

Joint transformation planning template

Harlow

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

This plan will encompass a 'whole life' or 'life course' approach to supporting and commissioning services for people with Learning Disabilities, people with autistic spectrum conditions or challenging behaviour needs in the London Borough of Harrow.

A 'life course' approach encompasses all age groups from pregnancy and birth through childhood, adulthood and older adulthood.

Harrow Council and Harrow Clinical Commissioning Group (CCG), as nationally, face serious financial challenges now and in the next five years and focusing limited resources to achieve value for money and maximise benefits for the most vulnerable groups and their families is challenging. Therefore we believe that working jointly with partner agencies using a whole system approach will be the critical success factor in achieving the outcomes in our strategic plan.

34 X GP Practices in the area
 1 X Acute hospital serving Harrow and Brent
 2 X no of walk in i centres (at present)

Local Authority care :

Local authority provide social care alongside CNWL – Central North West London NHS Foundation Trust (Mental Health) providing services in the community
 2 homes for people with learning disabilities and autism, plus 1 respite home
 3 Neighbourhood centres
 3 homes for people with mental health needs
 'Wiseworks' – day provision
 A mixed economy of voluntary and private sector organisations and several multi-regional 3rd sector support

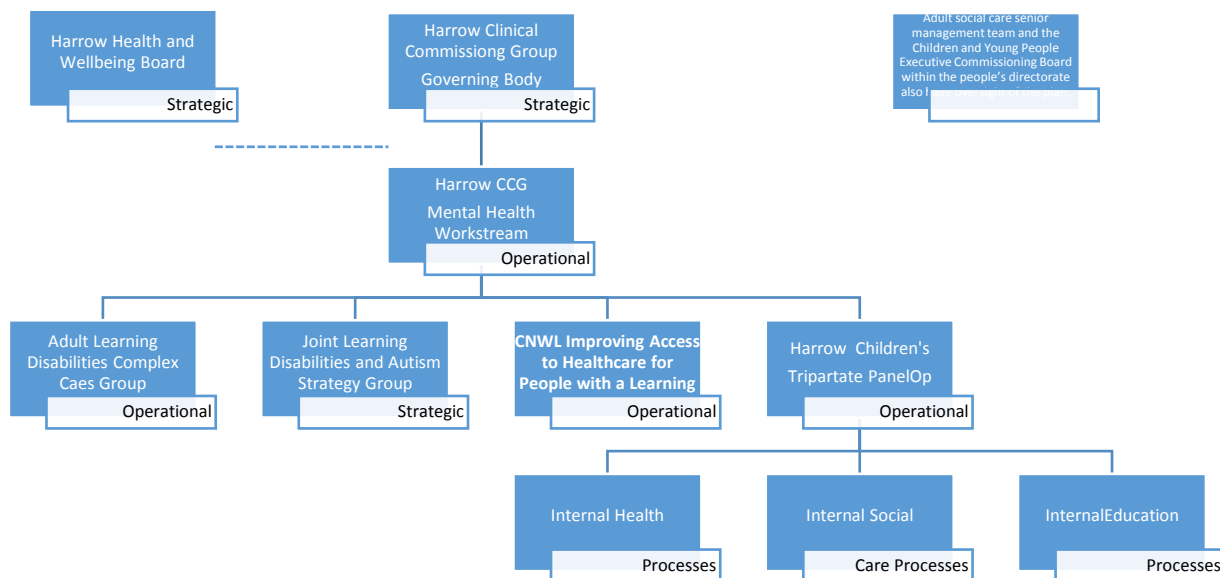
Describe governance arrangements for this transformation programme

There is currently a Joint Health and Local Authority Learning Disabilities and Autism Strategy Group, which reports to the Health and Well Being Board and the CCG Governing Body.

In addition to this there are two additional panels which review individual cases however, in addition to the individual management of cases these two panel have the remit to:

- To make recommendations for alternative provision of treatment demonstrating least restrictive care and treatment options.
- To ensure timely and appropriate step-down and smooth transition of clients between health and social care services.
- To provide opportunities for future local service development in collaboration with London Borough of Harrow (LBH) and Harrow CCG commissioners, and work to reduce

the need for out of borough placements.



