

  
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*

February 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 NWL 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 draft plan provides a shared picture of:

- The North West London area
- The services currently commissioned and provided across our areas
- 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

At the date of submission of our first draft – 8<sup>th</sup> February 2016 - we are, as a system aware that our current plan does have a number of areas which we will continue to work on and develop over the next few months ahead of the final submission on the 11<sup>th</sup> April. We welcome the opportunity to receive feedback on our current plans to reshape services for people with a learning disability and/or autism away from institutional models of care and develop support in the community. 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, and mental health commissioning leads, housing teams, and finance colleagues in 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 in 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

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 NWL plan builds on the progress already made in each of the boroughs; it brings together the best practices to share the learning and where it makes sense bring together resources, capabilities and expertise to develop collaborative solutions where there is agreement to alignment. Where there are differences and local nuances, these are outlined in each borough's local annex (attached to this plan). However across NWL 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 staff from inpatient facilities into community services, and vice versa, to share learning.
- Tailored **local housing options** for people with a learning disability and/or autism who have challenging needs. This will include short term housing options for people in crisis where there is a risk of placement breakdown.
- **Respite services** for families and carers, regardless of the age of the person being cared for. This will include short breaks, day centres, longer break provision and family support services.
- **Crisis care**, available 24 hours a day, 7 days a week that ensures that people with a learning disability and/or autism 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 service** that removes the need to transition between children and adult services.
- A NWL 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.
- More services to support people with a learning disability and/or autism to access training, work experience, apprenticeships, and voluntary and paid employment.
- **Co-ordinated care** across the health and social care pathways, ensuring that primary care clinicians are involved in early identification and signposting, and all partners are engaged in on-going care and support.

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

Finally, as this is a draft plan the details contained in this document and appendices have been developed locally - but have not undergone a thorough assurance and governance process within each of the represented organisations. Further immediate assurance work is needed to test the finance assumptions and review of the finance in more detail. Equally there is immediate work to do on the implementation planning, for the April submission we will address the gaps in this draft of the document and ensure that the plan has been through the appropriate governance processes within North West London.

## 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 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.

NWL 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. There are also a vast number of third and independent sector provided service.

The Kingswood Centre is an inpatient unit located in Brent that provides specialist learning disability service for people 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 contract with 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 transparent pricing structure for the different aspects of the service.

Out of area beds are commissioned by NWL CCGs on a case by case basis using spot purchase contracts, using a person centred, and needs-based approach.

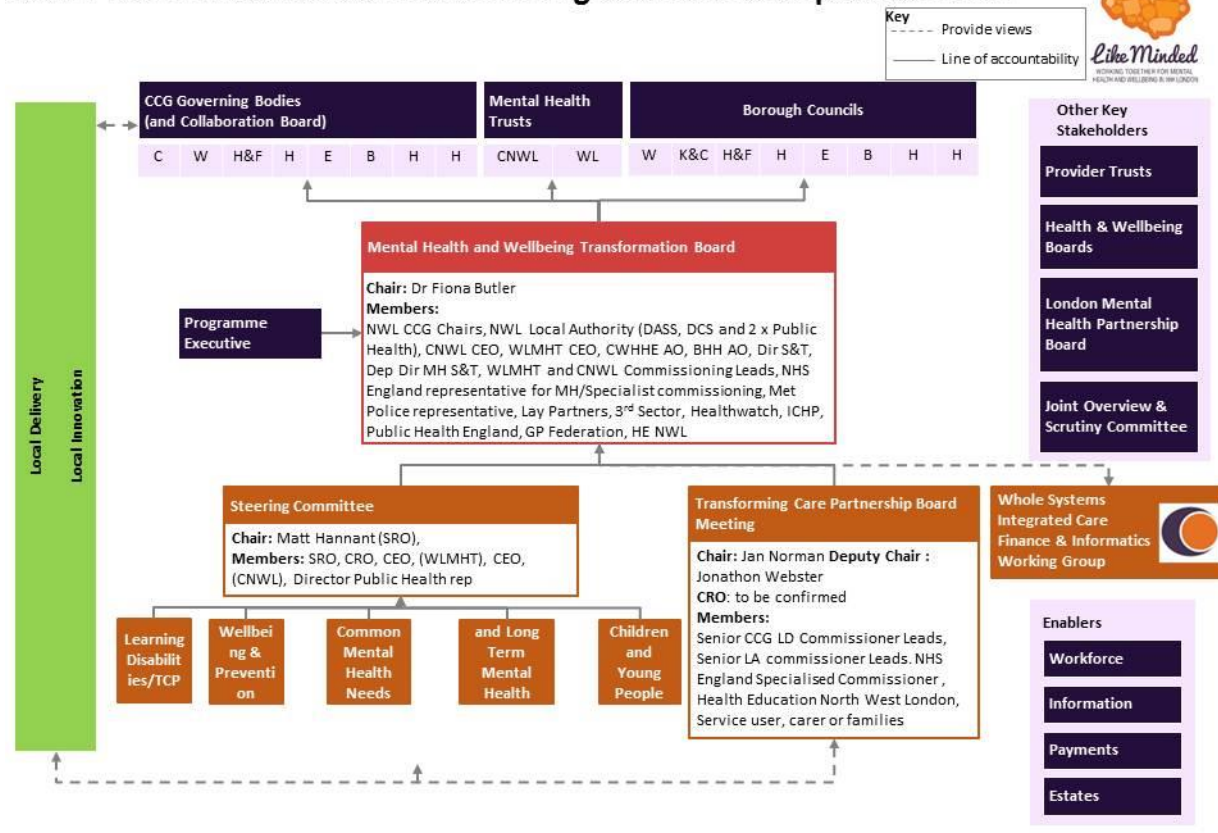
There are a number of different approaches to collaborative commissioning arrangements; there are joint commissioning arrangements in place for Ealing, Hillingdon and Hounslow, and for the three boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster with less formal relationships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

This plan has been developed with considerable input from key representatives from our 8 North West London clinical commissioning groups (CCGs) and local authorities.

### **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 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 CCGs. Membership includes senior commissioning representation from learning disability, mental health, and children's commissioners from local authorities and CCGs.

