change.

Across North West London there are 2 children or young people under 18 in NHS England commissioned inpatient beds. The numbers of children and young people in 52 week residential care placements across North West London remains unclear; however we do know that in total across 6 of our 8 North West London boroughs we have 49 young people in these CCG funded placements.

Plans to discharge these individuals into alternative accommodation in their home communities have been historically difficult to implement due to a legal challenge to move on placed on a particular patients in these services. An SRS commissioners' forum has been convened in order to establish the legality of this legal challenge and its effect on all the individuals concerned. The forum is chaired by NHS England and includes local LD commissioners and Hertfordshire Partnership University NHS Foundation Trust. In addition to the legal challenge a number of individuals have lived in Hertfordshire for many years and may choose to remain where their local community has been for many years.

Describe the current system

In North West London, people with a learning disability and/or autism can come into contact with a wide range of services. Services supporting people with a learning disability and/or autism can be described in the following ways:



LEVEL 1:

General Services:

These services are primarily focused on improving the health and wellbeing of the whole population including individuals with learning disabilities. Local Authorities provide accessible, easy to read information, improving access and facilities in mainstream services such as leisure facilities and supported education offer, working with local transport links to improve safety for individuals with a learning disability.

While these services exist across all of North West London each area will have its own systems and priorities for accessing e.g. housing allocation policy, supported employment schemes, community safety.

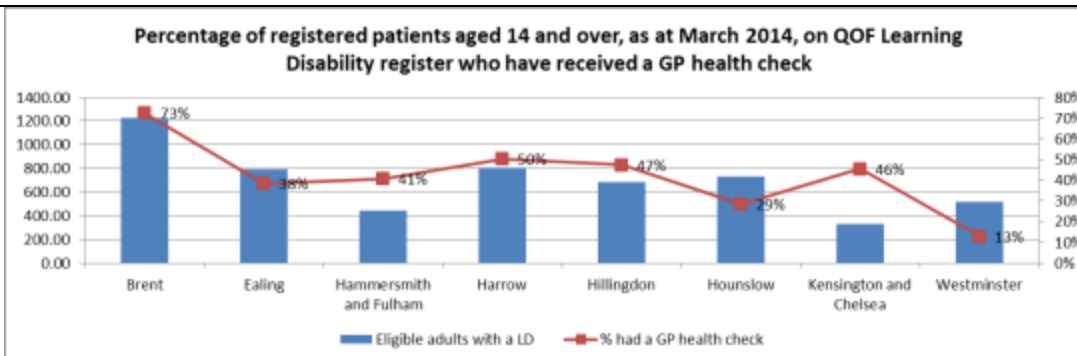
Examples of Good Practice: Ealing Family Action provides impartial information and advice and Ealing MENCAP provide a transition and connexions project for young people with additional needs.

LEVEL 2:

GP, Acute Care and Local Authority general services

People with a learning disability and/or autism should have good access to mainstream primary, community and secondary health services. In primary care, this is regular health checks and screening, advice and support on lifestyle factors such as diet, exercise, alcohol consumption and sexual health.

In terms of people with a learning disability receiving a health check, during 2013/14, across North West London 46% of individuals identified as having a learning disability had a health check, which is higher than the England average of 44%. The chart below gives the figures from the number of patients who have been identified on the QOF learning disability register and the percentage of those who had a health check during 2013/14.



Data from Public Health England Data. Calculating Quality Reporting Service (CQRS), end of year download for 2013 to 2014

This data is dated and it is reported locally that these figures have improved. The **experimental** QOF data recorded during 2014/15 shows the following improved performance: Brent CCG 75%, Central London CCG 56%, Ealing CCG 50%, Hammersmith and Fulham CCG 92%, Harrow CCG 56%, Hillingdon 65%, Hounslow CCG 36% and West London 49%.

In 2015 across North West London there was an identical CQUIN included in the CNWL and WLMHT contracts to encourage the two Trust to work more effectively will people with a mild or moderate learning disability, it also recommended a common approach to Green Light Toolkit meetings where there was an allocated space for discussing clients and sharing expertise, possibly co working with clients as well as addressing more strategic issues such as the emerging North West London urgent care, perinatal and dementia pathways.

Local Authority Services

Each Local Authority commissions a range of learning disabilities specific services as part of their responsibilities under the Care Act and other legislation with a focus on assessing needs and developing and implementing person centred plans which promote health and wellbeing and independence and support people to live in the community. For children and young people, this can include support in mainstream schools through education and health care plans, or more specialised support in specialist units or special schools.

Each Local Authority provides families and carers with access to services such a carers assessments and services, community equipment and housing adaptations, to support individuals with a Learning Disability and/or autism to live either at home with family or independently. While these services exist across North West London, each area will have its own systems and priorities for accessing services and support.

Examples of Good Practice: Ealing are working with Public Health England and their local substance misuse teams to extend this model to identify improvements to practice and reasonable adjustments for people with a learning disability and/or autism and behaviour that challenges who might benefit from this service.

Challenges in level 2:

- ❖ Number of individuals receiving a learning disabilities health check is low and there are varying levels of quality.
- ❖ Roll out of Green Light tool kit has been patchy across North West London.
- ❖ Substance Misuse services do not usually screen for learning disabilities – and vice versa – despite co-morbid needs frequently existing

LEVEL 3:

Secondary and Specialist community care

For people with a Learning Disability and/or autism who meet the criteria, support is provided by the Community Learning Disability Team. This is usually but not always a joint NHS and Local Authority team.

The team will work with a wide range of people with a Learning Disability and/or autism and challenging behaviour. This team is at the heart of person centred care planning, supporting the transition from children to adult services and ultimately agreeing care and health packages for individuals.

The adult Community Learning Disability Teams vary across the 8 areas of North West London. All have a consultant psychiatrist in learning disability, psychologists, nurses and social workers but the range, number and role of allied health professionals varies. The adult mental health and Community Learning Disability Team work to support the acute hospital psychiatric liaison services as required.

Across North West London the Community Learning Disability Teams are commissioned to operate Monday to Friday 9 -5. There is a North West London out-of-hours consultant learning disability psychiatrist led advice service operated by CNWL.

In North West London, local borough/CCG based Community Learning Disability Teams services are provided by:

- ❖ Central and North West London Foundation Trust (Brent, Harrow & Hillingdon),
- ❖ London North West Healthcare NHS Trust (Ealing)
- ❖ Hounslow and Richmond Community Healthcare NHS Trust (Hounslow)
- ❖ Central London and Community Health Care NHS Trust (Central, H&F & West)

There is an Autism Diagnostic Clinical Service (provided by Central and North West London Foundation Trust and West London Mental Health NHS Trust) which is commissioned by all 8 CCGs.

If someone with a Learning Disability and/or autism or challenging behaviour requires an assessment under the Mental Health Act this will be carried out via the social work and approved mental health practitioner rota. There are very few social workers or health practitioners on these rotas who are specialists in learning disability and challenging behaviour.

The CAMHS Learning Disability Services are provided by Central and North West London Foundation Trust and West London Mental Health Trust. In some areas Child Development Teams and/or paediatric service also provide assessments for autistic spectrum disorders with age ranges varying across boroughs.

Local Authority

Each Local Authority provides and commissions a range of services for people eligible for support under the Care Act including but not limited to; residential care, supported living, respite and outreach, as well as special schools and a range of services and young people with learning disabilities and/or autism and behaviour that challenges.

Personal care, supported housing and residential care services are delivered by a range of specialist learning disability providers. There is a growing range of providers from voluntary

and independent sector with a number of boroughs holding market development events (Hounslow November 2015 and Tri Borough February 2016).

Examples of Good Practice: Some areas have developed specialist services within their local teams - in Kensington and Chelsea there is a Positive Behaviour Support team and in Westminster there is a Flexible Response Service that also partners with a skilled support provider to provide in-reach for people with challenging behaviours.

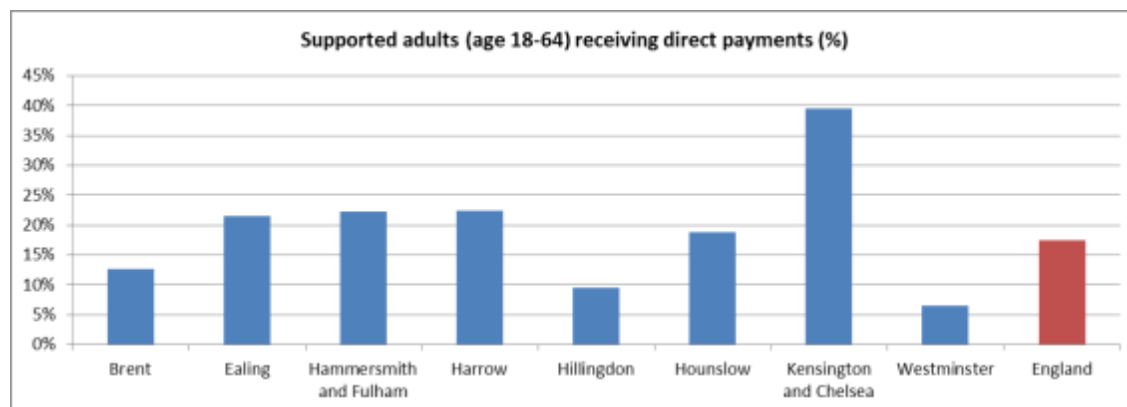
There are over 170 registered independent Care Homes / Nursing Homes for adults with a Learning Disability across North West London, Brent has 44 care/nursing homes which is 25% of the North West London total and Tri Borough only has 21 between the three boroughs.