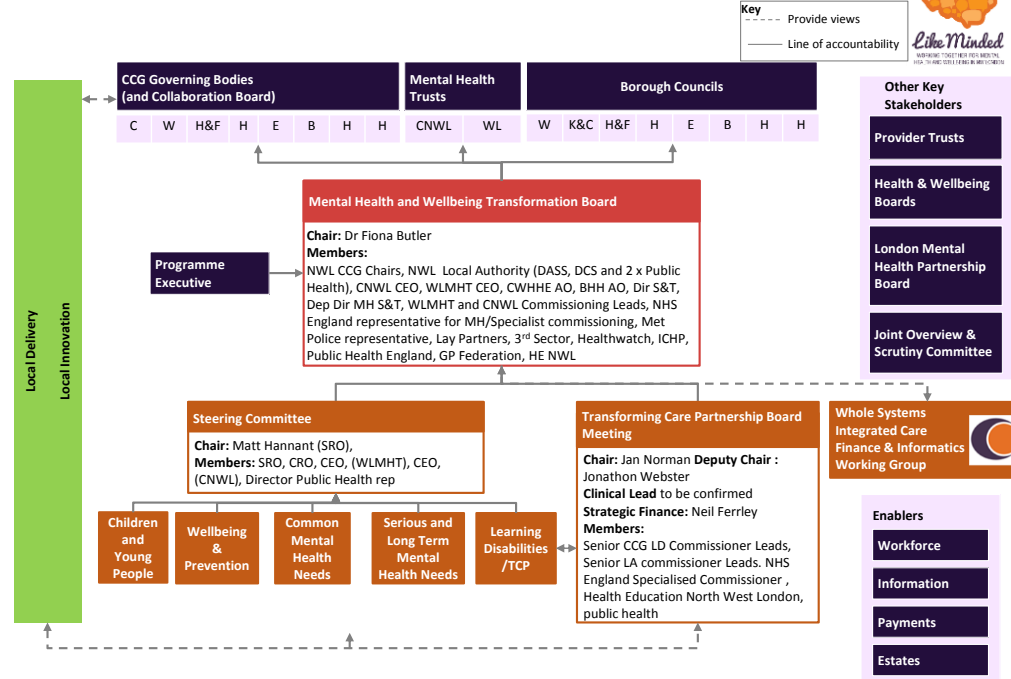
Harow LA Adult Social Care senior management team and the Children and Young People's Executive Commissioning Board within the LA People's Directorate also have oversight of the plan.

Harow CCG liaise with NHS England Specialist Commissioners on a case by case basis.

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.

LOCAL

The named Senior Response Officers for the TC:

Lennie Dick; Head of Commissioning, Mental Health, Learning Disabilities & Carer's for Harrow Clinical Commissioning Group

Lois Elliott; London Borough of Harrow Commissioner Learning Disabilities

The chief operating officer for Harrow CCG supports the Transforming Care Plan

Harrow Health and Wellbeing Board have representation from key partners which include;

- Police
- Safeguarding
- Housing
- Education
- CCG
- Children and Adult Social Care
- Social Care Operational Leads

- NHS Trust provider lead

Our operational Panels have representation from

- Clinicians
- Providers
- Education
- Families and Carers

Describe stakeholder engagement arrangements

People are at the heart of everything we do at Harrow CCG and Harrow Council.

We aim to engage with and involve with our people to share their experiences of health and social care services in Harrow. In particular to learning disabilities we commission Harrow Mencap to provide

- Training and develop learning opportunities
 - Interactive workshops for people with learning disabilities and their carers
 - Learning disability awareness training for primary care health professionals
- Information and advice
 - Accessible and timely information, include one in easy read format
 - Telephone advice and guidance
- Advocacy services
 - Telephone support
 - Face to face support
 - Collation of key issues and areas of concerns
 - Consultations and research

With particular reference to the development of our draft Learning Disabilities and Autism strategy;

- Harrow Mencap carried out a consultation with people with Learning Disabilities and Autism.
- Members of the Autism Task and Finish Group have provided input in to the strategy. The group is led jointly by Harrow Council and Harrow CCG and has representation from a range of stakeholders.
- Follow on facilitated sessions with service users within autism and/or learning disabilities
- Feed back form providers and health and social care staff Harrow Asperger's Syndrome Access to Provision engaged and consulted with a group of service users and carers with autism

Other mechanisms in place include:

- Preparing for adulthood workstream meetings
- Send post 16 provision workstream meetings
- Improving access to services for people with learning disabilities and related Green light tool kit audit.

We recognise we need to have in place robust engagement plan to meet the outcomes of the TCP. Harrow Council and Harrow CCG will develop a robust engagement plan which will engage key Stakeholders in Harrow.

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

Our draft plans are based on the knowledge built up from the Joint Strategic Needs Assessment 2015- 2020ⁱ and the views received through the continuing involvement of people with learning disabilities and their families as described above.

