

Joint transformation planning template

Planning template – Hillingdon

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

Historically within Hillingdon there has been a section 75 arrangement in place between the London Borough of Hillingdon and Hillingdon PCT. This agreement has been rolled over from the previous NHS administration to the current NHS administration. It specified that the Council should act as the lead commissioner for learning disability services; it covers commissioning of placements for clients eligible for NHS continuing healthcare and assessment and treatment services. The agreement refers to the arrangement whereby the Local Authority hosts the specialist health learning disabilities team. Following a review of LD service provision in April 2015, HCCG Governing Board approved a key recommendation of the report, namely the transfer of commissioning responsibility of the LD Community Health team from LBH to the HCCG. This process is currently being undertaken.

Hillingdon's health and social care commissioners are committed to collaborative working and developing a more joined up system and strategic approach across health and social care. An appointment of a joint LD Programme Manager across the CGG and LBH is a positive step taken to implement commissioning plans across Hillingdon. The local environment is complex with a variety of providers across statutory, independent and the voluntary sector encompassed within a variety of contracts. Community LD services, delivering the New Model of Care will be provided by CNWL (on a block contract basis), working in an integrated manner across Health and Social Care, based on Council premises. The CCG will be the commissioner of this model, providing a significant amount of new investment to ensure the service delivers positive outcomes for the local population in line with Senate requirements. Inpatient care is commissioned on a spot contract basis from the Kingswood Centre (CNWL). Individual support packages exist in various forms with private providers focussed on person centred needs. Psychiatric support is also commissioned from CNWL, based at the Riverside Unit on Hillingdon Hospital Site and form part of the CCG Mental Health contract the CCG hold with CNWL.

The Independent review of LD arrangements of existing commissioning and delivery of services (April 2015) resulted in an action plan to address the recommendations from the report. Based on this as well as a comprehensive LD JSNA, Hillingdon has made substantial investment in supported housing developments; as well developing plans for an all-age service and to utilise existing strong multi-disciplinary team (MDT) structures more effectively.

Describe governance arrangements for this transformation programme

A strategic level Transforming Care Learning Disability Board will oversee this programme in Hillingdon with senior level representation from LBH and HCCG. It will focus on all areas of the LD pathway across Health and Social Care with a focus on co-production with service users and their carers / families.

The reconstituted Partnership Board has been reframed to ensure that this is an All Ages Board. The Partnership Board is intended to bring together all relevant local agencies and stakeholders involved in services for people with learning disabilities, including representation from people with learning disabilities and their family carers.

The disabilities working group has been established and is developing the principles for joint commissioning across health and social care. These governance arrangements will feed into overall NW London governance arrangements which will have senior level representation from LBH and HCCG.

Overall Governance for LD will be provided by the following groups

- The LD Programme Board - meets monthly with senior level representation from LBH/HCCG
- Green Light Toolkit Meeting - meets bi monthly with senior level representation from LBH/HCCG/Provider
- Mental Health Transformation Board - meets monthly with senior level representation from LBH/HCCG
- The LD steering group and Mental Health and Transformation Board would provide sign off for the plan overall prior to 11th April. If any quality issues were highlighted in the plan then it would also need to go to the HCCG Quality and Risk Committee.

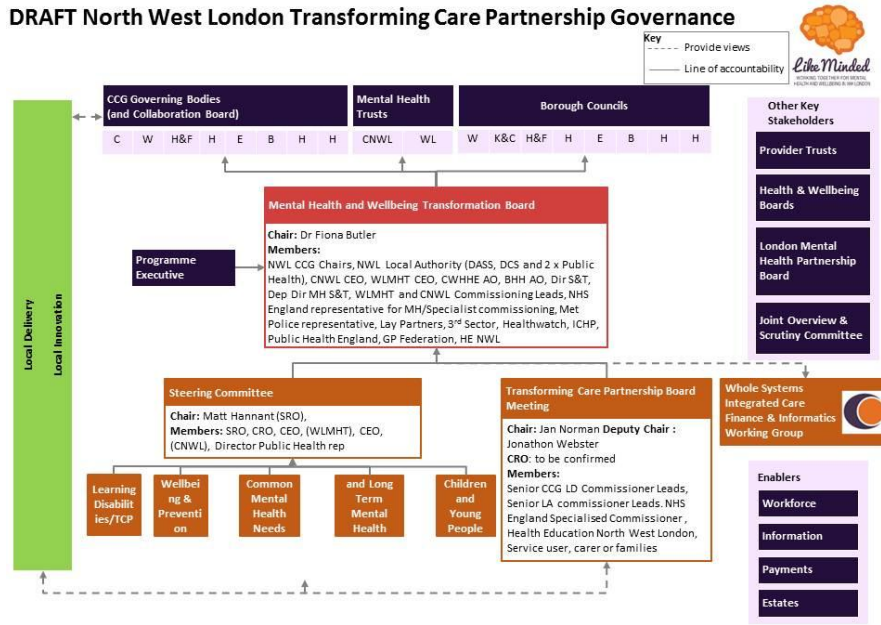
If investment requires approval it would also need to go to the HCCG Finance and QUIP committee prior to final approval to HCCG Governing Board.

Within London Borough of Hillingdon additional groups exist to provide an additional layer of governance around existing provision. The Care and Partnership Group will review quality issues regarding providers. The Learning Disability Partnership Board will allow service users and carers an opportunity to provide feedback on services / issues.

North West London Transforming Care Partnership Governance

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.

DRAFT North West London Transforming Care Partnership Governance



The Transformation Board is chaired by the Senior Responsible Owner (SRO), Jan Norman, Director of Quality and Safety, Brent, Harrow and Hillingdon (BHH) CCGs Federation. The Deputy SRO is Jonathan Webster, Director of Quality, Nursing and Patient Safety for Central London, West London, Hammersmith and Fulham, Hounslow and Ealing (CWHHE) CCGs. Membership includes senior commissioning representation from learning disability, mental health, and children's commissioners from local authorities and CCGs. The Strategic Financial Governance will be provided by Neil Ferrelly, the Chief Financial Officer across BHH

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.