# DRAFT North West London Transforming Care Partnership Governance



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

The NWL 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 NWL 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 Adult Services, Directors of Children’s Services and Directors of Public Health.

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

**Describe stakeholder engagement arrangements**

In developing this plan, consultation has taken place with learning disability, disability, and mental health commissioning leads, 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. The attendees 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 NWL 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 these 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. Before submission of our final plan in April, North West London colleagues will facilitate a number of workshops and events to co-produce this Transformation Plan. For now, the work done to date to influence our planning is outlined below.

Specific examples includes work during 2015 that Ealing and Hillingdon have both undertaken on consultations exercises with service users which highlighted a number of areas for development:

- 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.

A three borough market engagement event on 1<sup>st</sup> 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**

The involvement of people with a learning disability and/or autism in the shaping of this plan is covered above. We will facilitate a number of workshops and events to co-produce this Transformation Plan during the coming months – we know that the right lead time is needed to allow for appropriate planning, preparation and transport arrangements.

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. This ensured that our plans reflected what our service users and key partners wanted.

As part of our CAMHS plans, across the eight boroughs we are funding local organisations with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. We aim to develop this further by reviewing co-production for different groups, learning from the work done in other boroughs across NWL and sharing our learning on the engagement approaches that work best for different groups of children, young people, and parents. We are building on the current approach in Hammersmith and Fulham with Rethink – training and supporting young people cross NWL to engage in all children and young people's (CYP) development projects. This will include a youth-led conference on Young People's Mental Health to be held in 2016.

On-going planning will also build on existing coproduction structures through partnership boards, sub-groups, and groups such as the Parents Reference Group 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.

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

**2.Understanding the status quo**

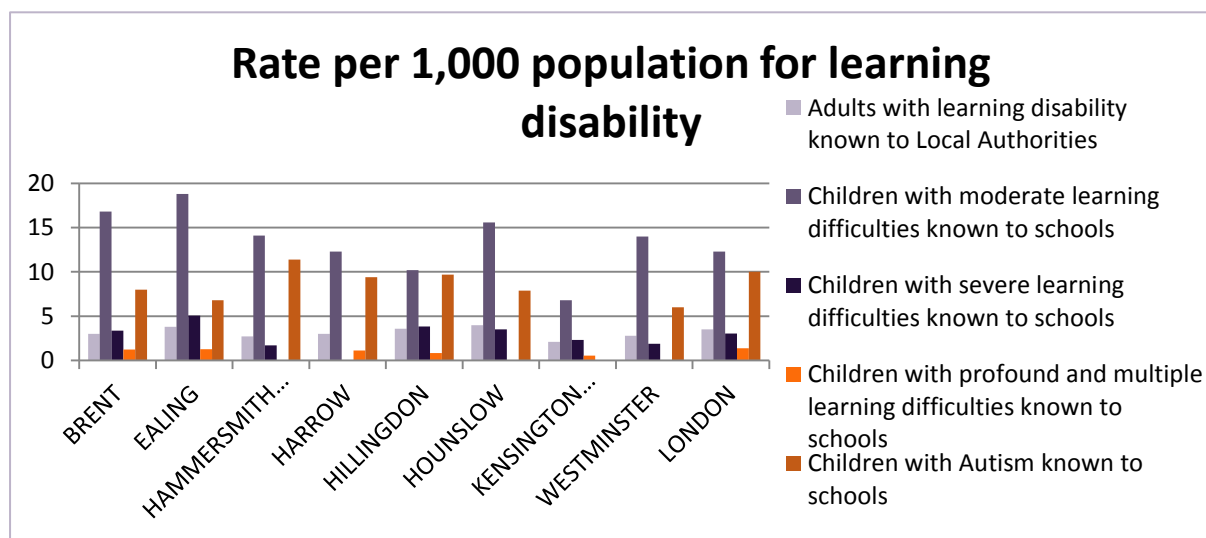
**Baseline assessment of needs and services**

**Provide detail of the population / demographics**

**Learning Disability in North West London**

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

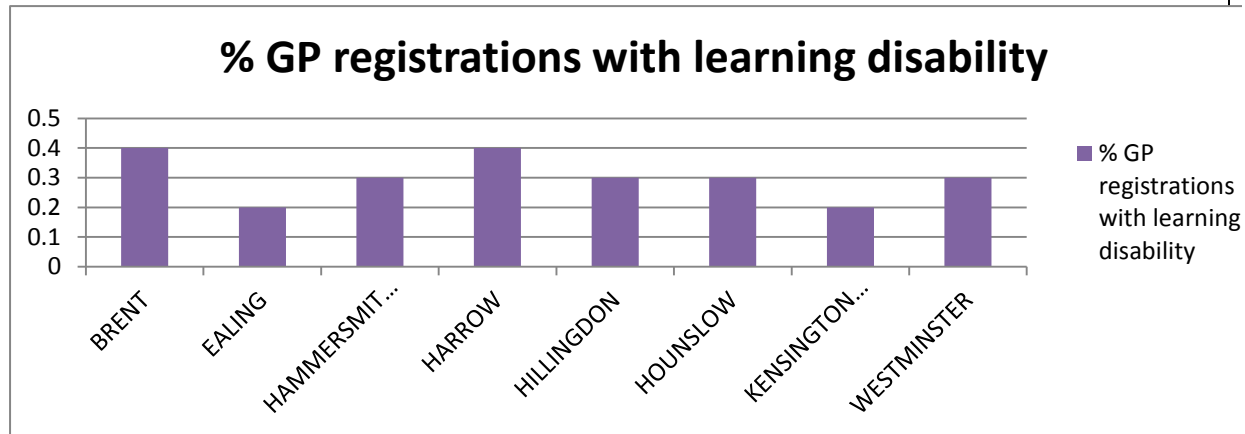
You can see that the rate per 1,000 population for children with moderate learning disabilities known to schools varies across the boroughs from 18.8 in Ealing to 6.8 in Kensington and Chelsea, with the London rate being 12.3<sup>2</sup>.