Children, young people and adults with LD and or autism and their families will be fully engaged in the design and delivery of our final plan. We will work with existing user and carer groups as well as targeting people who have challenging and / or mental health needs who may be at risk of admission or excluded from the community

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

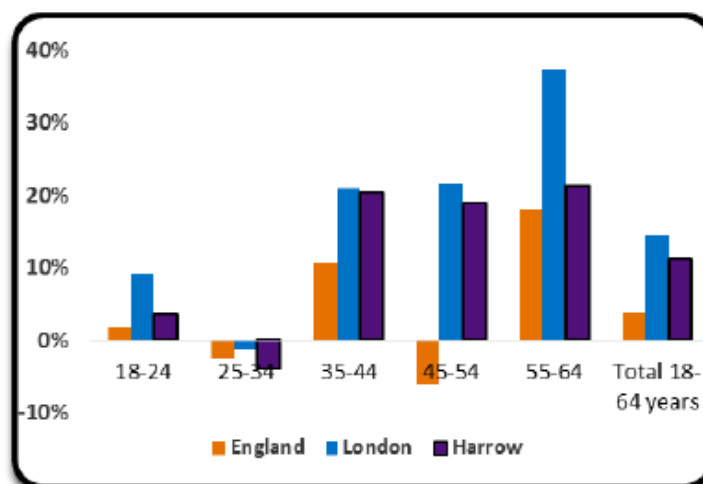
2.Understanding the status quo

Baseline assessment of needs and services

Provide detail of the population / demographics

There are around 3,800 adults with a learning disability in Harrow, with the largest number in the 25 to 34 year old age, and these numbers are projected to increase over the next 15 years by 11%. The largest increase being those aged 55 to 64 years (21.3% increase), and those with Autistic Spectrum Disorders (13.6% increase). These increases are likely to be due to improved survival rates and increased birth rates which may likely to have an impact on service provision.

Figure 1 Projected increase in people with a learning disability 2015-30



Of the estimated 3,782 people with learning disabilities living in Harrow only 435, just over 1 in 10, are known to the Harrow Council Adult and Social Care Services (2.86 per 1,000) placing Harrow in the 2% of local authorities in England with the lowest rate of people with learning

disabilities accessing services, Planning based on these numbers is likely to be an under estimate of actual need.

The number of people known to local authorities has been decreasing over time, suggesting probability of barriers to accessing social provision.

The number of adults with learning disability known to GP's is steadily increasing in Harrow at a rapid rate compared to London and England, with an increase of over 50% since 2007-08 to 760 in 2011-12. Most of this is due to increased recording rather than a real increase

The estimated prevalence of special educational needs in Harrow has remained consistent over time (2.6%) and is lower than the London (2.7%) and England average (2.8%). The number per 1,000 of children with moderate learning disabilities in Harrow is lower than the London average but higher for children with severe learning disabilities.

Autism is a spectrum condition which affects people in different ways. Autism is a lifelong developmental disability, sometimes referred to as Autistic Spectrum Condition (ASC). Asperger syndrome is a form of autism usually characterised by average or above average IQ and good vocabulary. However issues with interpreting social cues, lack of empathy and depression are common. Other people with ASC may have accompanying learning disabilities. The causes of autism are unknown but it is likely to involve the interaction of genes with environmental co-factors.

The local data from School Census for Harrow recorded 163 children with ASC in primary schools. CCG data from 2012, estimate higher numbers; 110 children aged 9-10 and 255 children aged 5-9 with ASC.

Better recording of ASC by service providers would improve prevalence estimates of people in the population with autism.

Analysis of inpatient usage by people from Transforming Care Partnership

Who	Number	Name of Unit	Location	Avg bed cost (per week)	Distance from borough (in miles)	Date of CTR	Purchasing arrangements	+5yrs
NHS England	1	Cygnnet Hospital	Harrow		10			
	2	East London Foundation Trust	London		16			
	3	St Johns House - Partnerships In Care	Norfolk		106			
CCG	1	Kingswood	Brent	£535.00	1	29/05/2015	spot	no
	2	Kingswood	Brent	£535.00	1	10/04/2015	spot	no
	3	Kingswood	Brent	£535.00	1		spot	no

Please see the attached Finance Template for more detail on inpatient usage numbers for NWL.

Describe the current system

Harrow learning disabilities service and other social care and health services support people with learning disabilities into a range of services including social work, care brokerage, continuing health care, nursing and residential care home placements, supported accommodation, day services and specialist health care.

People with complex and severe learning disabilities will require specialist support to meet their health and/or social care needs.

Cases are assessed by local care-co-ordinators and/or Social Workers and presented to

complex care panels held individually or jointly with the CCG and Local Authority. All cases to specialist providers are reviewed on a case by case basis to ensure services meet the individual's needs.