Describe stakeholder engagement arrangements

There is currently engagement with users of learning disabilities services and their carers in Hillingdon. There is both a learning disabilities forum and the patient/carers forum. These will be developed further and strengthened, improving participation and effectiveness, moving from representation to co-production.

Hillingdon are developing the Learning Disability Partnership Board to be all age and include more effective capacity to be involved in meaningful co-production. There is development work currently involving Children and Young People, with the SEND network approach to ensure they are actively involved in co-production.

There is existing co-production with parents/carers of 0-25 with SEND, this is embedded and effective. Our Customer Engagement Team is currently working on developing meaningful approaches to co-production across the 5 cohorts. It is a fundamental requirement that person centred working is central to the way our teams and our commissioned providers support people with LD/autism.

Hillingdon have with their fellow NW London Transforming Care commissioners supported the bid for Certitude to organise and provide a number of engagement events and workshops for People with Learning Disabilities across NW London. The organisations record of improvement in co-production levels whilst operating projects provides confidence that co-production will increase across Hillingdon as well as the wider NW London TCP.

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 Learning Disability Partnership Board within the London Borough of Hillingdon has active service user engagement. Plans to improve local provision have taken into consideration service user views at Board as well as at local consultation events. Hillingdon LD Service users are invited to key consultation programmes such as Transforming Care as well as consultation over inpatient settings at Kingswood Unit. Reasonable adjustments are made to ensure LD service users have an active voice.

The council is committed to ensuring that local provision is available for local people and this includes enabling children and young people (CYP) with disabilities and those with special educational needs to have access to good quality local educational provision. Three years ago, the council had very high numbers of CYP attending independent and non maintained schools, approximately 150 (all children as well as LD with 10% having Statements of special educational needs). Since that time, with the real focus on local provision, this has reduced to approx 120 CYP and the majority of these are in day provision which includes 3 schools which are within the borough boundary. This includes the whole range of special needs i.e. not just those with a learning difficulty/disability and/or autism. Many of these are in the older age range and transition planning will take place such that they are able to access local college provision combined with supported living opportunities where appropriate. There is currently one child attending a 52 week residential school where specific planning will be taking place to include health. He already has an Education, Health and Care Plan which will be kept under review.

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

A joint Learning Disability Post has been commissioned by LBH and HCCG. HCCG will take over the commissioning responsibility for the LD Community Health Team whilst working jointly with LBH in service delivery with the team working alongside social care colleagues.

Relative spend is different across the Health and Social Care economy with LBH budget exceeding £20 million whilst the CCG inpatient and continuing healthcare budgets being significantly smaller. Please see attached finance and activity template for detail.

2. Understanding the status quo

Baseline assessment of needs and services

Provide detail of the population / demographics

A number of characteristics of the Hillingdon population might be expected to increase the prevalence of learning disabilities. These include Hillingdon's relatively young population, as learning disabilities are more common in younger age groups; and the higher than average

local population of South Asian origin, among whom higher rates of learning disability have been reported. A higher prevalence of learning disability might be expected in areas to the south of the borough where there are more people from these Black and Minority Ethnic (BME) groups and also higher levels of deprivation.

The 2 main sources of data on the prevalence of learning disability among adults in Hillingdon are GP practice registers, and Local Authority data on people known to services.

Comparing Hillingdon with other areas, the prevalence of adults with learning disabilities recorded by GPs is significantly lower than England, and also lower than London as a whole. The prevalence recorded by Local Authority services is also lower than England, but similar to London.

Number of adults with Learning Disabilities known to LBH by age group and gender, and estimated population prevalence, 2013/14 People with LD known to Hillingdon council

Age group	Male	Female	Total	Hillingdon population	Prevalence (Rate/1000 population)
18 - 19	36	19	55	8514	6.5
20 - 29	112	69	181	45865	3.9
30 - 39	62	43	105	43013	2.4
40 - 49	99	49	148	39634	3.7
50 - 59	69	47	116	32373	3.6
60 - 69	53	46	99	23073	4.3
70 +	17	14	31	26079	1.2
Total Adults	448	287	735	218,551	3.4

Data on hospital admissions of Hillingdon CCG patients who probably had learning disabilities, over the 3 years 2011-2014, found that 84% of all admissions in 19-64 year olds were emergencies, rising to 96% in those aged 65-74. 24% of the total in all ages was for ambulatory care sensitive conditions.

In 2013/14 less than 50% of people with a Learning Disability and/or autism had a GP health assessment, which is an increase on the previous years, but still lower than the national average. Evidence shows that uptake of screening is usually lower among people with learning disabilities but locally this information is not captured.

Hillingdon is developing a joint register of adults with learning disabilities. Currently the two main sources of data on the prevalence of learning disability in adults in Hillingdon are GP practice registers, and Local Authority data on people known to services. This will be undertaken across the five cohort groups outlined in the 'New Model of Care'.

- Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who 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).

- Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Analysis of inpatient usage by people from Transforming Care Partnership

Commissioner		Name of Hospital	Location	Total LOS	Avg bed cost per week	Distance from borough	Last CTR	Purchasing arrangements	Over 5 years
NHS England	1	Cygnnet Hospital	Harrow			8			
	2	Oaktree Manor	Essex			91			
CCG	1	Kingswood Centre	Brent	4 Yrs	440	13	03/06/2015	Spot	No
	2	Kingswood Centre	Brent	5 Yrs	420	13	30/07/2015	Spot	Yes
	3	Kingswood Centre	Brent	181	390	13	26/06/2015	Spot	No
	4	Kingswood Centre	Brent	202	535	13	02/08/2015	Spot	No
	5	Kingswood Centre	Brent	21	585	13	TBA	Spot	No
	6	Lombard House - Partnerships In Care	Norfolk	251	390	115	16/12/2014	Spot	No
	7	Kingswood Centre	Brent	5 Yrs	390	13	11/03/2015	Spot	Yes
	8	Hertfordshire Partnerships FT	Hertfordshire	15 Yrs	604	25	13/02/2015	Spot	Yes

Describe the current system

Hillingdon has had high numbers of people in residential accommodation but has been working proactively to move people out of institutional settings. The proportion of people aged 18-64 in settled or non-settled accommodation has almost doubled over the last 6 years, and there have been big increases in those in supported housing and in settled mainstream housing with family or friends. However in 2013/14 only 54% were in settled accommodation, a fall from the previous 2 years, and the numbers in non-settled accommodation have increased significantly to 31%.