<sup>1</sup> Public Health England Fingertips data 2013/14

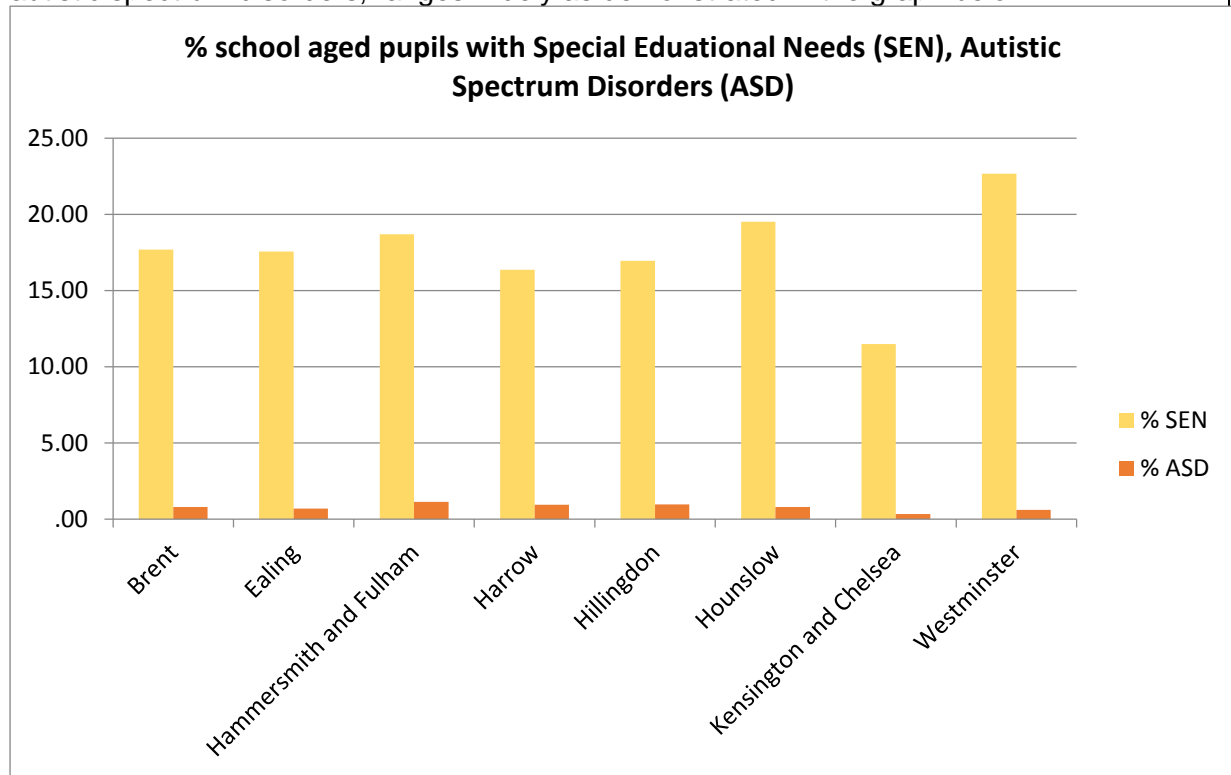
<sup>2</sup> <http://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E12000007/ati/102/are/E09000020>

We also know that the percentage of adults registered with a GP in NWL as having a learning disability varies across the boroughs from 0.2% to 0.4%<sup>3</sup>.



In 6 out of our 8 NWL 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 CAMHS Transformation Plan funding in producing needs assessments to further guide our local priorities.

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



4

<sup>3</sup> HSCIC, 2014

<sup>4</sup> 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>

Many of our NWL boroughs have undertaken LD JSNAs in the last few years. The details below provide a snapshot from these of some of the NWL 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%<sup>5</sup>
- 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 that<sup>6</sup>.
- 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 period<sup>7</sup>.
- 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 England<sup>8</sup>.
- 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 care<sup>9</sup>.
- Published figures on the spend on residential care suggest it was very high in Hammersmith and Fulham and high in Kensington and Chelsea by virtue of the higher proportion of clients in this type of accommodation<sup>10</sup>.

### **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

<sup>5</sup> Brent Learning Disability Brief JSNA 2014

<sup>6</sup> This is Hounslow, 2014

<sup>7</sup> Ealing JSNA 2012

<sup>8</sup> Tri borough Joint Strategic Needs Assessment 2013-2014

<sup>9</sup> Tri borough Joint Strategic Needs Assessment 2013-2014

<sup>10</sup> Tri borough Joint Strategic Needs Assessment 2013-2014

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.

Currently, our CCGs and Local Authorities do not collect data that categorises people with a learning disability and/or autism into these distinct groupings. However, we will ensure that our Transformation Plans address the diverse and complex needs of each of these groups of people. We also plan to do further work on risk stratification of our population as part of the continuing development of our plans that will provide more detail on the numbers of people within each of these categories across North West London. This will also require close working with teams from the national criminal justice system, and local partners.

### **Analysis of inpatient usage by people from Transforming Care Partnership**

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

The activity for our main inpatient unit, The Kingswood Centre, is shown below.

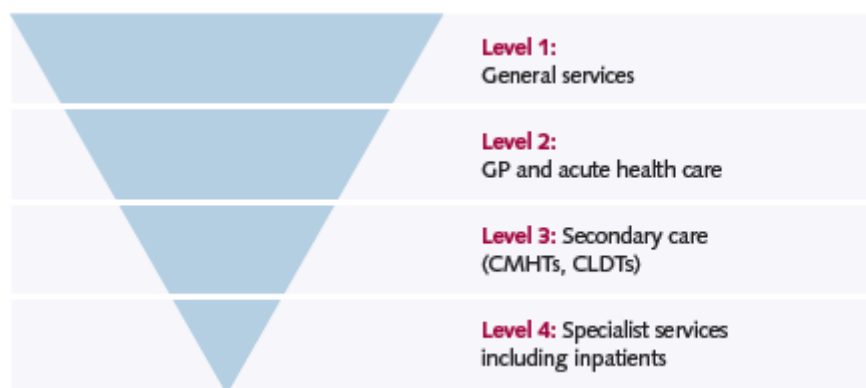
<b>Admissions per year to The Kingswood Centre for NWL Boroughs – 2011 to 2015</b>						
<b>Borough</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>Q1-2 2015</b>	<b>Total</b>
<b>Brent</b>	4	5	7	7	4	<b>27</b>
<b>Hillingdon</b>	2	0	2	4	4	<b>12</b>
<b>Westminster</b>	3	3	2	3	1	<b>12</b>
<b>K&amp;C</b>	1	3	1	4	0	<b>9</b>
<b>Hounslow</b>	2	1	0	1	0	<b>4</b>
<b>Harrow</b>	1	5	0	5	1	<b>12</b>
<b>Ealing</b>	2	0	6	1	1	<b>10</b>
<b>Hammersmith and Fulham</b>	0	0	0	0	0	<b>0</b>