Inpatient services: The Kingswood Centre in Harrow specialise in assessing and treating people with learning disabilities. They provide a specialist service for people who have mental health issues or challenging behaviour. The Autism Diagnostic Service offers specialist assessment services, taking referrals from mental health teams and GPs.

Community Learning Disability Team (CLDT)

- The Community Learning Disability Team (CLDT) is provided by CNWL and is the primary specialist LD service for adults in Harrow. Service users include:
- People with a diagnosis of learning disability, aged 18 or over and young people transitioning into adult services, who have: a moderate to severe learning disability and complex health needs or a mild learning disability where there are additional complex needs and high levels of risk.
- CLDT provides elements of specialist care, such as psychiatry, psychology, physiotherapy, speech and language therapy, occupational therapy and nursing as part of a combined health and social care approach. However there are reported gaps in specialist occupational and physiotherapy services. For details on other services for people with learning disabilities see
- Harrow focus team provide specialist community forensic services to those in the community who have offended and those at risk of offending. The team provides case management, assessment, liaison and diversion to the courts, police stations and probation teams.

People with learning disabilities in stable accommodation: In 2013/14, in Harrow 69.8% of adult females and 73.8% of adult males with a learning disability who are known to the council were recorded as living in their own home or with their family. These figures are higher for both males and females with learning disability compared to the regional averages (M- 67.7% and F -69.8%). However, rates are lower than national averages (M- 74.5% and F - 75.4%).

Employment of people with learning disabilities: Harrow has a high proportion of people with learning disabilities who are in paid employment, particularly women; compared to statistical neighbours.

Harrow's local offer sets out the services and support available in the borough for children and young people under the age of 25 with a learning disability and/or autism.

Education: schools for children & young people in Harrow

- Special Schools in Harrow: 4 each one offers special teaching arrangements for a certain range and combination of needs
- Special Resourced Provision in Mainstream Schools
- Specialist Autism provision is available in 3 Harrow Schools. Further provision for children with autism and additional learning needs is in the process of being developed in a further 3 schools.
- Specialist Support in Schools: physical, medical and teaching service promotes educational achievement and social and emotional development for children and young people with vision, hearing or physical/medical needs up to the age of 19. Their teams include:
 - Advisory Teachers - Autistic Spectrum
 - Harrow Educational Psychology Service

Health services for young adults available in Harrow

- Compass: Integrated specialist drug and alcohol treatment service for adults and young people including drop in sessions
- Alexandra Avenue Health and Social Care Centre: provides services for those with LD and special needs including mental health difficulties
- Assessment and Brief Treatment Services at Honeypot Lane Clinic: Psychotherapy, Behavioural Support and LD nurse, they work with service users new to mental health services
- Kingswood Centre - Inpatient assessment unit: Multidisciplinary team consisting of nurses, trained support workers, psychologists, psychiatrists, an occupational therapist, physiotherapists, a physical exercise coach, a speech and language therapist, a music therapist, an independent advocate
- Harrow College
- Harrow Learning Disabilities Community Health Team
- Stanmore College

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

The Kingswood Centre (Inpatient Services)

The Kingswood Centre provides assessment and treatment of people with learning disabilities, who have mental health issues or challenging behaviour.

The Kingswood Centre, 134 Honeypot Lane
Kingsbury, London, NW9 9QY

The Kingswood Centre is sited in Brent. It has three inpatient units for assessment, treatment and rehabilitation: Preston House (8beds), Carlton House (8 beds) and Jubilee House (6 beds and a 2 bed flat).

The multidisciplinary team consist of nurses, trained support workers, psychologists, psychiatrists, an occupational therapist, physiotherapists, a physical exercise coach, a speech and language therapist, a music therapist, an independent advocate.

The Autism Diagnostic Service is also based at the Kingswood Centre.

The **Autism Diagnostic Service** offers specialist assessment services, taking referrals from mental health teams and GPs.

Autism spectrum conditions, including Asperger's syndrome, can be difficult to identify in adults and people may go undiagnosed without specialist assessment. The Autism Diagnostic Team utilises specialist assessment tools following referral from mental health services or GPs across London with commissioner agreement to fund the assessment.

The assessment identifies issues around social communication and interaction as well as repetitive and stereotypical behaviour, in order to achieve diagnostic clarity. A full feedback report is provided together with a follow-up session for families, along with recommendations for accessing local services.

The Community learning disability services

The Community Learning Disabilities Service provides support for people with complex or challenging behaviour in a community setting for Brent and Harrow.