There has been success in moving people out of institutional settings, with now a programme put in place to review those in residential care settings and move into supported housing where appropriate.

There are currently 8 patients in inpatient settings, 3 funded by NHSE and 5 by HCCG. 2 of these patients will be ready to be discharged into the community within 3 months with a further 3 within the next six months.

National comparative data in 2011/12 showed that Hillingdon had the lowest rates in the country for adults with learning disability aged 18-64 receiving community services, and also had significantly lower than average numbers using Day services. Since then the number receiving community services has increased by one-third, but the number receiving Day services has continued to decline.

In 2014 there are thought to be a total of approximately 400 adults with learning disabilities in Hillingdon living with their parents, of whom 220 are identified as their main Carer, and about one-third of whom are aged 65+.

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

In 2013/14 Hillingdon Council spent about £28 million on services for adults with learning disability, about 60% of which was spent on residential care. There is a new programme to target those LD service users in settled accommodation and to move to improved supported housing arrangements.

The Supported Living team have over the last six months worked with Paradigm and Craegmoor to open two Supported Living units for people with Learning Disability which has 22 units.

The Supported Living team have worked with Comfort Care to move a further 12 service users into a shared living environment in 2 smaller properties.

Current usage of Estates and Funding arrangements are outlined below:

Provider	Placement Type	Funding	Placement Number	Placement Commenced	Location
Salisbury Support 4 Autism	S/Living	LA	1	14/11/2014	Out of Borough
Salisbury Support 4 Autism	Residential	LA	1	24/07/2010	Out of Borough
Macintyre Care Homes	Residential	LA	5	31/03/2008	Out of borough
Craegmoor Healthcare	Residential / Nursing	LA	4	31/03/2008	Out of Borough
Jigsaw	S/Living	LA	1	10/12/2013	Out of borough
Accorn Park School	Residential	LA	1	12/05/2011	Out of Borough
Ark Care Homes	Residential	LA	1	11/12/2009	Out of Borough
Accorn Villages	Residential	LA	1	07/04/2003	Out of borough
Action on Hearing Loss	S/Living	LA	1	10/04/2006	Out of Borough
CareTeach Community	Residential	LA	1	22/04/2010	Out of Borough
Care Management Group	Residential	LA	14	04/03/2010	Out of Borough
Care Management Group	S/Living	LA	6	30/05/2011	In the LBH

Provider	Placement Type	Funding	Placement Number	Placement Commenced	Location
Care Management Group	S/Living	LA	1	08/11/2010	Out of Borough
Allied Care Limited	Residential	LA	2	04/03/2010	Out of Borough
Blenheim	Residential	LA	3	29/11/2013	In the LBH
Broadlands Hall	Residential	LA	1	01/08/2015	Out of Borough
Livability	Residential	LA	2	01/10/2007	Out of Borough
Roselock	Residential	LA	2	31/03/2008	Out of Borough
Monica Cantwell Trust	Residential	LA	1	01/07/2006	Out of Borough
Condoover College	Residential	LA	1	16/12/2009	Out of Borough
Voyage Limited	Residential / Nursing	LA	3	17/07/2012	Out of Borough
Voyage Limited	Residential / Nursing	CCG	1	31/03/2008	Out of Borough
Voyage Limited	Supported Living	LA	1	09/06/2006	In the LBH
Creedy Court	Residential	LA	1	31/03/2008	Out of Borough
Appleford Ltd	Residential	LA	1	16/03/2008	Out of Borough
Contemplation Homes	Residential	LA	2	31/03/2008	Out of Borough
Derwen College	Residential	LA	1	05/04/2004	Out of Borough
Dorset Residential Homes	Residential	LA	1	01/04/2009	Out of Borough
White Horse Care Trust	Residential	LA	1	03/06/2013	Out of Borough
Community Homes of IC & E	Residential	LA	2	28/07/2008	Out of Borough
Community Homes of IC& E	Residential / Nursing	CCG	1	23/06/2014	Out of Borough
Community Homes of IC& E	Supported Living	LA	1	15/09/2015	Out of Borough
Residential Care Services	Residential	LA	1	15/09/2006	Out of Borough
Grove Care Partnerships	Residential	LA	2	14/12/2007	Out of Borough

Provider	Placement Type	Funding	Placement Number	Placement Commenced	Location
Canterbury Oast Trust	Residential	LA	3	16/04/2009	Out of Borough
Residential Care Providers Ltd	Residential	LA	1	26/04/2006	Out of Borough
Aitch Care Home	Residential	LA	1	23/11/2015	Out of Borough
Heathfield House	Residential	LA	1	06/01/2012	In the LBH
Heywoods Grange	Residential	LA	1	12/11/2010	Out of Borough
United Healthcare	Residential	LA	1	10/04/2006	Out of Borough
Chatsworth Care	Residential	LA	1	11/12/2009	Out of Borough
Sense	Residential	LA	6	31/03/2008	Out of Borough
Hythe House Support Limited	Residential	LA	1	04/01/2010	Out of Borough
The Regard Partnership	Residential	LA	10	07/04/2003	Out of Borough
Freeways Trust Limited	Residential	LA	1	01/05/2010	Out of Borough
Life Opportunities Trust	Residential	LA	2	19/08/2015	Out of Borough
Psycare Limited	Residential	LA	1	31/03/2008	Out of Borough
BUPA Care Services	Residential / Nursing	LA	1	29/04/2013	Out of Borough
Evergreens Partnerships	Residential	LA	1	01/02/2006	Out of Borough
The Meath Trustee Company Ltd	Residential	LA	2	27/08/2003	Out of Borough
Murree Residential Care Home	Residential	LA	1	18/09/2013	In the LBH
NAS Services	Residential	LA	1	01/04/2010	Out of Borough
New Horizon Care Home Limited	Residential	LA	1	20/11/2013	Out of Borough
Lingap Limited	Residential	LA	1	26/08/2015	Out of Borough
Truecare Group Ltd	Residential	LA	2	06/12/2004	Out of Borough
Care UK Community Partnership	Residential	LA	1	08/09/2009	Out of Borough