These numbers represent people with a learning disability and/or autism who have been an inpatient in our local NWL service. However we recognise that a large number of our NWL residents with a learning disability and/or autism are in inpatient units outside of our catchment area. This is in part due to the range of complex needs of these patients, and our limited estates to support these patients in community settings. Also, we are working with historical contracting arrangements that need to be updated.

The process of implementing our TCP allows us to address these issues as a collaborative across NWL.

## 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** These services are primarily focused on improving the health of the whole population of people with learning disabilities. Good access to housing, leisure, education, transport and employment are known to have a positive impact on mental health. Other priorities include neonatal screening, early detection and treatment for conditions such as congenital hypothyroidism and phenylketonuria.

**Level 2** People with learning disabilities and/or autism should have good access to mainstream health services. In primary care, this means regular health checks, advice and support on lifestyle factors such as diet, exercise, alcohol consumption and sexual health. Other services include health facilitation to improve access to primary care and health liaison to improve access to acute hospital-based care. Training and support for carers should be made available. Improving Access to Psychological Therapies is included at this level.

**Level 3** Community mental health and learning disability teams which provide assessment, treatment and some on-going support for people with a moderate degree of mental health need (significant anxiety and depression, psychotic disorders, and cognitive impairment). These teams have expertise in dealing with perceived behaviour problems associated with these conditions, as well as the whole range of learning disability and coexisting autism and ADHD. In North West London, community services are provided by a range of providers including specialist learning disability providers (e.g. Craegmoor), community healthcare trusts (Central London Community Healthcare) and mental health trusts (Central and North West London Foundation Trust and West London Mental Health Trust). 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.

**Level 4** 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 North West London, these services are mainly provided by 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 across the country.

Residential and special schools also form part of the support available for children and young people with a learning disability and/or autism.

The services within these different levels include:

- Primary care
- Psychological therapies
- Community learning disability services
- Inpatient learning disability services
- Generic mental health services
- Services at the interface (transition services)
- Supported housing, residential care and continuing health care

The level of coordination between different service elements can vary, and can also lead to delay and duplication as well as high costs. These different services have a range of providers across NWL including a number of dedicated learning disability services:

- Integrated health and social care learning disability services (provided by the community health trusts; Central London Community Healthcare; Hounslow and Richmond community Healthcare; London North West Healthcare; Hillingdon) with social care staff from the relevant local authorities
- Autism Diagnostic Clinical Services (provided by Central and North West London Foundation Trust and West London Mental Health NHS Trust)
- CAMHS Learning Disability Services (provided by Central and North West London Foundation Trust and West London Mental Health Trust)

In addition, Local Authorities provide and commission a range of services for people eligible for support under the Care Act including residential care, supported living, respite, homecare, day opportunities, transport, advocacy 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.

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

A thorough picture of our current estate across residential and supported housing, clinical services, and community support is a gap within our current plan. We are working with our estates teams and providers to 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.

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. As inner London boroughs the cost of land and property is a huge challenge and as a result, there are many people in placements outside of their home boroughs. However there is on-going work to secure property through new build developments and improved pathways to access existing stock.

### **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:

- There is widespread recognition that those with a learning disability and/or autism and challenging behaviours are not best served by extended hospital stays, although admission for assessment and treatment will be required from time to time for some people.
- Despite this recognition, due to a lack of alternatives some people with a learning disability and/or autism and challenging behaviour are admitted to hospital in a crisis and remain in hospital for longer than necessary when they could have been supported in the community if 24/7 clinical support was in place.
- The ageing population of those with a learning disability and/or autism require more proactive support that also provides support and treatment for co-morbidities that are more common in later life;
- There is extensive reliance on families and carers to provide support. To prevent burn out and family breakdown, there is a need to ensure that there are both crisis and planned respite services available to avoid hospitalisation;
- There needs to be increased skills in the workforce to support people with a learning disability and/or autism most effectively and similar support for their families and carers;
- The population of North West London is increasing, as is the number of people with a learning disability and/or autism. Our systems and services need to be able to respond to this increase in demand in the most effective and efficient ways possible;
- The cost of housing in London is higher than anywhere else in the UK. This means that people with a learning disability and/or autism are often housed outside of London, which impacts on family and friend relationships and support. More needs to be done to ensure that people can stay in their own homes where possible, and where that is not possible, placements can be made closer to home to ensure support networks can be maintained.

To address these challenges, we need to develop a system and services underpinned by the following principles:

- 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;
- Substance Misuse services do not usually screen for learning disabilities – and vice versa – despite co-morbid needs frequently existing
- 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;
- 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. Personalisation/self-directed care, increasing employment opportunities;
- 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.
- Within forensic pathways commissioned by NHS England there is a need to ensure the appropriate specialist input for service users with Learning Disabilities;
- The green light toolkit framework provides a means to focus on individuals and their needs and requires continued focus and resource to support;
- Court diversion schemes operate in NWL for people with Mental illness. The capability of all members of these teams to respond to the needs of people with a learning disability and/or autism could be strengthened.

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.