The community health teams for people with a learning disability consist of multi-disciplinary staff teams including: community nurses, psychiatrists, psychologists, physiotherapists, speech therapists and a range of other support workers. It provides assessment and treatment to people in their choice of environment, whether that be in their own home or an alternative community setting such as a local clinic, school, college, day service, supported living, residential setting, care home or hospital.

Improving access to healthcare for people with learning disabilities

All services commissioned within CNWL are available to people with a learning disability. The Trust has a responsibility to ensure that all people with a learning disability have access to appropriate services and to ensure that treatment offered is based upon the best interests of the individual.

Reasonable adjustments

CNWL Foundation Trust also has a legal duty to provide 'reasonable adjustments' for people with learning disabilities. Reasonable adjustments include removing physical barriers to accessing services but more importantly also include changing the ways in which services are delivered to support people with learning disabilities.

How people with learning disabilities are accommodated in Harrow:

<p>Residential and Nursing Care</p>	<ul style="list-style-type: none"> • The majority of residential homes for people with learning difficulties support those who also have autism. • Harrow Council has a specialist 5 place residential scheme specifically for people with autism. • On reaching 65 years old, people with autism who have residential care needs are often supported in settings primarily for older people.
<p>Specialist residential, nursing and other health settings (including independent hospitals and Out of Area Hospital Placements)</p>	<ul style="list-style-type: none"> • Kingswood Assessment and Treatment Unit • The Cygnet Health Care Springs Wing Rehabilitation service is a highly specialist service which provides a recovery focus programme for people with very particular and complex mental health needs and co-morbidities (including autism spectrum disorders).
<p>Supported living schemes</p>	<p>These are building based schemes which support people who do not need the level of care provided in residential care homes. Schemes often work with people for up to two years to help them prepare for greater independence and to live in their own homes.</p> <p>Harrow council has a draft Supported Housing strategy specifically for vulnerable groups including people with learning disabilities and autism. Proposals for supported</p>

	<p>housing for people with LD over the next 5 years include:</p> <ul style="list-style-type: none"> • Making best use of existing Social Housing • Developing new supported housing • Develop supported housing provision to increase supported / independent living options • Review potential to improve / re-model of existing schemes <p>Challenges include:</p> <ul style="list-style-type: none"> • Lack of land space for new build • Cost of properties and land • Landlords willing to convert properties for supported/independent living usage. • Changes in relation to housing benefit legislation
Shared Lives	Harrow Shared Lives Scheme - members of the public share their lives and homes with a vulnerable adult in order to support them to live full and satisfying lives, encouraging independence. Many of the people who use these services would otherwise live in residential settings.
Housing Support	Floating Support services can support people in their own homes and with their own tenancies.
Day services	<p>As well as opportunities to access the community with support from a personal budget:</p> <ul style="list-style-type: none"> • Harrow Council's Neighborhood Resource Centres deliver day services for adults with learning disabilities and autism. Staff is well trained in working with people with learning disabilities and autism and the centres are low arousal environments. • Wiseworks supports adults to develop skills to build confidence and gain employment.
Voluntary sector	<p>Local voluntary sector organisations run services to support individuals and their carers including:</p> <ul style="list-style-type: none"> • social skills support • employment support • counselling • coffee groups, • workshops and support for carers • advocacy services • support with nutrition and financial planning
<p>What is the case for change? How can the current model of care be improved?</p> <p>Harrow high level transforming care priorities</p> <ol style="list-style-type: none"> 1. Transition; Children to adults step-up and step-down care for all 2. Joint working; improving access for assessment and treatment, with NHS to address the bed crisis and across all agencies to improve outcomes for patients 3. Independent living; improving choice for patients to enable safe independent 	

sustainable living as close to home as possible

Projected increase in levels of demand for support for people with learning disabilities and/or autism in Harrow will mean increase pressure on services and budgets and over the course of this strategy. The expected 20 complex care transition cases alone are expected to be a pressure on health and social care budgets.

We expect the 'life course' approach to commissioning of services will provide opportunities to:

- Improve joint working between children and adult services and health partners
- Improve planning to manage demand
- Increased early intervention services

Specialist forensics – NHSE challenges in sourcing beds close to home

Development of market community teams to move people out of higher level support that is no longer require but there is not the community expertise to manage the patients in the community.

Harrow Mencap consulted people with learning disabilities on the Learning disability strategy in February 2015. Users and carers identified the following gaps in services.