Provider	Placement Type	Funding	Placement Number	Placement Commenced	Location
SHC Clemsfold Group Limited	Residential	LA	1	10/04/2006	Out of Borough
Ormsby Lodge	Residential	LA	1	01/08/2004	Out of Borough
Purley Park Trust Limited	Residential	LA	1	09/07/2007	Out of Borough
Larkfield Hall Limited	Residential	LA	1	25/01/2008	Out of Borough
Norwood Schools	Residential	LA	2	01/04/2006	Out of Borough
Reach Limited	Residential	LA	2	08/11/2004	Out of Borough
Complete Care Services	Residential	LA	1	14/12/2003	Out of Borough
Renaissance Residential Home	Residential	LA	1	09/10/2005	Out of Borough
Home Farm Trust Limited	Residential	LA	1	01/09/2008	Out of Borough
SeeAbility	Residential	LA	2	31/03/2008	Out of Borough
Autism Sussex	Residential	LA	1	15/06/2006	Out of Borough
Stallcombe House Farm Trust	Residential	LA	1	06/11/2008	Out of Borough
The National Society for Epilepsy	Residential	LA	1	03/01/2010	Out of Borough
The National Society for Epilepsy	Residential / Nursing	CCG	2	01/08/2011	Out of Borough
Autism Hampshire	Residential	LA	2	10/04/2006	Out of Borough
Dignity Group	Residential	LA	1	30/07/2009	Out of Borough
Disabilities Trust	Residential	LA	1	09/04/2007	Out of Borough
Janith Homes	Residential	LA	1	05/10/2012	Out of Borough
Priory Healthcare	Residential	LA	1	06/09/2009	Out of Borough
North East Autism	Residential	LA	1	10/04/2006	Out of Borough
Lifestyle Care plc	Residential / Nursing	LA	2	26/05/2008	Out of Borough
Central & North West London	Residential / Nursing	CCG	5	25/07/2014	Out of Borough
SHC Rapkyns Group	Residential /	CCG	1	09/04/2008	Out of Borough

Limited	Nursing				
Provider	Placement Type	Funding	Placement Number	Placement Commenced	Location
Hertfordshire NHS Trust Ltd	Residential / Nursing	CCG	1	01/12/2005	Out of Borough
Sussex Community NHS Trust	Residential / Nursing	CCG	1	01/09/2009	Out of Borough
Partnerships in Care	Residential / Nursing	CCG	1	17/06/2015	Out of Borough
Crowthorne Care Limited	Supported Living	CCG	1	08/09/2015	In the LBH
Poppy Cottage	Supported Living	LA	4	06/07/2013	Out of Borough
Seva Care	Supported Living	LA	2	17/01/2011	Out of Borough
Bamford Homes	Supported Living	LA	1	03/01/2010	Out of Borough
Kevin Tyahooa	Supported Living	LA	1	28/06/2010	Out of Borough
Minstead Training Trust Limited	Supported Living	LA	1	12/04/2015	Out of Borough
Coghlan Lodges	Supported Living	LA	2	07/08/2013	In the LBH
Bournemouth Borough Council	Supported Living	LA	1	13/07/2015	Out of Borough
Chailey Heritage School	Residential / Nursing	CCG	1	02/09/2009	Out of Borough
Baytrees	Residential / Nursing	LA	1	28/02/2005	Out of Borough
Linkage Community Trust	Residential	LA	1	11/10/2004	Out of Borough
Craegmoor	Supported Living	LA	55	01/04/2015	In the LBH
Ability	Supported Living	LA	13	17/11/2008	In the LBH
Life Opportunities Trust	Residential	LA	8	31/01/2005	In the LBH
Life Opportunities Trust	Supported Living	LA	13	01/04/2015	In the LBH
Mencap	Residential	LA	4	07/04/2003	In the LBH
Mencap	Supported Living	LA	13	01/04/2001	In the LBH
Certitude (Support	Supported Living	LA	8	01/01/2007	In the LBH

for Living)					
Comfort Care	Supported Living	LA	12	11/08/2014	In the LBH
Comfort Care	Supported Living	LA	1	08/06/2015	Out of Borough

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

There is a need to develop the Hillingdon local market to deal with a high level of complexity – to manage inpatient admissions or people based out of borough, to ensure that there are Hillingdon services for Hillingdon people.

Following the independent review of the arrangements for community specialist learning disabilities services there is a need to develop an improved Learning Disabilities service to support the clinical senates’ five essential functions:

- Support at a universal level for positive access to, and effective response from, mainstream services.
- Targeted work with individuals and services enabling others to provide person centred support to people with learning disabilities and their families/ carers
- Responding positively and effectively to crisis presentation and urgent demands
- Quality assurance and strategic services development in support of commissioners
- Specialist direct clinical therapeutic support for people with complete behavioural and health support needs

Hillingdon is currently working with Central North West London Mental Health Trust (CNWL) to develop a Joint Children’s and Young People’s LD Specialist Community Service. This service is for Children and Young People with moderate to severe LD, with autism, mental health and/or display behaviours that challenge. The definitions of LD differ across health, social care and education. For the purposes of this specification we will be looking at the health definition:

1. Significant impairment of intellectual functioning;
2. Significant impairment of adaptive/social functioning;
3. Age of onset before adulthood.

The LD Specialist Community Service will offer a focused, time-limited NICE intervention, consultation and general information, advice and guidance to children’s service providers and parents/carers for children under their care. The LD Specialist Community Service will also be expected to refer and signpost providers and parents/carers where appropriate.

