

Community Provider Event

Outer North East London / Inner North East London

1) What is currently working well in Transforming care Partnerships? Are there any quick wins?

ONEL:

- Better communication between Commissioners, Transforming Care Partnerships and Community teams.
- Support from NHS England and central teams in terms of resources.
- CTR process has been helpful and insightful.
- Transforming Care Programme is bringing 'hope' for patient who has been in hospital for long periods of time.
- Boroughs with brokerage facilities have smoother commissioning processes. The TCP's are interested in finding out if there are any quick wins.
- Commissioners to build relationships with community team staff and get to understand individual clients and their needs.
- There are more services out of London, there seems to be a lack of resources in London.

NCL:

- Newly established TCP Hub
- Low admission numbers
- If admitted using local services over out of borough
- CTR's being completed apart from Harperbury
- Robust local MDT systems/risk management forms
- VODG (Voluntary Organisations Disability Group) work
- New Haringey & Islington PBS framework

INEL:

- PBS working well
- Preventing re-admissions
- Very low admissions
- Health team works well in Newham and Hackney (but not integrated with social care)
- Not using ATU's but sometimes use MH hospitals (but for short periods), very integrated with social care so flexible packages
- Bengali communities have positives looking after their families (TH)
- Health and social care teams /work well together in crisis, MDT's happen (WF)

- Triage team to prevent hospital admissions with some success
- PBS training for some providers
- TC tracker
- Very intensive support for some
- Planning more PBS pilots (Hackney)
- Psychiatry respond really quickly (Newham)
- Good assertive outreach team (psychiatry led)
- Good relationships with psychologists
- Work really cohesively with people on caseload
- Challenging Behaviour pathway (Newham)
- Well established links with inpatient teams to shorten LOS

INEL Quick wins:

- Meet as INEL teams including children teams
- Work on intensive support/'crash pad' – shared across TCP
- Test the national service specification
- Sit down with social care/OT's (PBS support for all in the team)

SEL:

- Bexley – Integrated working and assessment process in place between Bexley and Greenwich.
- Psycho-social education of diagnosis to understand.
- The nature of the behaviour
- CQUIN for transition to audit services.
- Accessing home for coaching.
- In-reach consultations with Social Care.
- 'I am in crisis button' in Oxleas.
- Consultations with GP's and paediatricians
- Commissioned services in place.
- Tailor made education provisions for Children and Young People with challenging behaviours.

2) What do community teams need to do differently?

ONEL:

- Approach of family integration with teams.
- Thinking differently about how advocates are deployed/ quality of advocacy.
- Better needs assessment to be completed by concerned parties.
- Rethink review process rather than have routine annual reviews and prioritise where there is a need.

NCL:

- Think whole system re. costs
- Review and reduce high cost packages including OOB
- More provider engagement – value them!
- Close relationships between boroughs – transfer protocols because host boroughs may have a view on the proposed provider
- Focus on early interventions from Children’s services, particularly behaviour support
- Better links with children services, understanding who’s coming through the system, especially those placed OOB. Can be data sharing issues; need robust transition arrangements
- Understand why admissions happen
- Closer work with commissioning
- Better understanding of spec.comm. and consideration of the forensic pathway locally
- Sustainable crisis arrangements

INEL:

- Change ways of working from having specialist silos to all professionals using PBS framework
- Managing risk
- Structure needs to be prescriptive to support multi-disciplinary working
- More team resources for people with the highest needs
- More housing access
- Faster access to housing and creative use of housing options
- Skilling up of providers particularly private – training, learning, mentoring
- In house champions in providers
- Commissioners need to talk to each other
- Autistic specialist services or all services skilled at working with people with autism
- Culturally sensitive services (that also have expertise in working with this group of people)
- Skilling up community support service staff
- Skilled assessors and people good at person centred planning (especially in transition and for people with autism)

SEL:

- Existing services thresholds difficult to meet.
- More collaborative working
- Keeping cases to manage risk than are not commissioned because they do not meet criteria for continuing care service.
- Consistency in assessments for pathways in services.

- Funding being available for continuing care, however no provisions in borough.
- Getting funding for Intensive Therapeutic Support joint with Social Care.

3) What support do you need from TCP's?

ONEL:

- Housing strategy – Building productive housing relationships.
- How can the TCP and community teams coordinate transition plans better?
- Can the process be more streamlines, i.e. forms and procedures more aligned?
- Support with 'Risk Registers'.
- More meetings like CTR assurance meetings.
- Plan meetings better with more notice.
- Establishing better relationships with children and young people services.

NCL:

- Finding services/providers that can meet needs and/or have the right skills
- Gaps in providers – violent behaviour
- Oxford Brookes work to develop providers
- Help providers to know what 'good' looks like
- Funding for more local services
- Transforming Care is an all ages programme! Help us to get children services to understand this
- Analysis across NCL of ages of admission and why
- Spec. comm. information to be shared with local teams with plenty of time to jointly plan to discharge
- Think about forensic pathways across NCL
- Consider crisis team/pad/respite – what are the numbers that would use this?
- Think long term and sustainable - not short term quick wins

INEL:

- Heads of services and commissioners to give go ahead for everyone to do Tier 1 PBS – commitment
- Alicia Woods coming to help INEL
- Talk to housing colleagues to sort housing priorities (local housing champion?)
- Joint agreed approach with providers about expectations and requirements (commissioners sharing information about what we all commission)
- Testing national specification
- Place for raising concerns about what providers are doing

- Some autism experts in the boroughs
- Track on an STP basis

SEL:

- Facilitated discussions on Children and Young people across boroughs to establish pathway gaps.
- BBG Workshops and LSL
- Strategic board to have named SEND Lead in BBG and LSL or each borough who can attend.
- To support community teams as the focus remains in hospitals in order to reduce hospital admissions.
- CTR training.
- Focus on CAMHS
- Training and support for Paediatricians and General Practitioners to support Children and Young people with medication requirements.
- On- going support for families, schools, networks to reduce mental health crisis.
- After diagnosis support
- Intensive therapeutic support.
- Changing team cultures- recruitment and retentions.
- Getting Consultations and training from mental health services for Social Care /GP's / Paediatricians / schools.

4) What's within your scope and what's outside?

ONEL:

- Better integrated work with general practitioners. Could the TCP aid facilitate this in a strategic manner?
- Commissioning and negotiation.

NCL:

- **In:**
- Forensic pathway
- Better crisis pathway/service available 24/7
- Joint/pooled budgets
- **Out:**
- PBS support in schools
- Political barriers