

ANNEX G: HOUNSLOW CCG

Local information and implementation plans for Hounslow CCG and The London Borough of Hounslow

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. Additional funding was allocated with the guidance to invest in children and young people's mental health services. In order to access this funding, CCGs were tasked with developing local transformation plans, in collaboration with their local authority colleagues that clearly outlined how this money would be invested.

The local transformation plans (LTP's) set out a vision for transformation and describe how the allocated funding will be spent over 5 years. The original plans were finalised in October 2015 and outlined a sustainable, phased approach to implementation. This formal refresh aims to; provide assurance, demonstrate how progress is being made, provide evidence on how services are being transformed and ensure funding is being spent as plans develop further.

Across North West London, CCG's collaborated, with support from the Like Minded team, to deliver a single plan that defined where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration.

The priorities outlined in LCP are the key steps to transforming current services. In producing a joint vision that has diverse stakeholders, we can unite to bring together resources, capacities and expertise to develop collaborative solutions.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. These are outlined in this Annex. For clarity we are not proposing that there is any cross-subsidisation across North West London. The money described below, ear-marked for each CCG, will be invested in the children and young people in that CCG.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

In the original LTP 8 priority areas were specified:-

- Priority 1: Needs Assessment
- Priority 2: Supporting Co-production
- Priority 3: Workforce Development and Training
- Priority 4: Community Eating Disorders Service
- Priority 5: Redesigning Pathways
- Priority 6: Enhanced Support for Learning Disabilities and Neurodevelopmental Disorders
- Priority 7: Crisis and Urgent Care Pathways
- Priority 8: Embedding Future in Mind Locally

In April 2016, to address Priority 1, the Anna Freud Centre (AFC) was commissioned to undertake a needs assessment across Hounslow. The aim of the exercise was to:-

- Undertake an in-depth analysis of the mental health needs of children and young people across Hounslow.
- Evaluate the range of services and supports that are available, including the skills and knowledge of staff working with children and young people.
- Identify the needs of Hounslow in relation to the provision of services offered.

Following an interim report, a strategic seminar took place in September 2016. The seminar aimed to facilitate identification of local priorities and promote an integrated approach to service delivery. The findings are scheduled to be delivered in a final report by the end October 2016. The report will provide an in-depth analysis of findings and provide recommendations which will support transformation across Hounslow CCG. As the needs assessment is almost complete, this is no longer a priority.

As the plans to address the remaining priorities progressed, it became clear three priorities: co-production, workforce development and needs assessment underpinned the transformation programme as a whole and facilitated the delivery of the ambition of *Future in Mind*. It was therefore decided at a LTP review meeting in early September 2016 to reduce the priority areas from 8 to 4, focussing on pathway redesign the following agreed areas:

- Priority 1: Community Eating Disorders Service
- Priority 2: Redesigning Pathways
- Priority 3: Enhanced Support for Learning Disabilities and Neurodevelopmental Disorders
- Priority 4: Crisis and Urgent Care Pathways

Transformation plans in 2015-16 focused on:-

- **Embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis.**
- **Reducing waiting times for Specialist Child and Adolescent Mental Health Services (CAMHS)**
- **Ensuring a crisis and intensive support service out of hours was implemented.**
- **Improving access and developing new children and young people's comprehensive, evidence based community eating disorder services.**
- **Enhancing the role of schools in emotional well-being services** to support them in their role as the first line response to many children and young people in need.
- **Developing a delivery plan to develop mental health training** to build capacity and enhance knowledge and skills in the whole children's workforce across CCG areas.
- **Delivering large strides to ensure a fundamental change** – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

Other Collaborative CCG Priorities:

- Drive forward delivery of the **CYP IAPT** programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase deliver of CYP IAPT;
- Invest in developing more robust **data capture and clinical systems** to enable teams to have a better understanding of current activity;

The financial allocation for North West London, and Hounslow CCG specifically for 15/16 was as follows:

	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift
Brent	£163,584	£409,468	£573,052
Central London	£91,557	£229,176	£320,732
Ealing	£211,543	£529,514	£741,057
Hammersmith and Fulham	£100,744	£252,173	£352,918
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
Harrow	£121,785	£304,840	£426,625
West London	£116,621	£291,914	£408,534
Total	£1,108,577	£2,774,879	£3,883,454

The financial allocation for North West London, and Hounslow CCG specifically for 16/17 is as follows:

	Eating Disorders 16/17	Transformation Plan 16/17	Recurrent uplift
Brent	£173,000	£420,000	£593,000
Central London	£91,557	£307,823	£399,380
Ealing	£211,543	£630,997	£842,540
Hammersmith and Fulham	£100,744	£328,186	£428,930
Harrow	£121,785	£426,625	£548,410
Hillingdon	£149,760	£304,840	£426,625
Hounslow	£152,983	£382,931	£535,913
West London	£116,621	£369,509	£486,130
Total	£1,117,993	£3,119,149	£4,237,141

2. Population Information

Key population details		
	Hounslow CCG	Total NW London
Number of children	61,945	444,210
Number of school children	43,273	327,072
Rate of LAC	53	48