Residential and special schools also form part of the support available for children and young people with a learning disability and/or autism. There is a drive across all boroughs to reduce the number of out of area education and care placements

Examples of Good Practice: In Hillingdon the council is committed to ensuring that local provision is available for all ages and ensuring that there is good access to quality educational provision for CYP with a learning disability and/or autism through developing local day provision including 3 schools which are all within the boroughs boundary.

Personal Health Budgets

The level at which personal budgets and personal health budgets are being accessed across North West London varies across the TC Partnership. The chart below identifies that Ealing, Hammersmith and Fulham, Harrow, Hounslow and Kensington and Chelsea are performing better than the England average of 17%.



At present West London CCG are piloting personal health budgets for those in contact with mental health services and Hounslow CCG are leading on the development of a policy framework for personal health budgets, which could be rolled out across the North West London Partnership over the next 3 years.

Challenges with level 3 services:

- ❖ No core specification on what good looks like in terms of community learning disability teams;
- ❖ Community learning disability teams are limited to in hours with varying levels of crisis support and intervention services;
- ❖ Low number of individuals accessing personal budgets;
- ❖ High number of individuals receiving residential care outside of borough;

- ❖ Long waiting times for learning disability assessments for children and young people in some outer boroughs, due to high demand and lack of paediatric support to assessment and therefore a reliance on CAMHS.

LEVEL 4 :

Specialist

These services have expertise in dealing with people who are a severe risk to themselves and others, often with chronic severe treatment resistant mental illness, behaviour problems and offending behaviour.

Services at this level include community-based assessment and treatment using a combination of crisis and home treatment teams, behaviour support services, forensic teams and experts in autism, ADHD, eating disorders, dementia and epilepsy.

Inpatient services may also be required where 24 hour assessment and treatment would enable a safe return to well-resourced, community-based packages of care. The appropriate role for psychiatric hospital services for people with learning disabilities lies in short-term, highly-focused assessment and treatment of mental illness.

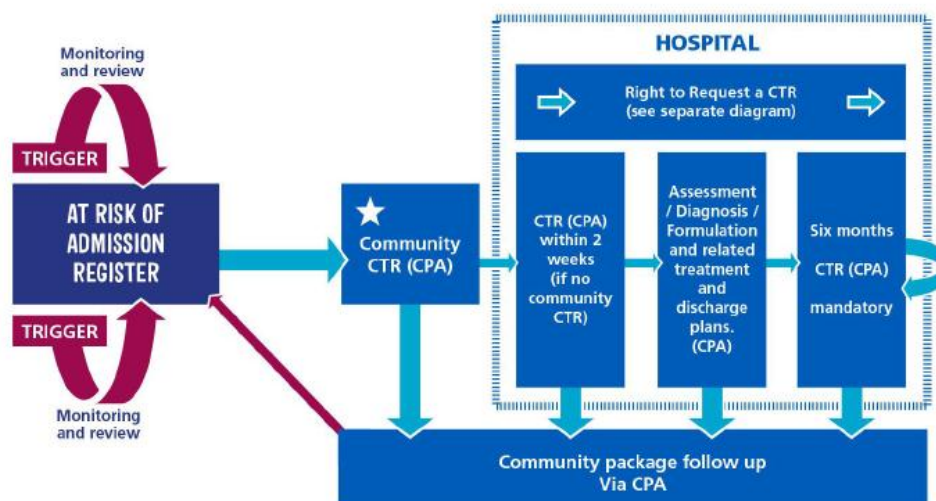
At present in-borough services for North West London, are provided by CNWL at the Kingswood Centre with inpatient services being either block purchased (as is the case for Brent) or spot purchased (as is the case for all remaining areas in North West London). Spot purchasing of inpatient services also takes place in many other inpatient facilities both within London and across the country. Other providers in borough are the Cygnet Hospital in Harrow.

Within London but outside of North West London there are a number of inpatient units the largest being East London Foundation Trust, CNWL run Seacole Centre and Constance House.

Outside of London, 39% (11) of North West London originating patients are in Hertfordshire (mainly in the Specialist Residential Services campus provision). These patients are either funded via NHS England Specialised Commissioning or CCGs. The other locations where North West London originating patients are cared for include Essex, Norfolk, Northampton and Nottinghamshire.

Care and Treatment Reviews

The Care and Treatment review (CTR) process within North West London, in the main follows the nationally prescribed process in terms of those already in receipt of treatment either via inpatient setting or community teams (figure below).



Decision making on placements usually takes place at local funding panels and the timing of these does not always support timely decision making in accordance with clinical need. The CTR process is supporting commissioners to effectively drive up quality as well as escalating discharge for patients.

For children and young people, care and treatment reviews (CTRs) are coordinated for children in inpatient units to enable a coordinated approach to discharge planning. We are aware of the need to develop an 'at risk' register of children and young people who are identified as being at risk of requiring inpatient services, so that we can put the CTR process in place early, and will draw on the Transforming Care Partnership plan to enable a joint approach to implementing this across North West London.

Challenges for level 4 services:

- ❖ Large majority of patients are placed out of borough;
- ❖ Lack of care coordination and discharge planning between inpatient teams, community learning disabilities time and local authority;
- ❖ Lack of alternatives to inpatient care;
- ❖ Some patients may never be able to live safely outside of an inpatient setting.

Challenges with Care and Treatment reviews

- ❖ Time it takes to coordinate and prepare for the CTR meeting;
- ❖ Experience of the chair (experienced chairs facilitate more effective and efficient CTR processes);
- ❖ The accessibility of clinical experts and experts by experience who are fundamental to the success of the CTR process;
- ❖ For inpatient CTRs the distance for the panel to travel from their boroughs to the inpatient location; for example for those people who are placed outside of London the average distance away from borough is 65 miles and the furthest away is 152 miles;
- ❖ Co-ordination of care and treatment reviews for children and young people, including the development of at risk registers to proactively identify the need for review;

What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

Our current estate in North West London is described in the sections above outlining our current health and care economy and care system, and is further detailed in the local annexes for each borough. We will be working with our estates and housing teams and

providers to further map the existing provision, including the areas where we are routinely accessing placements out of our North West London area.

In some of our boroughs, recent work on estates and residential support offers has taken place and there are strategies in place to develop and expand the offer to meet the needs of people with learning disabilities and/or autism. These strategies are included in each borough's appendix, where applicable.

Challenges for estates

- ❖ Across many areas, in particular inner North West London, housing planning work has identified a shortfall of accessible property and lack of properties with the specification and space to meet these needs of individuals and families.
- ❖ Establishing effective local arrangements to work with LA planning departments to ensure that service developments are strategically aligned

What is the case for change? How can the current model of care be improved?

The case for change across North West London is clear. The following challenges must be addressed:

- Lack of clarity of purpose, roles, and responsibilities, and need for **inpatient care**. Some people with a learning disability and/or autism and challenging behaviour are admitted to hospital in a crisis without an adequate discharge plan. This means that they remain in hospital for longer than necessary.
- Lack of a clear and consistent description of the **ideal model of care and support in community** for people with a learning disability and/or autism and challenging behaviour. Clarifying roles and responsibilities and providing a 7 day service can lead to improved management, support and coordination of care for individuals in community, and less reliance on inpatient care.
- Lack of **specialist support** for people with a learning disability and/or autism and challenging behaviour who are in contact with or at risk of coming into contact with the **criminal justice system**. Providing more specialised support at an earlier stage can help to manage risk and facilitate appropriate pathways away from the criminal justice system.
- Lack of **personalisation** of support – ranging from inadequate systems to facilitate the uptake of personal budgets to a lack of appropriate residential and supported housing solutions (incorporating physical assets and willing providers) in North West London.
- Limited specialist **staffing with the appropriate skills and expertise** to support people with a learning disability and/or autism most effectively and also provide similar support for their families and carers. In addition, the skills within the general health and social care workforce require development to ensure that reasonable adjustments are routinely applied and mainstream services can appropriately care for people with a learning disability and/or autism and challenging behaviour.

VISON FOR NORTH WEST LONDON Transforming Care Partnership

As a system and collaborative, our ambition is to commission services and care pathways that result in the best outcomes possible for people with a learning disability and/or autism who display behaviours that challenge. Our collaborative will focus on supporting innovative

solutions, scaling up community-based services and developing the workforce and third sector market.

We want to ensure that there are equitable health outcomes for people with a learning disability and/or autism and who display behaviours that challenge that are comparable with the general population.

We want to ensure that there is a shift in power as much as a change in service reconfiguration: people with a learning disability and/or autism and challenging behaviour are supported to co-produce new service provision and pathways.