Hillingdon are considering investment models from CNWL which will consider increased funding into LD over a 2 year period to increase investment in community provision to support repatriation of service users in the community. This is allied with further LBH supported housing projects which are coming online in 2018 in addition to those that came on stream in 2015.

Hillingdon also plans to develop crisis response services – building up current response teams/home treatment teams to ensure that there is early intervention 24/7 for individuals with LD.

Hillingdon will also develop the forensics market to ensure that patients do not end up in clinical inpatient settings when an alternative would be prevented an admission. Forensic psychologists are needed to support this aim.

Work will also continue with the community safety partnership to ensure effective joint work with the police to prevent hate crime against people with LD.

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

3. Develop your vision for the future

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

- Services have been redeveloped following the All Age Disability review and will continue to evolve to provide a person centred, personalised service. The aspiration is that services become integrated across the Health and Social Care pathway with mainstream health services making reasonable adjustments. There will be continued focus on prevention as well as early intervention.
- Development an integrated community therapy model between HCCG and LBH to facilitate better access and service provision for those service users and families availing OT, SALT, Physiotherapy and other services. This will assist LD service users and their carers navigate through health and social care with more ease, ensuring they do not have to retell their story and better facilitate uninterrupted spells of care. This model will also involve schools and places of further education so that there is a complete pathway for young people until they reach the age of 25 as per SEND regulations and then as they transition into adult services. The Integrated therapy model will be operational by September 2016 and will contribute to the objective of less reliance on inpatient services by practitioners in the community understand the health and social care needs of the individual and providing suitable early interventions.
- All ages learning disabilities register for individuals who are known in the community and services. This register should be expended to include a risk stratified population of those people who may require future services to support service planning and market development. This is expected to be in place by May 2016 and will seek to understand the needs of the local population by the 5 cohort groupings outlined in the New Model of Care.
- Co-ordinated approach to planning, commissioning and monitoring outcomes and quality of services for people with learning disabilities of all ages. Services should be commissioned with clear specifications to achieve defined patient centred outcomes and to improve quality of life for individuals.
- Promoting independent living in the community – increasing the number of people in settled accommodation in the community and reduce the numbers of Hillingdon residents with learning disabilities placed outside Hillingdon, providing Hillingdon

Services for Hillingdon people thus reducing reliance on inpatient care.

- Proactively engage the third sector in support the learning disabilities agenda and reduce the number of patients with learning disabilities who are sent out of borough for services.
- Further Education / colleges will work locally alongside LBH supported housing to provide greater support and opportunity to service users. They in turn will identify those who can be supported into employment opportunities. The LBH Council Strategy Employment Group has outlined this as a key initiative going forward.
- Increase the number of people with learning disabilities in higher education and paid employment. The focus here is to improve the quality of life for people with a Learning Disability and / or autism. Planned investment in 2016/17 to increase employment opportunities. Revised baseline targets are currently being devised.
- The HCCG and LBH will work to ensure that all local providers make provision for reasonable adjustments are for people with learning disabilities entering their services, including the utilisation of the Green Light Toolkit and contractual levers.
- A joint autism plan has been developed in January 2016 focussing on improving quality of life and outcomes for people with autism.
- Ensuring effective local forensic provision.
- Development of crisis prevention services integrated across health and social care.
- .Increase the number of people (including LD) accessing personal health budgets. The target is -
ASCOF 1c (2a) % clients with direct payments/prepaid cards (Jan 2015 = 14.5%)
Target + 5% end 2015/16 = 19.5%, 2016/17 = 24.5%, 2017/18 =29.5%

North West London Transforming Care Partnership 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.

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

- Are community based, 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;
- Housing people with a learning disability and/or autism locally wherever possible and appropriate;
- Meet the needs of people of all ages – not defining services by age but instead responding to care and support needs and reducing the differences in services for children, young people and adults

How will improvement against each of these domains be measured?

- The LD Specialist Community Health Team will be monitored via the relevant schedules of NHS Standard community contract - both in terms of performance and quality
- Care and Treatment review guidance which is crucial to repatriating LD service users into the community will be made a key stipulation within the 'CNWL 2015-16, Service Development and Improvement Plan (SDIP), within the 2015-16 NHS Standard contract.
- The Joint Hillingdon LD Programme Board will review progress against the Hillingdon Transforming Care Plan.

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.

Participation

Residents with special educational needs and disabilities and their families are involved in shaping, developing and evaluating the services they use:

- The Parents Forum and Partnership Boards are included in all service redesign/developments and their feedback is listened to and use
- CYP have a mechanism for participating that is meaningful

Valued Uniqueness

The uniqueness of people with special educational needs and disabilities and their families is valued and provided for:

- Personalisation includes the option of personal budgets and direct payments provided in a safe and well supported manner and consistent throughout life
- All partners to ensure person centred approaches are followed in all work with people with disabilities and their families

Working Together

Multi-agency working practices and systems are integrated:

- Agreed pathways involving partners
- Systems to be explored with the vision of seamless process across services
- Information to be shared with the vision of utilising electronic means and reducing the paper requirements

Informed Choices

People with disabilities and their families are able to make informed choices:

- Access to good, up to date information including transition to adulthood
- Access to advice and guidance
- Access to support to manage personal budgets and direct payments consistent throughout the life journey

Planning Partnerships

An integrated assessment, planning and review process is provided in partnership with people with disabilities and their families

- Aim for parent/carers only to have to give their message once wherever possible
- A seamless pathway from early help to statutory services
- A seamless approach from "cradle to grave"

Birth and through Adulthood

Continuity of care is maintained through different stages of a child's life and through adulthood.