- There needs to be more support and diagnosis for parents of preschool children this includes access to peer support groups.
- There needs to be a central point for information and advice both a physical and virtual space.
- There needs to be training in communication and respect for health professionals.
- Health passports need to be available to everyone with a learning disability.
- Materials including social care assessments should be available in an easy read format.
- There needs to be earlier involvement of adult social care at transition.
- There needs to be more training for social workers and for care and support staff so they understand the needs of people with more complex needs.
- Access to an advocate is essential to support people voices being heard.
- Access to advice, information and guidance should be available
- There needs to be more services that support people with employment. This includes CV writing, job searches, support during interviews and support to settle into employment.
- There needs to be more choice and opportunities for daytime, evenings and weekend activities. Somewhere they could do things with their peers.
- High dissatisfaction suggests there needs to be more involvement in the design and development of services.
- Respite for carers and support for older carers is needed
- More access to leisure centres including accessible transport to get to the leisure centres.

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.

Harrow's five SMART Goals:

- Harrow Council and the CCG to ensure diagnostic, assessment and integrated care pathways are in place for people with learning disability, autism and complex and challenging behaviour. Joint working between the Council and the CCG to review, develop and improve pathways/ access to health screening programmes and ensure health passports are available to people with LD who needs them.
- Continue to review Learning Disability and Adult Mental Health placement processes with the Local Authority to ensure good outcomes and value for money services are delivered.
- Develop more robust transition pathway, strengthen the way education, children's and adult services plan together.
- Work jointly to implement the 'Green Light Tool Kit' to ensure providers make 'reasonable adjustments' to their practices that will make them accessible and effective for people with learning disabilities or autism.

Learning disabilities recommendations:

- Improve data collection and recording to provide more reliable data set in particular for children with learning disabilities aged under 5 years old, carers and young people in transition to support 'whole life' planning and service reviews.
- Joint working between the Council and the CCG to ensure GP data on lifestyle and screening for those with LD can be monitored and compared with the general population.
- Ensure learning disabilities data is included in Harrow's JSNA
- Explore the development of the local day services as hubs to provide advice and information on training and employment and support to access day and evening leisure activities and community services.
- Explore opportunities to increase employment and training opportunities for people with learning disabilities.
- Continue to work with providers to improve access to psychological therapies for people with learning disabilities

Cross cutting recommendations for learning disabilities and autism

- Ensure access to clear accurate and consistent information and advice. Ensure materials are produced in easy read format.
- Improve the involvement of people with autism and learning disabilities and their carers in the design, delivery and development of services
- Improve support for people with autism and learning disabilities who have contact with the criminal justice system, in particular better access to an appropriate adult.
- Implement plans to develop adequate supply of supported/independent living accommodation locally moving away from more costly traditional residential and residential nursing care.
- Explore assistive technology and telecare options as part of a package of support
- Work jointly to review and update Transition Protocol and pathways. Ensure the transition process commences early and is seamless for both the young person and their families and carers.(children to adults and adults to older people's services)

Outcomes for children and young people with a disability will have improved, allowing them to benefit from equality of opportunity.

We will champion the rights of all children and young people with a disability to ensure their access to all universal services with additional support as required and within the entitlement criteria.

Enhanced support for Learning Disabilities and Neuro Development Disorders:

- **Map local care pathways** and where appropriate reconfigure services or commission additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics;
- Develop an **effective strategic link** between CAMHS LD/ND 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 LD/ND 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.
- **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.
- **Provide advice and support to special schools and specialist units** to support early identification of mental health difficulties, advice on behavioural management strategies, and signpost to specialist support if needed.
- Develop clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.
- Connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group).

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.

Although there are no specific national targets for learning disability or ASCs, there are a number of initiatives which aim to drive up standards in access and care management e.g. introduction of a local enhanced service for annual health checks.

Harrow Council and Harrow CCG will use the following initiatives to measure performance.

- Harrow CCG CQUIN performance assessment
- Social Care national and local performance data
- Adult Social Care Outcomes Framework indicators on employment of people with Long Term Conditions, as a measure of enhanced quality of life
- The proportion of people with a learning disability who are in paid employment
- the proportion of people in contact with secondary mental health services in paid employment
- Consultation with users and Carers
- Children Executive Board
- The Green Light Toolkit to measure how accessible mental health services are for people with learning disabilities.

- Development of an LD and Autism work plan addressing ten priority areas
- Winterbourne JIP local area action plan – Harrow’s Winterbourne plan for the delivery of services to people with learning disabilities was signed off in October 2014. The plan is jointly monitored and updated by the LA and CCG.
- Winterbourne View Concordat: London Position Audit & Statement?? Measure London local authority’s performance against the Concordat recommendations.
- LD and Autism self-assessment, as required.

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.

Our key principals underpin our priorities for the future service model

- Adopt Positive Behaviour Support principles
- Care closer to home
- Support that address autism separately
- Green light tool kit
- Access to mental health support

Personalised: seeing the person ‘in the whole’ a commitment to building services around the person and their life.