From outlining the case for change, and reflecting our vision, we have developed the following priorities:

Our priorities are as follows:

1. Collaboratively agree a specification for the Kingswood Centre's range of services and associated price and performance metrics. We will define the roles and responsibilities of commissioners and community learning disability teams. Our goal, where an inpatient service is unavoidable, is to facilitate appropriate and timely admissions with comprehensive discharge planning commenced at the time of admission to reduce length of stay.
2. Collaboratively develop a core specification for a community learning disability team. The specification will clarify the team's roles and responsibilities, including
 - providing high quality care and support for people with a learning disability and/or autism and challenging behaviour in a community setting, including supporting discharge from inpatient care;
 - working collaboratively on a short term basis with specialist services in all sectors;
 - developing a crisis care approach 7 days a week that ensures that people with a learning disability and/or autism who display behaviour that challenges, receive care and support that meets their needs in times of crisis, including when this crisis occurs outside of standard working hours;
 - supporting primary and community care to ensure equitable health outcomes for people with a learning disability and/or autism and challenging behaviour;
 - supporting the public health agenda in terms of drug and alcohol advice, sexual health and healthy life choices
 - supporting mainstream services to make reasonable adjustments and provide quality care for people with a learning disability and/or autism and challenging behaviour;

All teams should be integrated health and social care teams, and will be responsible for working with service users and their families to develop person centred plans with personal budgets as part of the offer.

3. Collaboratively commission North West London wide community forensic learning disability services.
4. To develop systems and processes that will drive the ethos that ensures a personal centred approach to care planning and service delivery. This will include:
 - developing a consistent and proactive approach to inpatient and community CTR process, reducing the burden on the system in terms of process and resources;
 - providing services to all people with a learning disability and/or autism and behaviour that challenges regardless of age, reducing the inequity between children's and adult services and ensuring care is based on the needs of the person rather than pre-

- determined age brackets;
- promoting and supporting people with a learning disability and/or autism and challenging behaviour to access and direct their care using education and health care plans and personal budgets;
- sharing learning across North West London.

5. Support workforce development across health and social care (including regulated and unregulated staff groups) so that we have personnel with the right skills in the right places and service users are in receipt of safe and effective services.

These priorities have been developed through consultation with our local service user and carer groups and board partners.

Please complete the 2015/16 (current state) section of the 'Finance and Activity' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

Please see attached template.

3. Develop your vision for the future

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

For North West London, Transforming Care is a programme that will help us develop our model of care and support for people with a learning disability and/or autism that promotes participation and an improved quality of life, whilst at all times maintaining a person-centred approach that recognises and values difference and diversity.

In North West London, people with a learning disability and/or autism and their families will be able to say:

- I have choice and control about my support
- I have a home I can call my own
- I am part of a community
- I get good support to stay healthy
- I have opportunities to learn and work
- I get support when I need it to meet new people and stay in touch with friends and family

IMPROVED QUALITY OF CARE

In terms of quality of care, the aspiration is that by 2019 we will have:

- Clear and accessible integrated community pathways that focus on prevention and early intervention;
- Specialised support services, community-based where appropriate, with a reduced reliance on inpatient facilities;
- Timely access to assessment and treatment for learning disability and/or autism;
- A well developed and managed provider market of health, social care and third sector providers that delivers high quality personalised support services with a focus on an enablement and developmental approach;
- A well developed and managed workforce across health, social care and third sector

including succession planning;

- Seamless access to mainstream services that make reasonable adjustments to meet the needs of people with a learning disability and/or autism and challenging behaviour;
- People with a learning disability and/or autism and challenging behaviour and their families/ carers at the centre of care planning;
- A specialist team to address the needs of people who may or have come into contact with the criminal justice system.

IMPROVED QUALITY OF LIFE

In terms of improved quality of life, our aspiration is that by 2019 the support available to people with a learning disability and/or autism who display behaviour that challenges in North West London will:

- Enable people to have choice in accommodation that is suitable to their needs and close to their communities and chosen networks;
- Meet the needs of people of all ages – not defining support by age but instead responding to care and support needs and reducing the differences in services for children, young people and adults;
- Increase the number of people with a learning disability and/or autism and challenging behaviour who utilise a personal budgets;
- Achieve equitable health outcomes for people with a learning disability and/or autism and who display behaviours that challenge that are comparable with the general population;
- Be person centred and personalised, including using innovative solutions from the private and voluntary sector.

REDUCED RELIANCE ON INPATIENT CARE

In terms of reduced reliance on inpatient care, by 2019 we will have:

- Specialist help available locally, with community support as the first line response;
- A safe alternative to hospital for people who, for whatever reason, are not able to remain in their current accommodation and do not need hospital treatment;
- Fewer people admitted into NHSE secure hospital provision.
- For those that do still require admission, there will be smoother transfers into and out of hospital, high quality assessment and treatment, with shorter lengths of stay, and discharge planning that is commenced as soon as possible.
- Fewer children and young people in 52 week residential placements, and where these placements are considered the most appropriate option, placements that are closer to home.

Based on the national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

For North West London these figures are between 18 and 27 inpatients CCG commissioning beds and between 36 and 45 NHS England commissioned beds. This will mean a reduction between 43% and 63% bed and the estimate at the moment across North West London 23 beds which is a 52% reduction in beds.

How will improvement against each of these domains be measured?

In accordance with the national guidance, we will monitor progress on delivering against the overarching outcomes of the programme using the suggested measures. In addition to these suggested measures, we will also use local measures to monitor progress against our local objectives. Co-production of these measures with people with a learning disability and/or autism and their families and carers will be an important component in the delivery of our Transformation Care programme.

QUALITY OF CARE

For the aim of improving quality of care, we will use the suggested basket of indicators alongside local measures of success that capture progress against our own KPIs. As a start, this will include (but not be limited to) measuring and developing KPIs on:

- Publication of clear local care pathways for people with a learning disability and/or autism who display behaviour that challenges in North West London
- Individual service elements for the Community Learning Disabilities team, including numbers of people seen, numbers (and %) of service users with personalised care plans, and patient reported outcome measures;
- The number of people who are admitted to inpatient facilities each year, with an agreed trajectory and target for reduction;
- Length of stay in inpatient facilities, again with an agreed trajectory and target for reduction;
- Readmissions to hospital for people with a learning disability and/or autism;
- Referral to assessment times for learning disability and/or autism assessments and treatment;
- Referral to assessment times for new psychiatric referrals for people with a learning disability and/or autism;
- Numbers of patients with a care co-ordinator;
- Numbers of people with a learning disability and/or autism who display behaviour that challenges with a Care and Treatment Review plan;
- Number of organisations across North West London that have implemented the Green Light Toolkit;
- Rate of referral, per 1,000 of people with learning disability for adult safeguarding;
- Mobilisation of a North West London wide forensic learning disability service.

QUALITY OF LIFE

For the aim of improving quality of life, we will use measures based on the Health Equality Framework tool. All these measures will be further refined as our plan developed. At present, we have some outline ideas on the quality of life areas we want to assess. These include:

- Number of people with a learning disability and/or autism who display behaviour that challenges in residential and/or supporting accommodation in North West London, using settled, unsettled, and inappropriate data sets;
- Number and % of people on the learning disabilities 'at risk' register;
- Number of people utilising personal budgets;
- The number (and %) of people receiving social care primarily because of a learning disability who receive direct payments or a personal managed budget;
- Proportion of eligible people with an Annual Health check and Health Action Plan;
- Proportion of eligible people who take up national screening and vaccination offers;
- Rate of people with a learning disability and/or autism who are overweight or obese;
- Life expectancy in relation to local, county and national levels;
- Proportion of people with a single, integrated, person-centred support plan.

REDUCING THE RELIANCE ON INPATIENT SERVICES

For the aim of reducing reliance on inpatient services, we will use the Assuring Transformation Plan data set to monitor progress. This will include defining baselines and setting KPI trajectories and end states in collaboration with our providers and service users for the following:

- The number of people who are admitted to inpatient facilities each year, with an agreed trajectory and target for reduction;
- Length of stay in inpatient facilities, again with an agreed trajectory and target for reduction;
- Readmissions to hospital for people with a learning disability and/or autism;
- Number of readmissions to hospital generating a root cause analysis;
- Number of patients admitted who were not on 'at risk of admission' registers prior to admission;
- Number of patients with a planned transfer date;
- Numbers of patients transferred out of inpatient care with a relapse prevention plan;
- Numbers of children and young people in residential schools placements, with an agreed trajectory and target for reduction;
- Number of children and young people in residential schools placements outside of London, with an agreed trajectory and target for reduction;
- Awareness of Local Authority to up-coming transfers from Criminal Justice system;
- Number of people with a learning disability and/or autism who display behaviour that challenges with an independently appointed Advocate (family member, independent person, formal Independent Mental Capacity advocate (IMCA)).

Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.

The principles we are adopting in how we develop our care and support offer are:

- The needs and preferences of people with a learning disability and/or autism should be at the heart of all we do. Care and support should be **person-centred, planned, proactive and co-ordinated** across health and social care, allowing people to have choice and control and lead good and meaningful lives;
- We need to further develop our **system-wide approach** across specialised and CCG commissioning, health and social care and other services (e.g. housing) for people in North West London with a learning disability and/or autism and challenging behaviours;
- Care and support services need to be redesigned to **minimise inpatient care** to when it is the best place for the person concerned. More often, care should be provided in **community settings** by skilled professionals who can support and maintain independence;
- A '**whole life**' **preventative approach** is needed for care and support with a much greater emphasis on addressing or reducing the impact of challenging behaviours from a young age and intervening early with challenging behaviour to reduce the likelihood of contact with the criminal justice system;
- Significant market development and provider liaison is required to achieve transformational change. The **skills and capacity of providers must be increased** to better support people with a learning disability and/or autism and challenging behaviour in the community to deal with high levels of complexity.
- **Advocacy** forms part of the support available to people with a learning disability

and/or autism to help uphold people's rights and ensure their voices are heard;

Please complete the Year 1, Year 2 and Year 3 sections of the 'Finance and Activity' tab and the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

Please see attached template.