- A seamless approach to education, health and care is adopted by partners for people with disabilities throughout their lives

Learning & Development

Children and young people's learning and developments is monitored and promoted and learning is provided throughout adulthood:

- Access to good local educational provision
- Access to support services from partners e.g. health to promote learning and development

Key Working

Service delivery is holistic, co-ordinated, seamless and supported by key working:

- All frontline practitioners understand the key working functions and good quality training is available with on-going supervision

Ordinary Lives

Wherever possible, people with disabilities and their families are able to live 'ordinary' lives:

- Early help offer with emphasis on people being supported to live at home and in their own homes with local solutions
- Statutory services designed to support family life and enable people to live at home and in their own homes with access to appropriate care, education and support locally

Workforce Development

People with disabilities, and families can be confident the people working with them have appropriate training, skills, knowledge and experience:

- All developments are supported by links to the workforce strategy:
 - o focus on developing stability in the workforce
 - o access to good quality training
 - o evidence to good quality training
 - o evidence based interventions
 - o evidence of the guiding principles being applied

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)

Please see attached finance and activity template for detailed analysis if current provision.

4.Implementation planning

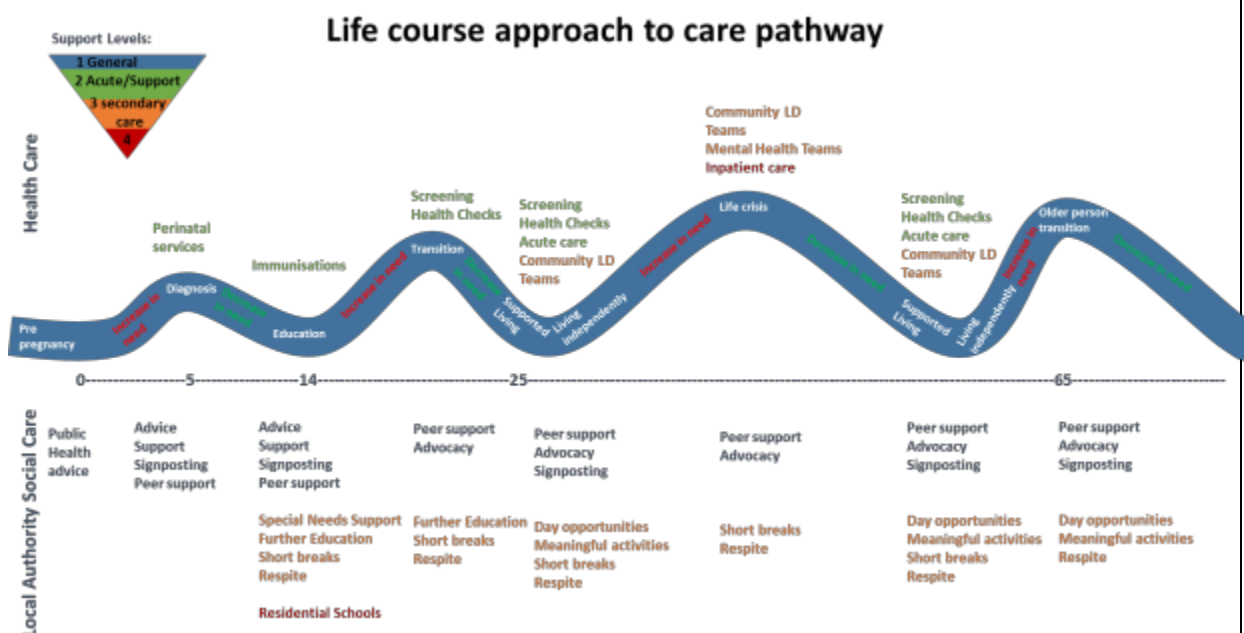
Proposed service changes (incl. pathway redesign *and* resettlement plans for long stay patients)

Overview of your new model of care

Hillingdon's Model of Care will be based on the 9 keys areas as outlined in the NHS New Model of Care (2015).

- This will be based on community provision with less reliance on inpatient settings.
- Those with complex needs will be supported with a service model which is 'All Age' and based on a personalisation approach.
- Services will be integrated between Health and Social Care with personalisation and person-centred planning being fundamental aspects.
- Services will be monitored by outcome focused measures within service contracts with health and social care having robust, senior level governance arrangements in place to monitor provision.

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



What new services will you commission?

As outlined in the Hillingdon finance and activity template there are plans to invest in community provision in the next financial year and onwards. These include substantial investment in the LD Community Health Team, LD Camhs team, providing additional support to the challenging behaviour team, an employment and educational model seeking to provide more opportunities for LD service users as well as a developmental team seeking to provide opportunities for further independence for people with Autism.

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

We will commission fewer:

- Assessment and treatment inpatient beds – via both reduced numbers of admissions and reduced length of stay
- Residential school placements

- Out of area placements in regulated care (inpatient and residential)

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?

Specialist community health team for learning disabilities, following a recent independent review it was agreed that the service needed to be re-specified

Commission an effective 'All Age' specialist community health team for learning disabilities. Health teams and services should be fully inter-disciplinary with sufficient critical mass to deliver the 5 essential community Learning Disabilities functions.

- Positive access to and response from mainstream services
- Enabling others to provide person centred support
- Direct specialist clinical therapeutic support
- Responding positively and effectively to crisis
- Quality assurance and strategic service development

Hillingdon CCG together with other commissioners in the NW London TCP is reviewing their commissioning arrangements of the Kingswood Unit (CNWL). Hillingdon may continue to use this unit on a spot purchase basis but on the assurance that Average Length of Stay will decrease. By investing in community provision it is believed the Trust will also be supported in repatriating clients to local settings when appropriate for discharge and to reduce unnecessary delays.

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

In Health and Social Care families with service users of most complex needs often leave brokerage elements of personal budgets to practitioners and officers to organise given their experience. Families though do welcome being involved in the initial discussion and organisation of the care plan most and this element often empowers them to feel they have played an active part in the care planning. CCG will look to invest in more coordinators and brokerage staff to help offer families support in choosing certain elements of their care which they may choose to commission differently.

In LBH Direct Payment usage is being developed with initiatives such as the 'Connect to Support' coming on stream to support service users understand opportunities available for use of Direct payments. The aspiration is for all service users to be supported to understand the benefits of utilising a personal budget. It is a mandatory requirement for all social care workers to explain the personal budget options available to LD service users.