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

**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 maintains 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
- I direct my care
- I have a home I can call my own
- I am part of a community



- I manage my health with the level and quality of support that I need

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

- Are community based where appropriate, with a reduced reliance on inpatient facilities;
- Are skilled and experienced 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;
- Enable people to have choice in accommodation that is suitable to their needs and close to their communities and chosen networks; (acknowledging that for some people they may not choose this to be in their borough of origin);
- 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

These services are 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 through effective discharge planning;
- When required and community solutions are not appropriate, timely access to inpatient assessment and treatment;
- Improved health and educational outcomes;
- Improved quality of life;
- Improved experience of services.

### **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.

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:

- Registers of people with a learning disability and/or autism
- Numbers of patients on registers
- Numbers of patients with a care co-ordinator
- Numbers of patients who have had a formal care plan review
- Number of patients with a planned transfer date
- Awareness of Local Authority to up-coming transfers
- Number of patients with an independently appointed Advocate (family member, independent person, formal Independent Mental Capacity advocate (IMCA))
- Numbers of patients admitted to inpatient care
- Number not on at risk of admission registers prior to admission
- Numbers of patients transferred out of inpatient care
- Numbers of patients considered not appropriate for transfer to the community and the reasons why
- Number of readmissions

- Number of readmission resulting in Root Cause Analysis

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:

- **Social determinants of health:** accommodation, employment, financial support, social contact, and safeguarding (e.g. 10% increase in the number of people with a learning disability and/or autism who are in employment by March 2019).
- **Genetic and biological determinants of health:** assessment and review of health needs, care plans, crisis plans, medication passports, and access to specialist services (e.g. 100% of inpatients in specialist learning disability services have a care plan that has been co-produced with the person and their family/carers).
- **Communication and health literacy:** body and pain awareness, communication of health needs, recognition by others of pain, recognition of health needs and response by others, understanding health information, and making choices (e.g. 100% of patient information leaflets in community learning disability and/or autism services are available in easy read format).
- **Behaviour and lifestyle:** diet, exercise, weight, substance use, sexual health, risky behaviours (e.g. 20% reduction in the number of people with a learning disability and/or autism who are overweight or obese).
- **Access to and quality of healthcare and other services:** reducing organisational barriers, understanding consent, managing transitions, uptake of health screening/promotion, access to primary and secondary health services (e.g. 15% increase in uptake of cervical screening by women with a learning disability and/or autism).

For the aim of improving quality of care, we will use the suggested basket of indicators, where these are not covered by the measures above. As a start, this will include (but not be limited to) measuring and developing KPIs on:

- The number (and %) of people receiving social care primarily because of a learning disability who receive direct payments or a personal managed budget.
- Readmissions to hospital for people with a learning disability and/or autism.
- Waiting times for new psychiatric referrals for people with a learning disability and/or autism.
- The availability of accessible information in line with new accessible information standards.

In addition to these mandated 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.

For us, the most important measure of improvement will be patient reported experience and outcome measures (PREMS/PROMS). We are committed to embedding PREMS and PROMS into all services, drawing on the developing evidence base and guidance for using these measures appropriately for people with a learning disability and/or autism. We will ensure that people are allowed extra time to complete these measures, can complete them at home, and will have the support of someone they trust to complete each measurement tool. All questionnaires will also be provided in easy read formats. We will build on the work in NWL using Patient Knows Best to capture the improvements that matter at a local level.

**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 offer care and support to people with a learning disability and/or autism who display behaviour that challenges reflect the principles inherent in our current practice, and the ideals we are striving towards that are linked to the Transforming Care agenda. These are:

**1. Personalised**

**Person centred care**

- We will work with people with a learning disability and/or autism and their families to plan care and support that is focused on the individual and their unique circumstances.
- We will give people more influence over their care and will promote a culture of positive risk taking.
- We will be committed to achieving the outcomes that we co-produce with each person as part of their care planning or Education, Health and Care (EHC) plans. Overall, we will all be working towards supporting people to have good and meaningful everyday lives.
- We will provide people with a learning disability and/or autism, and their carers and families with the right information at the right time to enable them to make informed decisions about care and support. We will ensure that the ways in which this information is provided takes into account the communication needs of the person with a learning disability and/or autism.
- We will ensure people are supported to use personal budgets and direct payments to extend choice, control, and flexibility.

**Support for families and carers**

- We will provide support to families and carer to enable people with a learning disability and/or autism to live at home or in their community wherever possible.
- We will make training available for families and carers in managing challenging behaviour.
- We will develop our respite offer for families and carers through short term accommodation for people to use briefly in a time of crisis, and paid care and support staff who are trained and experience in supporting people who display behaviour that challenges including positive behaviour support.

**Access to mainstream services**

- We will encourage the use of mainstream services as a starting point, including employment and leisure opportunities. These services will be available and accessible for people with a learning disability and/or autism.
- We will monitor our mainstream services through quality checks using the Green Light Toolkit and evaluation by people with a learning disability and/or autism and their carers using peer evaluation and inspection where appropriate.
- Where mainstream services are not sufficient to meet a person's needs, we will provide specialist support service in a community setting wherever possible.

## **Choice and control**

- We will ensure that people with a learning disability and/or autism have choice and control over how their health and care needs are met – with information about care and support in formats people can understand and the further development of advocacy services.
- We will provide a choice of housing options, including choice of type of accommodation and tenure, and support to live with families where that is the preferred arrangement.
- Plans and services will be co-produced and evaluated by people with a learning disability and/or autism, their families and carers. The opinions of people who use services will be listened to and their comments will initiate change.

## **2. Integrated**

### **Co-ordinated care**

- We will co-ordinate planning and commissioning of services across health and social care.
- We will encourage and promote cross organisation working.
- We will develop clear service specifications, pathways, protocols, and patient-centred outcomes.
- We will ensure discharge to community is well co-ordinated, guided by Care and Treatment Reviews.

### **Integrated to mainstream services**

- We will improve access to mainstream services for people with a learning disability and/or autism by encouraging reasonable adjustments to services.
- We will work towards increasing access to education, employment and volunteering opportunities.

### **Lifelong approaches**

- We will develop early intervention and preventative support programmes to address challenging behaviour from an early age.
- We will improve the continuity of care across different stages of life.