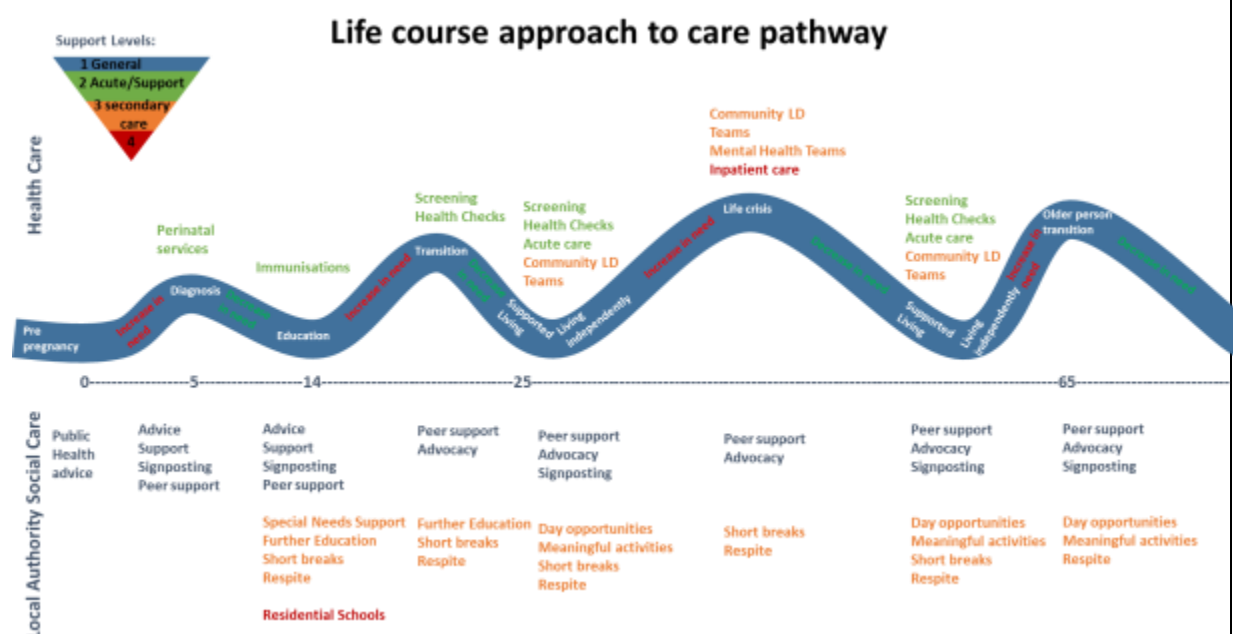
Please note that without financial information from NHS England on the additional funding that will support this transformation programme, it is very difficult to project what finances will be allocated. The assumptions used to guide our planning are included in the template.

4.Implementation planning

Proposed service changes (incl. pathway redesign and resettlement plans for long stay patients)

Overview of your new model of care

Our model of care takes a coordinated, life course approach. People with a learning disability and/or autism who display behaviours that challenges, and their families, will be on a journey; from the time of initial diagnosis there will be times during the life course that will naturally be challenging. By developing a care model that plans for these challenges and provides advice, support and care mapping, we are aiming to reduce the number of people reaching crisis and/or needing inpatient or residential care.



We recognise that for some people, full engagement with and in the community will not be achievable. Nevertheless, we do want to do all we can to enable people to reach their maximum level of functioning and live safely and well within their local communities.

Participation in activity and society is a key part of this and we will support engagement with

mainstream activities and services wherever possible, insisting on reasonable adjustments to enable this.

In North West London we know that although we do have quality support available for people with a learning disability and/or autism who display behaviour that challenges, we have a lot of work to do to get to our ideal model of care and support. Therefore, we have prioritised the following areas of work to build the foundations for our transformation programme.

Personalised care and support to meet each person's unique needs

We know that no two people with a learning disability and/or autism and who display behaviours that challenge have the exact same care and support needs and preferences, and care needs to be personalised around the person.

We will focus on actions that will drive the ethos that a **personal centred** approach to planning and delivering services should be at the heart of all we do. This requires a multi-faceted and coordinated approach that will include supporting all health, social care and third sector services across North West London to work and learn from each other, sharing the evidence base and good practice.

We will reduce the waiting times for an assessment for children and young people with a suspected learning disability and/or autism and behaviour that challenges to ensure that their needs are identified as early as possible and their care and support packages can be developed and agreed with the young person and their parents or carers as quickly as possible.

We know that the support available to children and young people with a learning disability is often more comprehensive than the support offered to adults even though the needs of people with a learning disability and/or autism can vary greatly at all ages.

We will develop an all ages offer across North West London that provides the support and care needed for all people, regardless of their age and reduces the need to transition from young people's to adult learning disability services.

Integrated co-ordinated care and planning

We know that a co-ordinated approach to planning and commissioning of services across health and social care, alongside improved access to mainstream services will provide the best quality of life and outcomes for people with a learning disability and/or autism who display behaviours that challenges.

We will responsibly develop the market so that there is a full range of local services to enable people to remain with, or close to their families and community. We will ensure that use of **personal budgets** is promoted and learning shared across North West London.

Ensure localised community care, closer to home

We know that at the centre of a good model of care is a multidisciplinary community learning disabilities team consisting of psychiatrists, nurses, psychologists, social workers, and support workers. Ideally support should also be available from other specialists including speech and language therapists, occupational therapists, physiotherapists, and creative therapists.

We will develop a core specification for a community learning disability /autism and challenging behaviour team. Across North West London, we will develop a co-ordinated approach to planning and commissioning of services across health and social care, building on our long history of joint commissioning. We will encourage and facilitate effective joint working between children and young people's and adult services to deliver a consistent, all ages offer.

We will make best use of Care and Treatment Reviews to ensure a clear and on-going focus on well-co-ordinated discharge to the community, to ensure all our resources are used effectively to avoid admissions where possible and to proactively develop future services to support individuals in their own home.

We will develop the support available to children and young people with a learning disability and/or autism by strengthening the education and health care planning process and reducing the reliance on 52 weeks placements. Where these placements are appropriate and necessary, we will work with our providers to agree placement options that are closer to home for children and their families.

We will support workforce development across the health, social care, housing and voluntary sector workforce so that we have personnel with the right skills in the right places and service users are in receipt of safe and effective services.

Specialised expert care and support

We know that for some people with a learning disability and/or autism who display behaviours that challenge there is no alternative to inpatient care for assessment and treatment. Therefore, the pathway into and out of these services is a key element in supporting recovery.

We know that in times of crisis, specialist skills are required to provide high quality care and support for people with a learning disability and/or autism who display behaviour that challenges. This high quality care and support can be the difference between being a person admitted or having intensive support within the community. Having rapid access to specialist staff during times of crisis 7 days a week can reduce admissions.

We know that across North West London we need more specialised support for people with a learning disability and/or autism who are in contact with, or at risk of contact with, the criminal justice system.

We will collaboratively define and agree a North West London care pathway into and out of inpatient care that includes a 7 days a week crisis response. This will then be embed within the **Kingswood Centre** service specification, and community learning disability services. We also recognise the expertise that exists within the third sector for supporting people with a learning disability and/or autism who display behaviour that challenges and we will work collaboratively with our third sector partners to develop our care and support pathways.

We will further develop our community learning disabilities teams with more specialised psychological input for people who offend, linking closely with our court diversion and liaison services. Across North West London we will pool our resources to support the small number of cases across our geographical area with specialised psychological support.

What new services will you commission?

Across North West London we are working towards the same strategic vision for people with a learning disability and/or autism who display behaviours that challenge. However, as we are describing a model across eight boroughs it is worth clarifying that in some cases these services will be new services in the boroughs where there is currently a gap; in other cases these services already exist and as such these services may be developed or updated within existing provision. With this in mind, across North West London we will commission:

- **Community support**, including the utilisation of more skilled staff to manage more complex/challenging behaviour. This may involve moving staff from inpatient facilities into community services, and vice versa, to share learning.
- **Crisis care**, available 24 hours a day, 7 days a week that ensures that people with a learning disability and/or autism who display behaviour that challenges, and their families and carers, receive care and support that meets their needs in times of crisis, including when this crisis occurs outside of standard working hours. This will require us to be clearer about the range of respite services we commission and access routes
- An **all ages offer** that responds to the care and support needs of people regardless of their age and reduces the differences between services for children, young people and adults;
- A North West London level **service for people with a forensic history** or Asperger's to provide the specialised psychological support required and manage the smaller number of cases over a larger geographical area;
- Education and support to encourage the utilisation of **personal budgets**, working with parents, carers, and people with a learning disability and/or autism who display behaviours that challenge to develop guidance and support to use these budgets to personalise and self-manage their care.
- **Co-ordinated care** across the health and social care pathways, ensuring that primary care clinicians, teachers, and social care staff are involved in early identification and signposting, and all partners are engaged in on-going care and support.