A resource allocation system is being tested for children and young people with Education, Health and Care Plans. This currently relates to the educational and care elements of the Plan but this will move on to the health element.

HCCG has personal health budgets, with steady increase in uptake. They are offered to adults and children and managed by the LBH. Pre-paid cards are used to avoid unnecessary

paperwork. CHC and personal transport budgets used. Direct payments are high for children

Everyone with a package of care (adults) will have a personal budget but not everyone wants to take this as a direct payment. However, this is offered as the starting position for all adults. Work is underway to understand how uptake can be increased across health by working with areas such as Hampshire who have undertaken a lot of work in this area.

Learning Disability Usage figures

- 53 = Direct Payment Only
- 27 = Part Direct Payment
- 322 = Personal Budget managed by LBH
- 5 = Services commissioned by LBH (No Personal Budget)
- 402 = No of LD clients with a Personal Budget
- 407 = No of LD clients who are eligible for a Personal Budget (community based services)
- 13.2% = Direct Payment Only
- 6.7% = Part Direct Payment
- 98.8% = Personal Budget managed by LBH

What will care pathways look like?

Health and Social Care pathways will be integrated ensuring health services make reasonable adjustment with people having access to relevant care pathways. Provision must be person-centred, personalised with mainstream service support.

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

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

Our care pathways will be:

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

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

Following a review of transition arrangements a Transition Forum was established as an operational group to manage the data and to find solutions where barriers to successful transition exist. This is also used to ensure no-one can 'slip through the net'.

The Strategic Transition to Adulthood Group is also in place and is currently exploring the pathways across the partnerships aimed at making improvements. The LA Disability Service is all age which supports seamless transition but this is not currently the case in all other areas. The CCG has also set up a Clinical working group with a focus on health pathways.

How will you commission services differently?

Hillingdon is developing a Hillingdon Placement Funding Panel (possible pooled funding arrangement) which is a joint health, social and education care panel and responsible for considering individual applications for funding of care and treatment outside of existing CCG or Council contracted / commissioned activity.

This panel is designed to consider those applications for funding which also fall outside existing joint CCG and LA funding panels:

- Mental Health Complex Care Panel
- Older People's Funding Panel
- Disability Panel
- Access to Resources Panel (Children's Social Care)
- CCG Independent Funding Request (IFR) scope

An integrated therapy model (pooled funding) is being developed between LBH and HCCG to provide a seamless pathway children and young people to access therapy provision across the health and social care landscape. Service models are currently being considered with a view to implementation from 1st September 2016.

Extensive work has been undertaken to jointly commission an integrated pathway (HCCG and LBH) for the LD Camhs service with additional Positive Behaviour Support posts. The rationale for this service is that:

Children with disabilities may present with mental health issues, however, only after an assessment it is determined to be behavioural and vice versa; and Children with disabilities are often known to the same agencies and will be the main refers into the service i.e. SEN, children with disabilities social care and Special Schools.

Hillingdon are keen to promote the use of technology to assist LD service users and their families to be able to make informed decisions on care provision. LBH are currently reviewing telecare provision as well projects such as 'Brain in Hand'.

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

Planned LBH Estate Developments:

Name	Type	Funding arrangements	Units/bed	When
Planned				
	Shared living / Supported - Extra Care	London Borough of Hillingdon	Grassy Meadows 88 units including a Dementia unit. Park view 60 units. Both Extra Care	Spring 2018

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?

HCCG have placed specific expectations on its local community provider to work alongside the CCG and LBH to facilitate the resettlement of LD service users in the community. The process will be jointly managed by HCCG and LBH through its LD Programme Board.

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

The joint HCCG and LBH Transforming Care Plan sits as part of wider plan within North West London seeking to transform care for people with Learning Disabilities. It is clear that when looking at inpatient settings, effective strategic decision making can only occur collectively, creating pathways across wider geographical areas to which the entire NW London patch can sign up and invest in. When looking at inpatient settings such as the Kingswood Unit, commissioner strength is increased when working together to ensure the provider makes concerted attempts to reduce average lengths of stay and actively participating in discharge planning with the CCG and Councils.

There is a joint, HCCG and LBH CAMHS model of care. LBH are working with HCCG on the Better Care Fund and it is expected that Transforming Care will link into the Better Care Fund and share governance arrangements.

Any additional information

5.Delivery

Plans need to include key milestone dates and a risk register

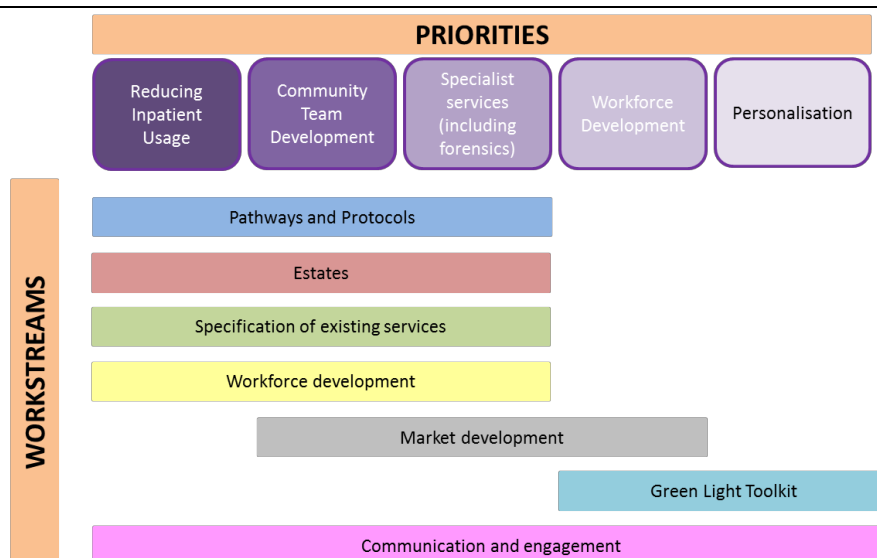
What are the programmes of change/work streams needed to implement this plan?