## **3. Localised**

### **Community-based care and support**

- We will develop local, multidisciplinary community support teams, consisting of a range of professionals to meet health and social care needs.
- We will build on existing services, incorporating evidence-based knowledge and skill development and expertise in the management of challenging behaviour and complex cases.
- We will work as a NWL collaborative to consider our options for developing more local housing options to ensure that our residents have the choice to be housed closer to their support networks.

#### 4. Specialised

##### **Specialist support**

- We will ensure that people with a learning disability and/or autism are able to access specialist health and social care support in the community – via integrated specialist multi-disciplinary health and social care teams.
- We will develop the support that is available out of hours.
- We will develop the workforce so that all staff working with people with a learning disability and/or autism have the appropriate training, skills, knowledge and expertise to manage challenging behaviour in a supportive way.
- We will develop community forensic health and care across North West London so that people with a learning disability and/or autism have support to reducing their offending and/or antisocial behaviour.
- We will provide high quality assessment and treatment services in hospital settings for those people whose needs cannot be met in community. We will ensure that where a hospital admission is required, it is for the shortest time possible, and pre admission checks ensure that hospital care is the right solution and discharge planning is commenced from the point of admission or before.

Our Transformation Plan for people with a learning disability and/or autism forms part of our overall strategy to improve the mental health and wellbeing of people in North West London. Like *Minded* is the mental health and wellbeing strategy for North West London. It brings together service users, carers, clinical staff from the statutory services and voluntary groups and other experts to work together to improve mental health and wellbeing across North West London. By working together, our vision is for North West London to be a place where people say:

“My wellbeing and happiness is valued”

“I am supported to stay well”

“My care is delivered at the place and time that is right for me”

“The care and support I receive is joined up”

“I can access support to avoid crisis”

**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 spreadsheet.

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

## 4. Implementation planning

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

#### Overview of your new model of care

Our new model of care will build upon the successful elements of our existing services to develop our community care and support offer and will look to address some of the challenges we face in NWL with finding suitable housing options. The fundamental elements of our new model of care are:

#### Personalised

- Care based on our local people
- Co-produced care plans
- Family carers involved where this meets the patient wishes
- Supporting independence

#### Integrated

- Co-ordinated commissioning
- All ages register
- Risk stratification

#### Localised

- Housing in our local area -where possible
- Care in community wherever possible

#### Specialised

- All staff (in community and hospital) are experts in LD and challenging behaviour
- In patient support remains available for short-term support
- Community forensic services in place to support local provision

#### 1. Personalised: Care and support to meet each person's unique needs

We recognise that no two people with a learning disability have the exact same care and support needs and preferences, and therefore we will work with each person with a learning disability and/or autism to ensure that they receive care and support that works most effectively for them and their families. When someone is referred to the service, they are offered a comprehensive assessment of their needs. People with a learning disability and/or autism and their family or carers will co-produce a shared care plan that covers their health, social care, and support needs as well as their goals for independent living.

To ensure that we are meeting the needs of all our population with learning disabilities and/or autism, including those who don't currently engage with services, we need to improve our registers. We will develop an all-ages learning disability register for individuals known to community services and inpatients facilities. We will build on this by cross-checking our registers with GP registers for adults and children, and local authority registers of children with additional needs.

To understand the future demand on our community services, we will work with our public health colleagues to understand our prevalence data based on national estimates and our improved registers. We will then work on risk stratifying our population to understand who is likely to need higher levels of support, either in community or inpatient facilities. This information will then inform our service implementation and market development plans.

## **2. Integrated: Co-ordinated care and planning**

We will underpin our Transforming Care agenda with a co-ordinated approach to planning and commissioning of services across health and social care. Our communities have a long history of joint commissioning and integrated community team for people with learning disabilities. The local authorities work together within the West London Alliance. We have built on this approach with to develop this plan. We are committed to ensuring that support for people with a learning disability and/or autism is strengthened by cross organisation working. We are working together to develop clear service specifications, pathways, protocols, and patient-centred outcomes. We will continue to work together to monitor and evaluate services and new pathways to ensure our Transforming Care agenda delivers the outcomes we are aiming for. We will also work as a collaborative across North West London to tackle our local housing issues so that wherever possible our residents can live in housing close to their families, if that is their wish.

We will make best use of Care and Treatment Reviews to ensure all our resources are used effectively to avoid admissions where possible and to ensure a clear and on-going focus on well co-ordinated discharge to the community.

Planning of services will also stretch beyond health, social care and housing. We will ensure that people with a learning disability and/or autism are enabled to participate in society in meaningful ways. This means improving access to mainstream services for people with a learning disability and/or autism by making reasonable adjustments, utilising the Green Light Toolkit and other contractual levers. We will also work towards increasing access to education, employment, and volunteering opportunities.

## **3. Localised: Community care, close to home**

At the centre of our model of care the multidisciplinary community support team consisting of psychiatrists, nurses, psychologists, social workers, and support workers. Support will also be available from other specialists including speech and language therapists, occupational therapists, physiotherapists, and creative therapists. The team will be built upon the existing services, incorporating evidence-based knowledge and skill development and expertise in the management of challenging behaviour and complex cases. The health services offered by the team will be integrated with social services and will have a single point of access.

Housing options suitable for people with a learning disability and/or autism are problematic in North West London. High land values and a shortage of space makes the development of housing more difficult than in other areas of the country. We are committed to working as a North West London collaborative to consider our options for developing more local housing options to ensure that our residents have the choice to be housed closer to their support networks.

#### **4. Specialised: expert care and support**

We recognise that specialist skills are required to provide high quality care and support for people with a learning disability and/or autism. These specialist staff are a fundamental element of our community care teams; we need to develop the expertise of these teams to manage more complex cases and challenging behaviour to reduce our reliance on inpatient facilities and residential school placements. Even with specialist community support, there will continue to be a need for inpatient care in some cases. Our aim is to reduce our reliance on inpatient admissions, and where they are required, to reduce length of stay and ensure that discharge planning commences at admission or before.

Across NWL we recognise the need for 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. Our current community support teams could be further developed with more specialised psychological input for people who offend, linking closely with our court diversion and liaison services. This is one of the areas that we think could benefit from a NWL approach – pooling resource to support the small number of cases across NWL with specialised psychological support.