Example of Good Practice: Harrow are commissioning targeted support for children and young people with ADHD, ASD and challenging behaviour through a joint Emotional Health and Wellbeing Targeted Service (equivalent to Tier 2/2.5 in CAMHS). This service will work with a range of vulnerable young people to ensure they are receiving the support they need, and can then link into mainstream services with reasonable adjustments.

What services will you stop commissioning, or commission less of?

We will commission fewer:

- Assessment and treatment inpatient beds – via both reduced numbers of admissions and reduced length of stay
- Residential school placements
- Out of area placements in regulated care (inpatient and residential care homes)

This shift in commissioning will be heavily dependent on the development of specialist community support services that are able to manage the increasing demand and complexity of cases and sufficient suitable respite provision to enable families to cope. Therefore, we expect this decommissioning to be gradual over time as the community services embed. Our detailed implementation plan will describe the phasing of decommissioning – ensuring appropriate individual alternatives are in place as we reduce reliance on inpatient/residential care.

What existing services will change or operate in a different way?

Our existing services vary across North West London, so the detail of what will operate differently can be found in each borough's local annex. As general principles across North West London, existing services will change or operate differently in the following ways:

- Current community services will be developed, in terms of expertise capacity, skill mix, and ability to manage complex cases and challenging behaviour 7 days a week. There will also be more in-reach into inpatient services to support discharge and more outreach to other health and social care teams to support more independent living and integration with mainstream services;
- We will develop clear and consistent pathways into and out of inpatient provision for short term assessment and treatment; focusing on discharge planning, on-going engagement with community activities and family engagement;
- Current day opportunities will be remodelled to provide less institutional services and more integration into the local community;
- Crisis response teams will be trained and supported to respond to people with a learning disability and/or autism in crisis;
- Mainstream services will, through training and support for staff and changes in protocols and procedures, have increased awareness of learning disabilities and autism and will be adjusted to provide appropriate care and support;
- Waiting times for an assessment for learning disability and/or autism in CAMHS will be reduced. Children and young people will receive a quicker assessment, diagnosis, and access to support and treatment;
- More services will be able to be responsive to people's individual needs with direct accountability to individuals and their families through personal budget and individual service fund arrangements;
- There will be more effective links with the criminal justice system.

Describe how areas will encourage the uptake of more personalised support packages

Across North West London personal budgets are offered to people with a learning disability and/or autism. Currently, the uptake of these offers is generally low; however using a North West London approach we will share learning from areas where uptake is higher (such as Kensington and Chelsea).

Example of Good Practice: Hammersmith and Fulham is working with a provider to introduce Individual Service Funds to maximise accountability to personalised approaches and choice and control for customers with learning disabilities.

Hounslow CCG is leading on the development of a policy framework for personal health budgets, which could be rolled out across the North West London Partnership over the next 3 years. This framework will be co-produced with people with a learning disability and/or autism and their carers to ensure that the policy achieves the highest levels of personal budget utilisation, managed appropriately against risk and additional resources required to manage these budgets.

We are committed to working with our local independent sector partners to ensure people with a learning disability and/or autism who display behaviour that challenges have access to independent advocacy support to help them understand their budgets and the options available to them.

As part of our plans to increase the uptake of personal budgets, we will ensure that our work on increasing the knowledge and understanding of these budgets reaches out to parents and carers, so that young people have access to these budgets from an early age and are supported to use these budgets as they transition into adult services.

Examples of Good Practice: MENCAP in Brent is exploring the barriers around these budgets and to develop guidance and support recommendations to increase uptake.

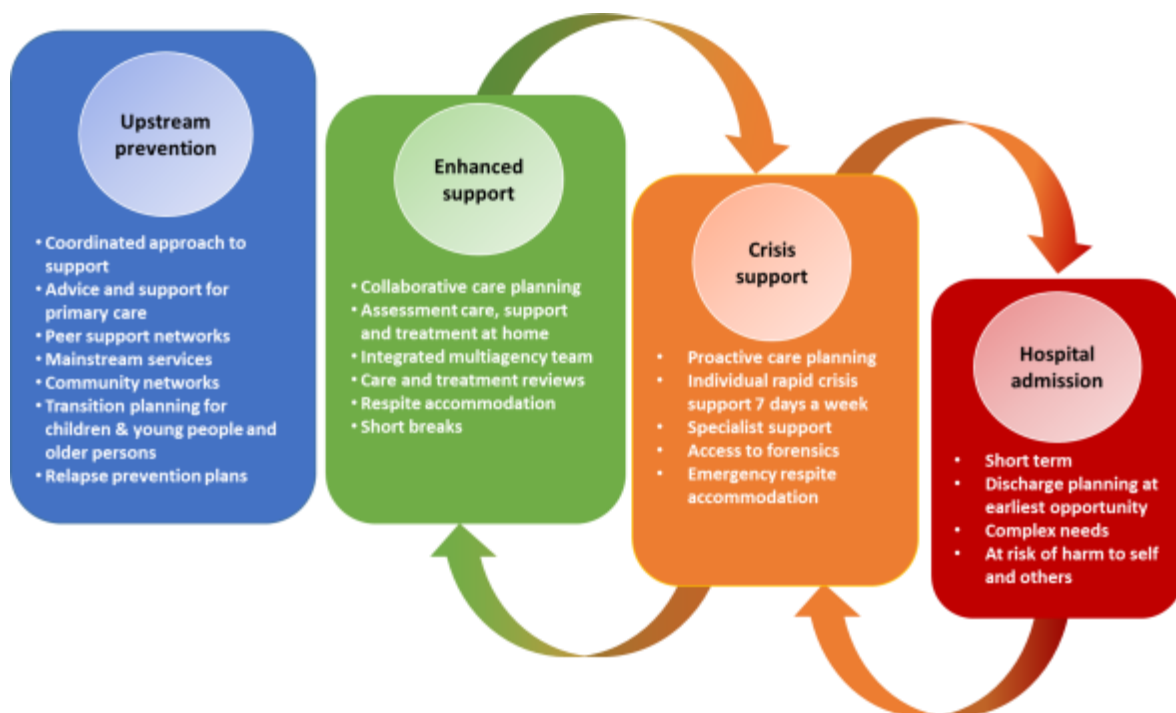
What will care pathways look like?

The overall objective of our Transforming Care Plan is to improve the care and support of a small but vulnerable cohort of people across North West London. Each individual will require a tailored plan both for any immediate changes, but also to provide longer term support for the whole variety of needs – physical health, mental health, social care and education.

As noted in *Building the Right Support*, people with a learning disability and/or autism who display behaviour that challenges are a highly heterogeneous group. As a result, care pathways can be very diverse and will in every case be dependent on the individual and their family or carers. There are however some over-arching principles that will underlie every care pathway.

Our care pathways will be:

- Planned, in collaboration with the person with a learning disability and/or autism and their family and carers;
- Proactive, considering future care and support needs as well as the current situation;
- Co-ordinated, linking up health, education, social care, and the independent sector to provide a joined up approach to support that meets the range of needs of the person.



Upstream prevention

Focusing resource, wrapped around the individual and their family, and utilising the breadth of skill available in the community will support proactive planning and a holistic approach to avoiding exacerbation of need. The GP remains a core member of this team with access to other team members who will be trained to ensure awareness of specific needs of this population. Early signs of additional support needs in children and young people will be identified and assessed quickly, and where a learning disability and/or autism is diagnosed, support will be planned across the lifespan including support for transition into mainstream adult services with the support of an all ages learning disability team.

Enhanced Support

Many of this population will require support at this level routinely. Supporting individuals to remain at home is key and the specialist teams to provide input at this stage in the pathway will focus on coordinating the range of services – to both the individual and the family/carers.

Crisis support

North West London through work on the crisis care concordat has improved access to urgent care for people with mental health needs. This model needs to be sensitive to specific needs of people with learning disabilities and provide pathways with alternatives to admission.

Hospital Admission

Once admitted, planning for discharge will be a priority with a focus on avoiding readmission and putting in place pathways which enable individuals to continue to be cared for in the least intensive setting.

How will people be fully supported to make the transition from children's services to adult services?

Our ambition is to develop an all ages offer for people with a learning disability, removing the need to “transition” from children's to adult services. The needs of service users do change with age; however the fundamental elements of support and care remain the same. In our proposed new model of care, all people with a learning disability and/or autism will have access to support for their health, education, and social care needs regardless of age. On turning 18 they will not be required to be reassessed according to different criteria or change services; instead needs will be assessed on an annual basis and will change with each individual rather than at pre-determined age points.

We will build on the Preparing for Adulthood principles and requirements of the Children & Family Act to ensure a local offer, raising aspirations of all young people with care and support needs with an emphasis on improving health, independence and employment outcomes.

As we move towards this new model of care, we will continue to support young people moving through the current system through careful planning and joined up working between social work teams. Our education, health and care plans also provide a bridging step between children's and adult services to assist with transition up to the age of 25.