In Hillingdon this will mean:

- Commissioning a new LD community services, building on the independent review of LD community services
- Developing a joint all ages LD and/or autism register which is aligned to the 5 cohorts
- HCCG and LBH will work together to develop the current Mental Health Learning Disabilities team so that they work with children and young people with complex behaviour, including autism; with bases in Special schools.
- Resettlement of both inpatient and those in the residential settings back in to Hillingdon where appropriate
- Working with North West London Transforming Care Partnership of the development of a community forensic service for individuals with a learning disability and/or autism
- Work with North West London Transforming Care Partnership of the development of a refreshed new service specification for inpatients services provided at the Kingswood centre.

Across North West London Transforming Care Plan

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



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

1. **Pathways and Protocols:** as we co-produce new care and support services across North West London, it will also be important to develop clear service user pathways and protocols for transfer between services to reduce hand offs, share information (with consent) and provide a seamless journey for people with a learning disability and/or autism.
2. **Estates:** covering inpatient beds, community service delivery sites, community team office space, day centres, respite, residential schools, special schools, supported housing. Working closely across North West London to address the challenges with limited estate and high costs unique to London.
3. **Specification of existing services:** work is already underway to update specifications for existing inpatient and community services to ensure clarity of existing offer and that this meets the needs of service users and their families and carers. This will also provide a foundation on which to develop services, providing an understanding of our starting point and any further developments that are required to deliver our Transforming Care Plan.
4. **Workforce Development:** up-skilling our community teams to manage challenging behaviour and complex cases, to support step down from inpatient care. Redistribution of staffing from inpatient services. In addition to community teams we need to make sure that our teams in urgent care services – including A&E - are skilled to support people appropriately. Development of knowledge, understanding, and skills in mainstream services (particularly crisis teams) to make reasonable adjustments for people with a learning disability and/or autism.
5. **Market Development:** working with existing and potential future providers to develop service specifications, staffing requirements, and quality standards that improve the quality of care in the community for people with a learning disability and/or autism, allowing for the support and care of complex cases and challenging behaviour in community settings. This will involve developing the range of providers who are able to provide this care and support to increase quality and improve value for money. We will encourage innovation and tailored solutions for each individual.

6. **Green Light:** this work stream will focus on ensuring that people with a learning disability and/or autism are able to access mainstream mental health services, and that mainstream services are able to adapt to meet the needs of people with a learning disability and/or autism. There will be a focus on training, leadership, and staff development.
7. **Communication and Engagement:** this work stream will ensure that a range of audiences are aware of the work being done to deliver our North West London Transforming Care plan. This will include communicating changes with referrers, people with a learning disability and/or autism, families, carers, 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 NWL TCP 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

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

As we develop clear implementation plans for each work stream, we will develop project plans with timescales for each key milestone.

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

What are the risks, assumptions, issues and dependencies?

Issues

The timescales to create the initial plans for the 8th February, has meant that we have not been able to undertake as much focused engagement on the overarching Transforming Care Plan however, from detailed discussions in each of the Boroughs it is clear that local plans for learning disabilities have had service user, carers and family involvement. We do have plans in place to engage more widely with service users, providers and other key stakeholders prior to the next submission on the 11th April as we recognise that there is much more work to do to secure ownership of the plans and as such our plans may change depending on the feedback we receive.

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	Med	High	Clear workforce development plans

not develop sufficiently. Staff not available/cannot afford to live in London.			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
Money not following the patient	Med	High	Clarification if required urgently from NHS England regarding income following the patient back to community settings to understand the financial impact for LBH and HCCG.
CCGs and LA are not able to afford new packages of care in the current financial climate with cuts to existing budgets.	High	High	Developing the market place and competition would lead to fairer pricing. Develop an effective pricing structure based on the care funding calculator. Consider risk sharing approaches with providers to encourage their investment.
Lack of commissioning leadership and operational service delivery capacity: business as usual (including CTR guideline recommendation and reporting requirements) takes up everyone's time and there is no availability to take forward the Transforming Care work.	High	High	Provide additional support and capacity via short-term funded posts to cover business-as-usual, allowing experienced staff with local knowledge to get involved in redesign and service development planning.
Population growth: the population of North West London is growing, as is the number of people with a learning disability and/or autism. This will impact on the capacity of services to respond to demand.	High	Med	Include modelling of population growth into service redesign and business case development. Delivering a community-based model will help mitigate by providing care at a lower cost than inpatient

			care.
High needs patients: the very high costs of high need patients may negate any savings made by transitioning patients into community settings.	Med	High	Realistic planning that accepts the non-standard needs of this population. Continued support for high needs patients factored into affordability models.
Culture change: lack of a single vision and aims across all organisations and team	Med	Med	Effective leadership of the TCP Stakeholder engagement to ensure building of positive and effective relationships.
Earlier discharge may result in more readmissions of patients who were not ready to transition to community.	Low	Med	Extensive discharge planning, to commence prior to admission, proactive care plans, coproduced with people with LD and/or autism and their carers, and monitoring of readmissions.
Negative publicity regarding the media coverage of closure of inpatient beds.	Med	High	Effective strategic communications plan which patient stories promoting better outcome for people.
Estates: lack of available, affordable local housing to develop community in Borough accommodation	Med	High	Look at change of use for existing health property. Consider widest range of solutions including private sector, shared lives etc.

What risk mitigations do you have in place?

Both LBH and HCCG are committed to improving service provision for people with LD and have identified specific projects in the community so that needs are managed well locally in conjunction with service users and their carers. Strong communication channels have been developed over the last 18 months constituting a senior joint LD Board to ensure organisational agreement on joint processes as we move forward. It is envisaged that this Board will oversee the Transforming Care agenda at the local level as well as feed into the wider NW London partnership. A comprehensive service specification has been developed to monitor LD community provision with a particular focus on improving primary care provision and access to mainstream health services.

Any additional information

6.Finances

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

End of planning template