Localised: Services that draw on individual and community resources and enhanced community services for crisis prevent. Supporting the creation of stronger communities that will support individuals

Integrated: services working together to ensure that diagnostic, assessment and integrated care pathways are in place for people with learning disabilities and/or autism.

Centralised: to ensure that inpatient stays are proactively managed

Whole life approach: Early planning and develop early intervention services to deliver support over the person’s whole life

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

4.Implementation planning

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

Overview of your new model of care

- Improved pathways between services
- Enabling people to make fuller use of universal services
- Increase the effectiveness of services by increasing service users and choice and control about the support they receive
- Ensure people received the right support after assessment of needs

- Focus across all services on helping people to be as independent as possible
- Reducing our reliance on traditional and more costly inpatient, residential and nursing accommodation
- Manage the significant financial pressure caused by increasing level of needs and growing demand

What new services will you commission?

- The development of a supported living unit in Harrow with clinical services as support.
- Extending specialist special schools for Children and Young People as part of the 10 year school programme.
- Harrow's local priority for a joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5). This will be an early intervention/prevention provision, offering open access for Harrow CYP with an identified need. Working to target identified vulnerable CYP in Harrow such as: Children in Need, Children Looked After, and CYP with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD.
- **Enhanced support for Learning Disabilities and Neuro Development Disorders:** Harrow CCG with local stakeholders will develop an integrated pathway for challenging behaviour, ASD and ADHD. Harrow CCG will allocate funding in year 2015/16 to specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow Health and Social Care to prevent escalation of need and offer project resource capacity to the cross-borough, to support alignments where possible in the five years.

Plans to:

- Develop more flexible supported and independent living accommodation locally.
- Reconfigure/develop 20 bedded in-house residential unit 2017/18
- Increase stepdown mental health beds

Above plans awaiting sign off by cabinet in February 2016

Strategic plan; Implementation of the 3 year plan via a staged approach

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

Reduce the use of inpatient beds especially in young people

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

- Expanding community teams – training up community services more generally
- Integrating pathways
- Children with disabilities, SEN and sensory team will work closer with adult's transition and care management teams.
- Increase collaboration and reconfiguring and sharing day services with the voluntary sector

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

Personal budgets for social care are available to all care act eligible residents with a high rate of take up in social care compared to other London areas.

Personal Health Budgets are being rolled out in Harrow however the uptake from people with Learning Disabilities and/or autism is low. This is a gap and to improve the uptake of personal health budgets there would be merit in understanding the actual and perceived barriers for individuals, families and carers in accessing personalised support packages.

What will care pathways look like?

Personalised: seeing the person 'in the whole' a commitment to building services around the person and their life.

Localised: Services that draw on individual and community resources and enhanced community services for crisis prevent. Supporting the creation of stronger communities that will support individuals

Integrated: services working together to ensure that diagnostic, assessment and integrated care pathways are in place for people with learning disabilities and/or autism.

Centralised: to ensure that inpatient stays are proactively managed

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

Young people with a disability who, following assessment, are in receipt of or are eligible for services from Children's Services (and, in some cases, health services) and are likely to be eligible for support into adulthood. This includes young people with a learning disability, physical disability or diagnosed with Autism:

- We expect planning from year 9 and for the penultimate EHC
- who are Looked After by Harrow Council, plus those for whom there is a continuing responsibility under the Leaving Care Act.
- young people who are involved with Children's Services and have additional health needs, where by they do not have a disability but health and developmental needs that will require support with transition to adulthood.
- Harrow has two established Joint panels (Post 16 panel and Tripartite panel) working to a safe and seamless transition for young people moving into adult services .

It is important for the penultimate EHC or health or care plan reviews to consider the appropriate pathway for transition depending on the combination of needs

The number of pupils identified as having ASC in Harrow is increasing and it is important these children are supported during the transition to adulthood. Areas with the highest prevalence of ASC include Roxbourne, Headstone South, Headstone North, Queensbury, Canons, West Harrow, and Pinner South. Planning for transition is difficult as ASC status is not recorded in the transition database. Statutory guidance in Fulfilling and Rewarding Lives (Department of Health 2010c) can only be locally monitored if such needs are recognised

and recorded.

All professionals responsible for planning services for children and young people will have an understanding of the importance of transition at key stages in a child's life, particularly at early years and when a young person begins to plan for their entry into adulthood.

How will you commission services differently?

Services will be commissioned based on individual needs using the whole systems approach.