Our Children and Young People's Mental Health Transformation Plan highlights our ambition to improve transition from CAMHS to adult mental health services, and work is underway to develop a new model of care and support that may include extending the age of services for

young people up to 25 to smooth transition. We note that one of our most vulnerable groups are young people with a learning disability who also have a mental illness, and hence we have highlighted the needs of this group of young people in both our Transformation Plan and Transforming Care Plans. We are working with clinical leads from our mental health trusts, the Healthy London Partnership, and partners in paediatric services, and local authorities to map how services and pathways differ across North West London and develop an ideal model of care and support for children and young people up to the age of 25 that follows the principles outlined in this Transforming Care Plan. While we develop our new models of care, we will continue to ensure that the needs of these young people are carefully managed on an individual basis by transition teams working with 14-25 year olds, and individual EHC plans.

Joint working between children's, mental health, and learning disability commissioners has begun and there are good examples of transition support teams across North West London. Where these teams are in the development stages, we are sharing examples of good practice and ways to develop teams quickly, such as using the virtual MDT model used in Ealing and developing registers of young people aged 14 and over (as is currently done in Brent) to plan transition over a longer period.

One of the tools we are using to support transition is personal budgets. These budgets could be utilised during transition to provide additional support for young people to move into support accommodation, get support to access education or employment opportunities, or access additional mental health support services. As part of our plans to increase the uptake of these budgets, we will ensure that our work on increasing the knowledge and understanding of these budgets reaches out to parents and carers, so that young people have access to these budgets from an early age and are supported to use these budgets as they transition into adult services.

Examples of Good Practice: Harrow CCG is working with the Local Authority on a pilot provision in 2 special schools to provide specialist learning disabilities CAMHS provision to prevent children and young people's escalation of needs, the pilot will be working with CYP with moderate LD, ASAH and ADHD.

How will you commission services differently?

Across North West London, local authorities, health care commissioners and providers are working collaboratively to develop new models of care that align with the five year forward view, put the patients at the centre, and enable funding to flow differently.

In the current round of planning, and with the drivers of the Better Care Fund and Sustainability and Transformation Plans, we are coming together to agree how we use the same levers for different populations – including those with serious mental illness, and those with learning disabilities and/or autism.

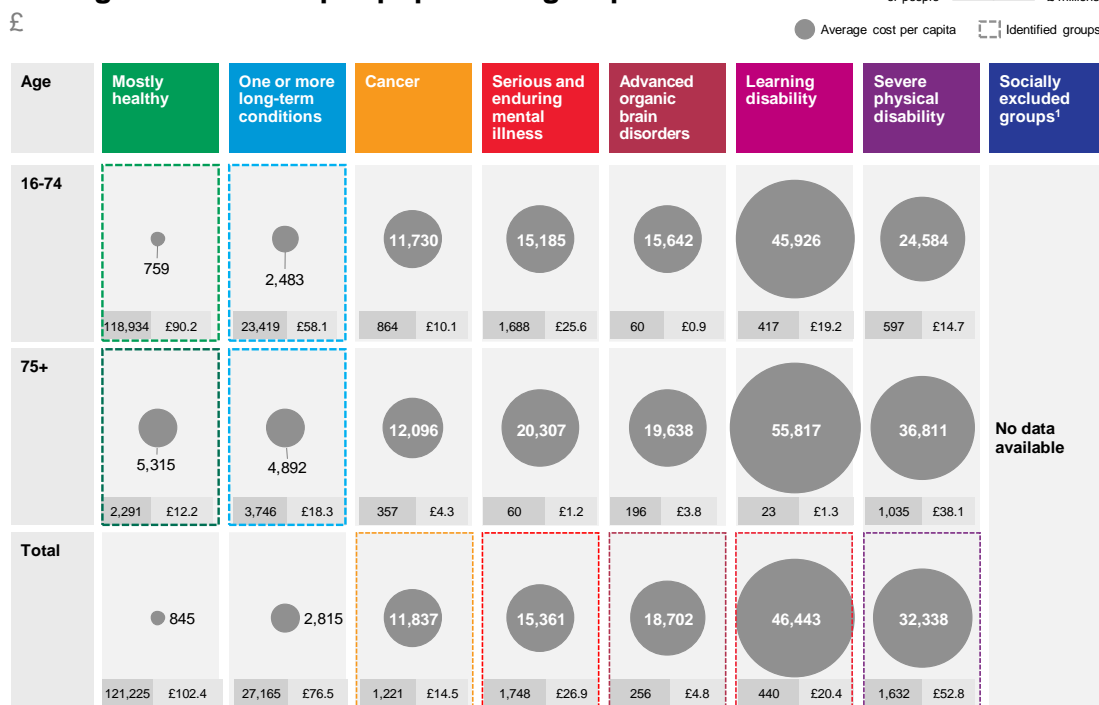
We are not yet at the stage where we can move to integrated budgets between health and social care to fund services for people with learning disabilities and/or autism. However, we are committed to continuing discussions on developing different commissioning models such as capitated budgets and accountable care partnerships as part of our future financial planning. We will draw on the success of our Section 75 arrangements in North West London which show that our commissioning partnerships across health and social care deliver improved outcomes for people with a learning disability and/or autism.

We will also continue to focus on commissioning of care via personal budgets. With

leadership from colleagues in Hounslow, we will co-produce a North West London framework with people with a learning disability and/or autism and their carers to maximise personal budget utilisation, managed appropriately against risk and additional resources required to manage these budgets. As part of our plans to increase the uptake of these budgets, we will ensure that our work on increasing the knowledge and understanding of these budgets reaches out to parents and carers, so that young people have access to these budgets from an early age and are supported to use these budgets as they transition into adult services.

Significant investment has been made in the data systems which will enable us to collect the right information to commission services differently. In the first instance, we will focus on collecting data on activity and funding to understand the demand across health and social care and the resources available to be pooled or capitated. Following this, we will focus on gathering data on the population segments as defined below (note the specific segment for learning disabilities).

Average annual cost per population group



Note: The dataset includes a subset of the population of Hammersmith and Fulham; it represents ~90% of the population of that borough
¹ For example, the homeless, people with alcohol and drug dependencies
 Source: Integrated data-set from H&F, ICP data warehouse, FIMS 2012/13, CLCH budget, WLMHT budget, LA Budget, McKinsey analysis

How will your local estate/housing base need to change?

Across North West London we are developing our housing and estate plans, with each borough being at a different level of development. Local detail is outlined in the appendices. We aim to develop a joined-up North West London estates plan that takes account of each borough's local position and uses a combined approach to deliver economies of scale and solutions that can be shared across North West London.

The general requirements for our estates for people with a learning disability and/or autism will include:

- accommodation with sufficient internal and outdoor space;

- consideration to any shared space that best supports people without aggravating or causing them stress;
- support for families who want to stay living together but who may have outgrown their living space as a young person reaches adulthood;
- location - close to support and transport networks;
- co-location of learning disability support teams with other health and social care colleagues to facilitate joint working and an all ages services.

Examples of Good Practice: There are a number of Building Independence programmes in North West London. For example, in Brent the Local Authorities New Accommodation for Independent Living (NAIL) project is developing 172 new supported living placements in Brent for people with a learning disability with the aim of transitioning people from care homes in to new accommodation with tailored support to meet their individual needs in the community.

The Hounslow Living Independently for Everyone (LIFE) Project is another example that aims to improve the quality of life of residents whilst also developing the market to provide quality care that caters for more complex needs within community settings, preventing avoidable admissions into hospital.

Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve ‘resettling’ people who have been in hospital for many years. What will this look like and how will it be managed?

Across North West London, we have been supporting people with learning disabilities and/or autism to resettle into community placements after long periods in hospital for many years. We will build upon our existing step down protocols and procedures, offering more support from the enhanced community team as part of this transition.

For people who have lived away for many years, additional consideration will need to be given as to their chosen place to settle if they no longer have links with their home borough. It should not be assumed that everyone would want to live in inner London nor leave new links they may have established elsewhere.

We will ensure that people with a learning disability and/or autism and their families and carers are involved in developing their care and support plans, including crisis action plans, well in advance of any resettlement. We will also ensure there is access to more suitable housing to make this transition easier. We are exploring the option of care navigators and support worker roles that will also assist with the resettlement process.

We know that to effectively support this population will take time. We can learn from work across North West London and wider – to involve the staff who support people currently, and the communities where people will resettle to. Utilising the key principles above we will take a person-centred approach and build on the breadth of experience of partners across the system.

How does this transformation plan fit with other plans and models to form a collective system response?

i. Local Transformation Plans for Children and Young People’s Health and Wellbeing

Both this Transforming Care Plan and the North West London Children and Young People’s

Mental Health and Wellbeing Transformation Plan have been developed in collaboration with children's commissioners from CCGs and Local Authorities. In the CAMHS Transformation Plan 8 priority areas are identified, one of which relates to Learning Disabilities.

In this plan, one of our main ambitions is to develop an enhanced learning disability service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. The design of the service locally will vary because the starting position is different and the needs of each borough differ somewhat based on prevalence and population. The North West London approach will ensure consistent quality and shared learning.

To achieve our ambition, we will map local care pathways for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps, commissioning an integrated service from CAMHS and Community Paediatrics.

As well as working closely with Community Paediatrics when screening referrals and undertaking assessments, there should be an effective strategic link between CAMHS learning disability and neurodevelopmental disability services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with learning disabilities and/or autism across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.

We will enhance the capacity of CAMHS to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams. In some areas such as Ealing the model of co-located services for children with disabilities enables fast access to specialist mental health practitioners for advice, consultation and joint working. This model should be explored in other areas and if physical colocation of entire services is not feasible we will consider embedding mental health practitioners in services that work closely with children and young people with a learning disability.