We also recognise the expertise that exists within the third sector for supporting people with a learning disability and/or autism and our NWL plan includes our third sector partners as an important part of our care and support pathways.

#### **What new services will you commission?**

Across North West London we are working towards to same strategic vision for people with a learning disability and/or autism. 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. Specifically 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.
- Tailored **local housing options** for people with a learning disability and/or autism who have challenging needs. This will include short term housing options for people in crisis where there is a risk of placement breakdown, and access to shared living schemes.
- **Respite services** for families and carers, regardless of the age of the person being cared for. This will include short breaks, day opportunities, longer break provision and family support services.
- **Crisis care**, available 24 hours a day, 7 days a week that ensures that people with a learning disability and/or autism 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 service** that removes the need to transition between children and adult services.
- 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.
- More services to support people with a learning disability and/or autism to access training, work experience, apprenticeships, and voluntary and **paid employment**.



- **Co-ordinated care** across the health and social care pathways, ensuring that primary care clinicians are involved in early identification and signposting, and all partners are engaged in on-going care and support.

#### **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

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 capacity, skill mix, and ability to manage complex cases and challenging behaviour. 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.
- Current day services will be remodelled to provide more respite options 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.
- Quality assurance and service development will be fundamental elements of all services.
- 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 NWL 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). We recognise the importance of increasing awareness of the benefits of these packages of care, and are cognizant of the need to balance this against the additional support required to help people with a learning disability and/or autism and their carers manage these budgets.

Work has commenced with MENCAP in Brent to explore the barriers around these budgets and to develop guidance and support recommendations to increase uptake. We are committed to working with our local independent sector partners to ensure people with a learning disability and/or autism have access to independent advocacy support to help them understand their budgets and the options available to them.

Work is underway in Hammersmith and Fulham with a provider introducing Individual Service Funds to maximise accountability to personalised approaches and choice and control for customers with learning disabilities.

Each CCG has a commitment in their commissioning intentions to support Personal Health Budgets more widely. We can build on work in Kensington and Chelsea to introduce personal health budgets (supported by MIND) and the processes in place to support payments and appropriate advocacy. We will learn from the demonstrator sites for Integrated Personal Commissioning to plan for local implementation.

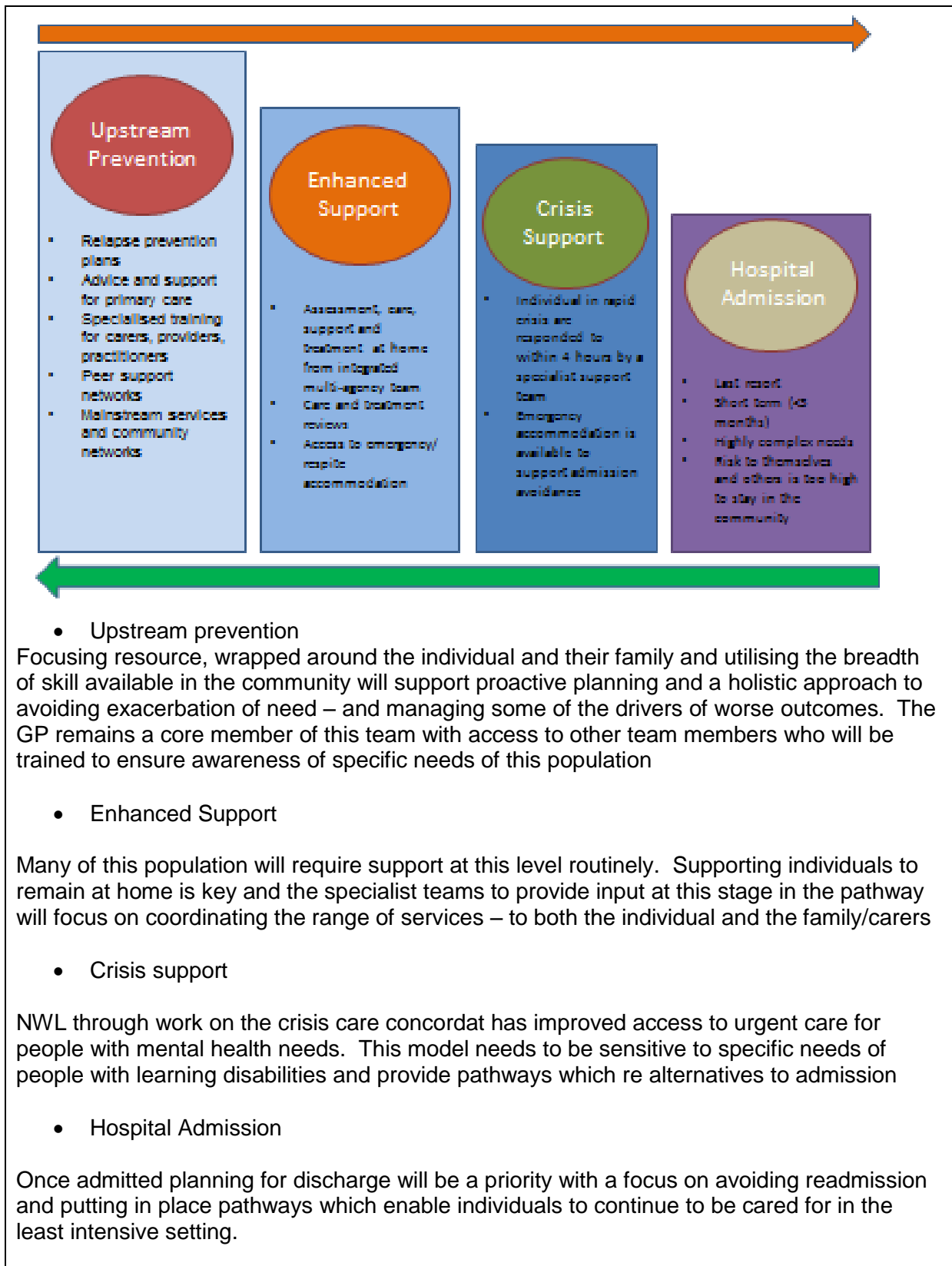
### **What will care pathways look like?**

The overall objective of our TCP is to improve the experience of a small but vulnerable cohort of people across North West London. As we develop these plans we have been reminded frequently that the changes we want to see will be very individual to different people – reflecting the complexity of many of the needs of this population, and their families and carers. The care pathways we will further develop provide a framework but the reality is that 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 for example.