- Individuals will be at the centre of planning and commissioning services
- Services commissioned will be flexible and adjusted as appropriate to meet needs
- Individual and families will increasingly be aware of personal budgets or personal health budgets and direct payment options to provide care services
- Wider services commissioned such as housing, community, leisure will be required to demonstrate reasonable adjustments have been made to ensure smooth access and effective support
- Joint panels for shared care services
- Joint commissioning of complex care packages requiring specialist services

To work closer across the collaboration in sourcing appropriate placements for young adults to meet their needs, this has been challenging and sometimes a delay in discharging out to the community – we are working closely with providers to deliver bespoke packages and placements to meet the individual needs.

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

There is a need for supported housing accommodation to meet the needs of people with learning disabilities and mental health needs.

Local needs assessments around housing Harrow Local Authority Housing Strategy 2013-18 highlights the need to ensure that housing options are available to meet the additional support needs of individuals with learning disabilities and/or autism. These need to be consistent with the priorities of offering personalised services, promoting independence, reducing the use of residential care.

There is a need to develop more flexible alternatives to Residential Care as a means to support people to be more independent and in more cost effective ways

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?

We are in the early stages of the scope to inform service modelling. We aim to develop a model which supports people to live in their own homes in the community maintaining positive relationships and provided with the support they need to be healthy, safe and active. We aim to manage the resettlement of people in the following ways.

- Shared data/numbers with the local authority early
- Joint assessments of individuals and stepdown plans
- Extend joint panels to review and agree care plans

- Joint register to track individuals

We support all our people with Learning disabilities in placements with regular joint reviews and discussions within our panel – this is how Harrow clients are monitored and stepped down in a safe and timely process – through our process we include the service user, carers, families and patients.

Closer working with local authorities to achieve suitable and sustainable housing.

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

The plan fit with the following local plans in Harrow

- Joint learning disability and autism strategic plan
 - Children with disabilities plan
 - Special Education Needs and disabilities plans – supported interventions for people with LD and autism
 - Supported Housing strategy
 - Better Care Fund plans– delayed discharges and 7 day working and development of more stepdown beds for vulnerable groups
- 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 NWL approach will ensure consistent quality and shared learning.

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 (LD)/ neurodevelopmental disability (ND) 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 LD/ND 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.

There should be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.

CCG and LA commissioners will connect with **local independent sector services** and

support groups for young people with LD/ND and their families (e.g. parent-run ASD support group).

As part of our redesign of LD and ND 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 LD or ND, 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 LD and ND pathways and services.

i. 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.

i. 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.

ii. 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.

iii. 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.

Further detail on the Harrow Better Care Fund (BCF) will follow.

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?

Engagement on the model
 Service redesign and provider development
 Pathway development
 Workforce development and training programme

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

To be more defined as the plan develops

Harrow CCG Leads:

- Assistant Chief Operating Officer
- Head of Commissioning for Mental Health, LD & Carers
- Complex Placement Manager
- Joint Children's Commissioning Manager
- Estates Manager
- Quality & Governance

Harrow Local Authority Leads:

- Assistant Director of Commissioning
- Mental Health Commissioner
- SEN Service Manager
- Children with Disabilities Service Manager
- Service Manager Long term care, Transition, Older people Mental health and Sensory Services
- LD commissioner

Voluntary Sector and engagement Groups

- MENCAP
- ASAP

- KIDS CAN ACHIVE
- ADHD Support service user groups
- 18-25 service user group
- Adult Social Care local account group

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

- *Engagement plan- July 16*
- *Establish local transformation group - July 2016*
- *First group meeting- September 2016*

This will be developed and submitted in the next draft.

What are the risks, assumptions, issues and dependencies?

- Funding/resources (people)
- Estates – lack of space
- Awareness and understanding
- Small numbers – makes it difficult to commission at scale (mitigate across NWL)
- Lack of providers/clinicians
- Market development
- Clinical needs and presentations

North West London TCP Plan Risk

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 reasonable adjustment to accommodate LD/autism needs.	Med	Med	Senior leadership engaged so mainstream services make adjustments a priority, use contract levers where necessary.
Pooling budgets: nationally	High	Med	Raise nationally as a key

changes are not made to allow specialised commissioning spend to be pooled.			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	Med	High	Effective strategic

media coverage of closure of inpatient beds.			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?

Local authority mitigations

- Properties identified that can be reconfigured/developed
- Business case developed for specifically adapted community based units and stepdown accommodation.
- Market development and brokerage resource in place
- Forging links with other NWL boroughs to commissioned collaboratively due to small numbers

Harrow CCG operate under the organisations quality and safety risk register, further to this every project area has an risk register that can be escalated to the organisations register if needed.

The risk register for the TCP will be developed in line with established processes and with TCP partners.

Any additional information

6.Finances

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

End of planning template