Specialist mental health practitioners should be available to provide advice and support to special schools and specialist units to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed.

Vulnerable groups including those with disabilities can find it more difficult to access specialist services when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc.) apply equally to young people with a learning disability and/or autism.

We will ensure that specialist services for children and young people with learning disabilities, neurodevelopmental disorders and mental health difficulties are sufficiently resourced to enable efficient access in line with national waiting time targets, to a workforce with the right expertise to meet their needs.

The crisis pathway developed through the CAMHS Transformation Plan should ensure access to support from staff who are appropriately trained to work with young people with learning disabilities and/or autism, whether through direct access or a consultation model.

This will ensure that admissions to residential care are avoided wherever possible and that discharge back to the community is well supported.

There should be clear agreements in place between specialist services and primary care to support shared care for young people with learning disabilities and neurodevelopmental disorders who require medication.

CCG and LA commissioners will connect with local independent sector services and support groups for young people with learning disabilities and neurodevelopmental disorders and their families (e.g. parent-run ASD support group).

As part of our redesign of learning disabilities and neurodevelopmental disorders services, we will ensure that the principles of Transforming Care are incorporated into our new pathway and service models. Explicitly, we will develop pathways that ensure that when a hospital admission is required for a person with a learning disability or neurodevelopmental disorders, all providers will first ensure that there is no other alternative to admission. Once this challenge has been passed, the person will have an agreed discharge plan developed at the point of admission to ensure they are discharged into community settings as soon as possible. We will also ensure that care and treatment reviews form a fundamental part of our learning disabilities and neurodevelopmental disorders pathways and services.

Service Users, providers and commissioners recently came together at an all day workshop to look at adults Learning Disability provision – a key theme of the day is the need to ensure transition is well managed and supported. 35 of the participants volunteered to be part of a network addressing transition issues – reflecting the commitment to change.

As a first step, the current service and interdependencies will be mapped out in detail and a service specification will be developed. In 2016/17, the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. From 2017/18 to 2019/20 we will embed the model, develop sustainability and further refine according to borough need.

Our overall objectives for this priority area of our CAMHS Transformation Plan are:

- Children and young people access assessment and treatment for learning disabilities and neurodevelopmental disorders in a timely manner.
- Children and young people with learning disabilities and neurodevelopmental disorders achieve improved health and educational outcomes.
- Children, young people and parents report an improved experience of engaging with learning disability and neurodevelopmental disorders services.

ii. Local action plans under the Mental Health Crisis Concordat

In November 2014, North West London became the first place in the capital – and only the second place across the UK – to have its action plan approved for the Mental Health Crisis Care Concordat. The declaration, signed by 25 partner organisations, outlines how organisations across North West London will work together to improve services for two million people, including the 32,000 living with serious mental illness.

This Transforming Care Plan aligns with our local plans to deliver the Mental Health Crisis Concordat. Specifically, the concordat implementation plan includes actions on providing community emergency assessments at home or in safe places 24/7, minimising the use of control and restraint used in inpatient facilities and transport services, and ensuring discharge planning and crisis care plans are routinely created and updated following an

episode of crisis. We will also ensure that our crisis care teams are trained to respond appropriately to the needs of people with a learning disability and/or autism in times of crisis as part of our development of mainstream services.

iii. The ‘local offer’ for personal health budgets, and Integrated Personal Commissioning (combining health and social care)

Personal budgets are currently offered to people with a learning disability and/or autism, however uptake is low. As mentioned previously, some boroughs have plans to work with MENCAP and other local independent sector specialists to provide advocacy and information support services to increase understanding and utilisation of these budgets. We will build on learning from where there is higher uptake and also learning from the introduction of Individual Service Funds.

iv. Work to implement the Autism Act 2009 and recently refreshed statutory guidance

Work to implement the Autism Act 2009 and the updated 2015 guidance is on-going alongside the development of our Transforming Care Plan. The awareness training on autism for all staff and specialist training for key staff dovetail with our plans to ensure all mainstream services make reasonable adjustments to meet the needs of people with a learning disability and/or autism. Also, our development of clear pathways and protocols (including for assessment and diagnosis) will support the work already undertaken in accordance with the Autism Act 2009 in this area, providing an up to date pathway and diagnosis process across North West London in line with SAF submissions.

v. The roll out of education, health and care plans

Across North West London our local authorities have developed operational arrangements and service delivery which better meet the needs of children and young people with special educational needs or disabilities. Published local offers cover the support currently available to children and families with a learning disability and/or autism and these offers will be updated to reflect the changes initiated by this Transforming Care plan. As part of our commitment to transforming health, education, and social care for children and young people with a learning disability, we will work to reduce the waiting times for assessments and develop an all ages service that reduces the impact of transitioning from children’s to adult care services. The focus will be on preparation for adulthood in planning for outcomes for well-being, health, independence and employment.

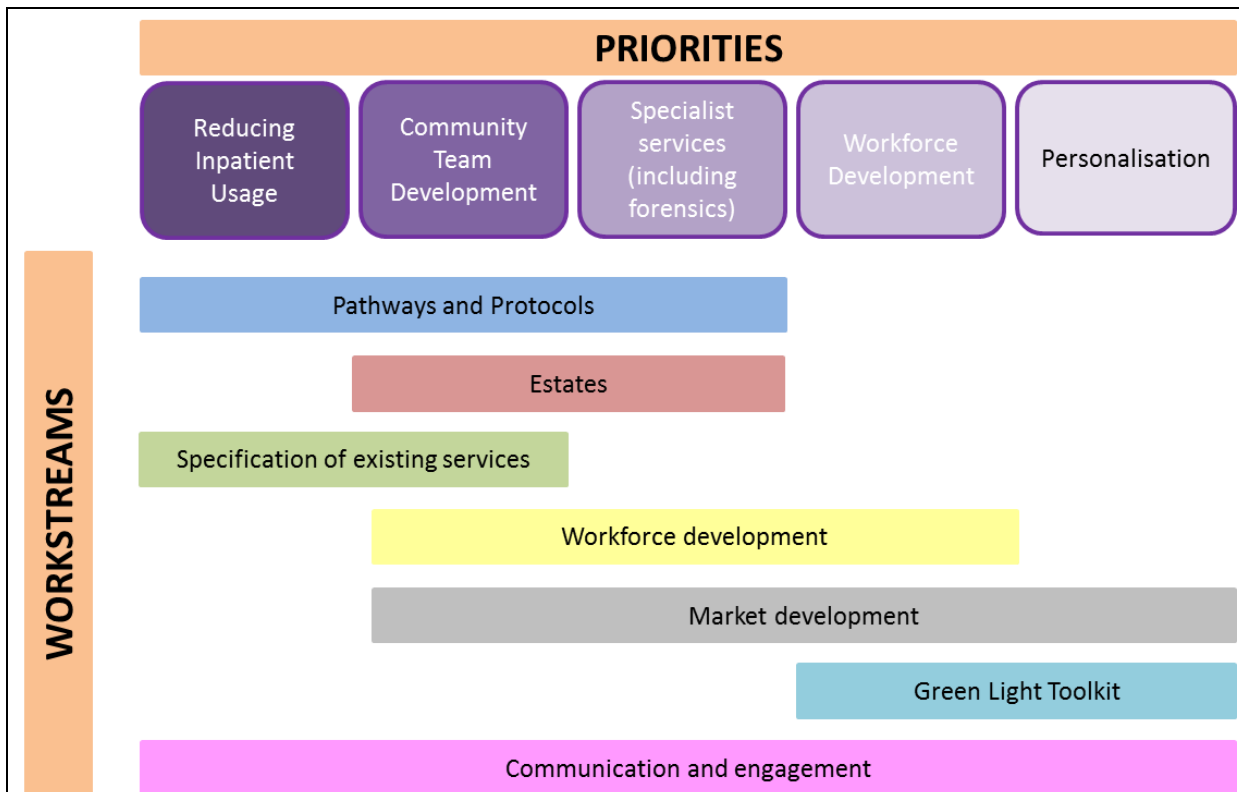
Any additional information

5.Delivery

Plans need to include key milestone dates and a risk register

What are the programmes of change/work streams needed to implement this plan?

We have identified a number of work streams that will be needed to implement this plan. The diagram below demonstrates how these workstreams map to our priority areas and core principles of our Transforming Care Plan.



The work of each workstream is summarised below and we will continue to develop the project plans and implementation groups for each of these work stream areas over the coming months.

1. **Pathways and Protocols:** as we co-produce new care and support services across North West London, it will also be important to develop clear service user pathways and protocols for transfer between services to reduce hand offs, share information (with consent) and provide a seamless journey for people with a learning disability and/or autism. This will include support for transition between mainstream services for children, young people, and older adults.
2. **Estates:** covering inpatient beds, community service delivery sites, community team office space, day centres, respite, residential schools, special schools, supported housing. Working closely across North West London to address the challenges with limited estate and high costs unique to London.
3. **Specification of existing services:** work is already underway to update specifications for existing inpatient and community services to ensure clarity of existing offer and that this meets the needs of service users of all ages and their families and carers. This will also provide a foundation on which to develop services, providing an understanding of our starting point and any further developments that are required to deliver our Transforming Care Plan.
4. **Workforce Development:** up-skilling our community teams to manage challenging behaviour and complex cases, to support step down from inpatient care. Redistribution of staffing from inpatient services. In addition to community teams we need to make sure that our teams in urgent care services – including A&E - are skilled to support people appropriately. Development of knowledge, understanding,

and skills in mainstream services (particularly crisis teams) to make reasonable adjustments for people with a learning disability and/or autism.