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.



**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.

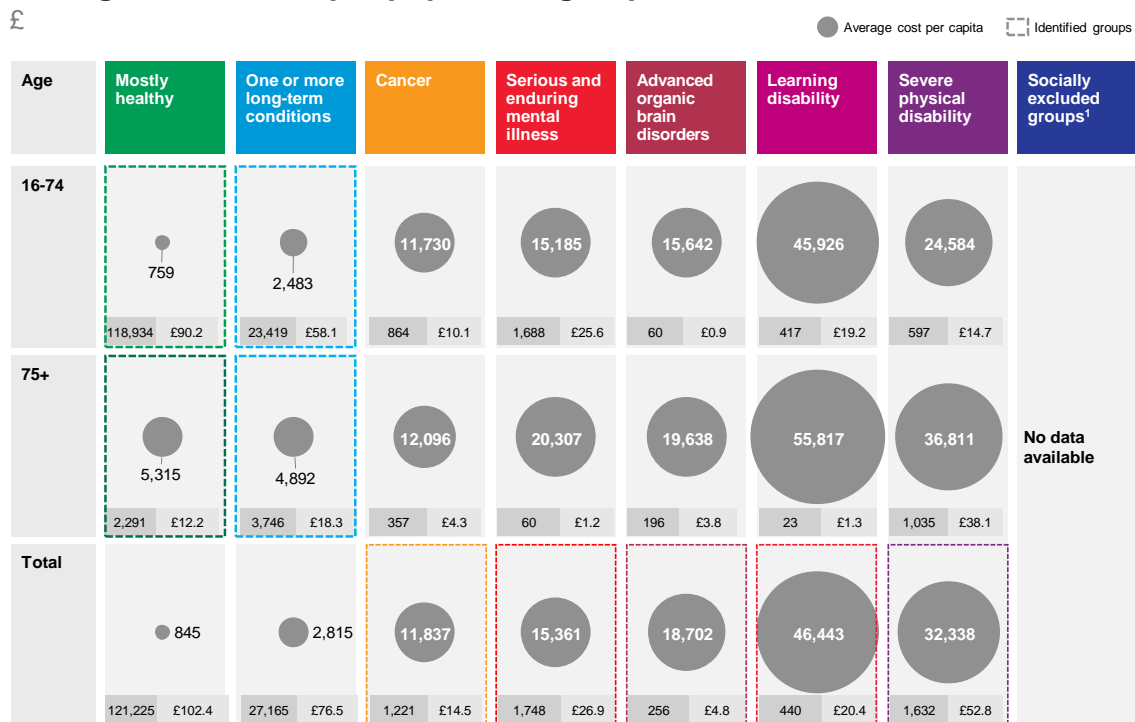
As we move towards this new model of care, we will continue to support young people moving through the current system through careful planning and joined up working between social work teams. Our education, health and care plans also provide a bridging step between children’s and adult services to assist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

**How will you commission services differently?**

Across North West London Local Authorities are working collaboratively with partners in health (commissioning and provision) to develop new models of care (in line with the 5 year forward views) which, whilst putting the patient at the centre, also enable funding to flow differently. Initially work began looking at the holistic needs of our elderly population with multiple long term conditions. In the current round of planning, and indeed with the driver of the Better Care fund and Sustainability and Transformation Plan, we are coming together to agree how we use the same lever for different populations – including those with serious mental illness, and those with learning disabilities. We are aided in this work as significant investment has been made in the data systems which will enable us to collect the right information – on activity and funding initially, but in future on it comes, for the population segments as below (note the specific segment for learning disabilities).

We will also learn from and build upon the successes of our Section 75 arrangements in NWL to ensure that our commissioning partnerships across health and social care deliver improved outcomes for people with a learning disability and/or autism.

## 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. As we further develop our Transforming Care plan, we will 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 space 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 networks.

### 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.

Our detailed implementation plans will address this area at the next submission. We know that to effectively support this population will take time. We can learn from work across NWL 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 NWL 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 (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.

**Specialist support embedded in the network** - 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 LD.

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 LD and neurodevelopmental difficulties.

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** (Priority 7) developed through this NWL Transformation plan should ensure access to support from staff who are appropriately trained to work with young people with LD, 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 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.

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.

In year one (2015/16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In year two (2016/17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year three (2017/18) to year five (2019/20) will be used to 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 LD and ND in a timely manner.
- Children and young people with LD or ND achieve improved health and educational outcomes.
- Children, young people and parents report an improved experience of engaging with LD or ND 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. We have summarised these below and 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.
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. **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.
4. **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.

5. **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 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.
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, 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.**

Leads for each of these programmes will be identified as a priority at the next Transforming Care Partnership Board meeting. Leadership will be based on subject area expertise, influence, and capacity to move this work forward.

**1. Pathways and Protocols:**

Each borough in NWL has nominated a lead for a specific area (see page 2) to lead on behalf of the 8 CCGs/boroughs on:

- community support
- local housing options
- respite services
- crisis care
- an all ages service
- service for people with a forensic history
- access to training, work experience, apprenticeships, and voluntary and paid employment
- co-ordinated care

**2. Estates:**

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

**3. Workforce Development:**

HENWL are supporting the NWL team to develop plans.

**4. Market Development:**

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



## Dependencies

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

- National changes to allow budgets NHS England for specialised commissioning to be pooled with CCG budgets for non-forensic services for those with a learning disability and/or autism. (we need to test out if this is correct with the finance colleagues)
- 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 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 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.
<b>What risk mitigations do you have in place?</b>			
See table above.			
<b>Any additional information</b>			
<b>6.Finances</b>			
<b>Please complete the activity and finance template to set this out (attached as an annex).</b>			
<p>The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.</p>			
<b>End of planning template</b>			