5. **Market Development:** working with existing and potential future providers to develop service specifications, staffing requirements, and quality standards that improve the quality of care in the community for people with a learning disability and/or autism, allowing for the support and care of complex cases and challenging behaviour in community settings. This will involve developing the range of providers who are able to provide this care and support to increase quality and improve value for money. We will encourage innovation and tailored solutions for each individual.
6. **Green Light:** this work stream will focus on ensuring that people with a learning disability and/or autism are able to access mainstream mental health services, and that mainstream services are able to adapt to meet the needs of people with a learning disability and/or autism. There will be a focus on training, leadership, and staff development.
7. **Communication and Engagement:** this work stream will ensure that a range of audiences are aware of the work being done to deliver our North West London Transforming Care plan. This will include communicating changes with referrers, people with a learning disability and/or autism, families, carers, schools, and other professionals. There will also be a focus on awareness-raising with the general public, improving the understanding of learning disabilities and autism and reducing stigma.

Who is leading the delivery of each of these programmes, and what is the supporting team.

The North West London Strategy and Transformation Team will continue to support the Transforming Care Partnership with programme management resource and a learning disabilities work stream lead.

Leadership will be based on subject area expertise, influence, and capacity to move this work forward and will be discussed and agreed via the Transforming Care Partnership Board and the learning disability working group.

1. Pathways and Protocols:

The North West London Strategy and Transformation will lead on this work, working closely with CCG and Local Authority leads and in particular Ealing CCG who have commenced work on the exemplar inpatient service specification. Other pathways will include:

- crisis care
- service for people with a forensic history
- co-ordinated care

2. Estates:

The North West London Estates team are leading this work as part of developing Strategic Estates Plans and working closely with Local Authority leads.

3. Specification of existing services:

The central North West London team has commenced this work with clinical input from providers and commissioners.

- community support

4. Workforce Development:

Health Education North West London (HENWL) are supporting the NWL team to develop plans.

5. Market Development:

Work has commenced at a local level and the central North West London team will coordinate the implications of this across the wider patch.

6. Green Light Toolkit:

Work is being led at borough level.

7. Communication and Engagement:

The central North West London communications team are supporting development of plans in line with all change programmes.

What are the key milestones – including milestones for when particular services will open/close?

The key milestones for our Transforming Care plan are covered in the project plan below. As we develop clear implementation plans for each work stream, we will develop project plans with timescales for each key milestone.

	2015/16		2016/17												2017/18					
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Key deliverables																				
1	Mobilise programme																			
2	Detailed finance modelling																			
Admission prevention																				
3	Develop comprehensive risk register to include 5 defined groups																			
4	Risk stratify the population																			
5	Single CTR process around North West London																			
6	Continue roll out of Green Light toolkit to mainstream providers																			
7	Enhanced forensic support to include non LD diagnosis																			
Commissioning																				
8	Development of Kingswood Service specification for 2016/17																			
9	Development of Kingswood Service specification for 2017/18																			
10	New Kingswood service specification for 2017/18 go live																			
11	Developing community respite																			
12	Develop specialist advocacy services for personal budgets, including health																			
13	Building capacity in the market place; niche accommodation and service provision developed around the patient																			
14	Community Learning Disability core specification																			
15	New Community Learning Disability service 2017/18 go live																			
16	Commission a consistent transition protocol																			
Workforce development																				
17	Design a workforce development programme - challenging behaviours, forensic skills																			
18	Develop a workforce education programme for main stream services																			
Engagement																				
19	Develop an engagement strategy for providers, service users, families and carers and general public																			

What are the risks, assumptions, issues and dependencies?

Issues

During the development of this North West London Transforming Care plan we have undertaken focused engagement with the CCG learning disabilities commissioners, governing bodies, quality teams and children’s commissioners, and consulted with the local authority Health and Wellbeing Boards and the individual joint learning disabilities

partnership boards. This helped to refine and shape our February submission.

Since then, we have listened to the NHS England feedback and defined our priorities in to 5 key areas. However, we also acknowledge that more work is needed in the following areas:

- Our financial modelling and transformation bids: more work is needed to clarify the learning disability spend and investment and we propose that this will be concluded by end of **May 2016**.
- We know that the funding cuts in local authorities will impact on our plans, and match funding arrangements and dowries are not yet clear. We expect that this issue will be resolved when we receive clarity from NHS England.
- We note that some of our cases are extremely complex and not suitable for resettlement in the community. We will continue to review and discuss these complex cases as part of our on-going Transforming Care planning.
- Estates modelling continues to be an area for more development and work. It is proposed that the estates mapping will be concluded by the beginning of **September 2016**.

Dependencies

The success of the plan will be dependent on a number of additional factors:

- Pooling of NHS England specialised commissioning budgets with CCG budgets for non-forensic services for those with a learning disability and/or autism.
- CAMHS Transformation Plans: the work to transform CAMHS services has commenced across North West London and will include the redesigning of services for children and young people with a learning disability and/or autism. The Transforming Care plan will need to build upon the work done in CAMHS services to ensure that the new pathways and services align.

Assumptions

The following assumptions underpin our Transforming Care plan:

- Joint working across sectors and boroughs is achievable and sustainable.
- Savings will be released by transferring patients to community care settings, and that these savings will then be invested in community care.
- Additional funding will be provided by NHS England to support transformation, including double running of services during transition.

Risks

Risk description	Probability (High, Med, Low)	Impact (High, Med, Low)	Mitigation
Provider Response: The market does not develop as envisaged. The system may not support new entrant to any market development.	Med	High	Clear market position statements signalling commissioning intentions Good on-going provider engagement including actively working with providers to invite solutions, resolve issues and concerns.
Workforce skills: required workforce skills and capacity do not develop sufficiently. Staff not available/cannot afford to live in London.	Med	High	Clear workforce development plans Work with HENWL on workforce development models. Sufficient funding to develop workforce skills and recruit appropriate staff.
Mainstream services do not make the	Med	Med	Senior leadership engaged so mainstream

reasonable adjustment to accommodate LD/autism needs.			services make adjustments a priority, use contract levers where necessary.
Pooling budgets: nationally changes are not made to allow specialised commissioning spend to be pooled.	High	Med	Raise nationally as a key issue
Pooling budgets: locally there is still some reluctance to pool health and LA spend.	Med	Med	Leadership and use of the Better Care Fund and section 75 agreements
CCGs and LA are not able to afford new packages of care in the current financial climate with cuts to existing budgets.	High	High	Developing the market place and competition would lead to fairer pricing. Develop an effective pricing structure based on the care funding calculator. Consider risk sharing approaches with providers to encourage their investment.
Lack of commissioning leadership and operational service delivery capacity: business as usual (including CTR guideline recommendation and reporting requirements) takes up everyone's time and there is no availability to take forward the Transforming Care work.	High	High	Provide additional support and capacity via short-term funded posts to cover business-as-usual, allowing experienced staff with local knowledge to get involved in redesign and service development planning.
Population growth: the population of North West London is growing, as is the number of people with a learning disability and/or autism. This will impact on the capacity of services to respond to demand.	High	Med	Include modelling of population growth into service redesign and business case development. Delivering a community-based model will help mitigate by providing care at a lower cost than inpatient care.
High needs patients: the very high costs of high need patients may negate any savings made by transitioning patients into community settings.	Med	High	Realistic planning that accepts the non-standard needs of this population. Continued support for high needs patients factored into affordability models.
Culture change: lack of a single vision and aims across all organisations and team	Med	Med	Effective leadership of the TCP. Stakeholder engagement to ensure building of positive and effective relationships.
Earlier discharge may result in more readmissions of patients who were not ready to transition to community.	Low	Med	Extensive discharge planning, to commence prior to admission, proactive care plans, coproduced with people with LD and/or autism and their carers, and monitoring of readmissions.
Negative publicity regarding the media coverage of closure of inpatient beds.	Med	High	Effective strategic communications plan which patient stories promoting better outcome for people.
Estates: lack of available, affordable local housing to develop community in Borough accommodation	Med	High	Look at change of use for existing health property. Consider widest range of solutions including private sector, shared lives etc.
What risk mitigations do you have in place?			
See table above.			
Any additional information			

6.Finances

Please complete the activity and finance template to set this out (attached as an annex).

Transformation Bids

This section provides the context to the Transforming Care Bids that have been submitted through the required template. These bids are central to delivering the ambitions of the North West London Transforming Care Partnership.

The funding will support the necessary services and increased capacity required to better manage and prevent the forecast numbers of both adults and children that would otherwise escalate into inpatient settings in the future.

The key themes to these bids are linked to the key priorities we have outlined throughout this plan.

Due to the timescales for submission, the bids received have not gone through a thorough assurance and governance process either within the individual CCGs or the TCP.

There is still more work required to refine and align the transforming care bids, and establish the match funding the phasing of the bids with CCGs and LA financial leads.

It is expected that this will be concluded by the end of May 2016.

End of planning template