CAMHS Activity	Hounslow	NWL
Number of admissions for mental health conditions 2014/15 ¹	31	338
Admission rate per 10,000 children	5.0	7.6
Referrals		
Referrals made 2014/15 ²	1213	9003
Referrals accepted 2014/2015 ³	856	7118
Referrals per 10,000 children	196	203
Attendances		
First Attendances	627	6,745
Follow Up Attendances	6,088	42,516
Total Attendances ⁴	6,715	49,261
Attendances per 10,000 children		
First Attendances per 10,000 children	101	152
Follow Up Attendances per 10,000 children	983	957
Total Attendances per 10,000 children	1,084	1,109
WAIT TIMES⁵		
Referral – Assessment: Under 4 weeks	2 (7.7%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	9 (34.6%)	93 (33.7%)
Referral – Assessment: over 11 weeks	15 (57.7%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	8 (57.1%)	112 (68.7%)
Assessment – Treatment: 5 - 11 weeks	6 (42.9%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	0 (0%)	16 (9.8%)

3. Our local offer

Whilst the majority of our children and young people are healthy, safe, achieving well at school, engaged in purposeful activities and have good prospects for the future, there is a significant minority for whom the predicted outcomes remain poor.

Figures show that the highest proportion of children and young people are in West Area, containing wards Feltham, Hanworth and Bedfont that are within the 10% most deprived in England. Whilst the smallest proportion of children and young people live in the Chiswick Area, which is the most affluent area in the borough. Children and young people in Hounslow come from a range of cultural and ethnic backgrounds. The school roll census shows that while White British pupils form the largest ethnic group in schools (25%) this has decreased significantly since the last census where they made up 50% of Hounslow's young population. The second largest group are Asian-Indian (18%) followed by Other Ethnic groups (12%). Black-African and Asian-Pakistani pupils make up

¹ SUS 2014/15. Patients aged 0-17 admitted with a primary diagnosis in ICD Chapter F (Mental and Behavioural Disorders)

² WLMHT and CNWL Referrals dataset. Includes rejected referrals.

³ WLMHT and CNWL Referrals dataset.

⁴ All attendance data source: Trust Minimum Data Set.

⁵ CNWL and WLMHT Monthly Information Return, June 2015

10% and 8% of the population respectively which has almost doubled in numbers since the figures in 2001.

As of December 2011, there were 1,608 children in need in Hounslow, supported through the provision of specialist services. This is an increase from March 2011 (1,445 children in need). There are over 200 children in Hounslow with a Child Protection Plan. The primary reasons for a Child Protection Plan are emotional abuse, neglect and domestic violence.

Offences committed by young people in Hounslow are on a downward trend, though they still represent about 43% of all crimes. The most prevalent offences committed by young people in Hounslow are drugs-related, theft and handling, and violence against the person. Four in five youth offences in Hounslow are committed by men, and are more likely to be committed by people identifying as part of a Black ethnic group. Although the rate of youth offending varies from year to year, there are areas in Hounslow with high proportions of young offenders, notably Brentford, Syon and Hounslow South. Hounslow experienced a larger reduction than both London and England in the number of first time entrants into the criminal justice system in 2010/11, and the rate of reoffending was better than the national target. The Triage Project has had a positive impact on reducing first time entrants to the criminal justice system in Hounslow since May 2010

Current Investment in Children and Young People's Mental Health			
	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
Hounslow 15/16	£2,629,659	£74,009	£717,000
Total		£3,420,668	
Hounslow 17/18	£3,165,572	£*	£717,000
Total		£*	

*As NHS England has not yet provided the 2016/17 Tier 4 investment, we are unable to provide the spend. Plans will be updated upon the receipt of the information.

4. Children and young people’s mental health transformation plan

As a collaboration of CCGs, we have 8 shared priorities. The table below outlines the shared components of our plans, as well as local detail specific to Hounslow CCG/The London Borough of Hounslow.

Priority	Priority Description	Implementation Plans	Progress to date and 2016/17 Investment
1	Community Eating Disorder Service	<p>North West London Common Approach: A new, separate eating disorders service has been developed that has care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service is already working to delivering the new national specification for eating disorder services, offering a 5 day service for young people aged 0-18th birthday who have a suspected or confirmed eating disorder diagnosis of:</p> <ul style="list-style-type: none"> ▪ anorexia nervosa, ▪ bulimia nervosa, ▪ binge eating disorder, ▪ atypical anorexic and bulimic eating disorder <p>The model includes:</p> <ul style="list-style-type: none"> • Family interventions to be a core component of treatment required for eating disorders in children and young people. • CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations. <p>CNWL and WLMHT, our current main providers,</p>	<p>Investment: £152,983 A new community eating disorders service was implemented in April 2016.</p> <p>With minor amendments, the pilot is due to be adopted as business as usual from April 2017 within a two year contract with both Trusts. This plan does not exclude our intention to market test the service in later years.</p>

		<p>commenced service provision in 2015/16. As a NWL collaborative, we developed a tender waiver shared across our CCGs that specified the need to mobilise services in 2015-16 successfully. Our intention is to market test this service in 2017/18 and to investigate offering a 7 day service.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London CCG, led by Harrow as the contract lead, will continue to work with CNWL to develop the design, skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders. The commissioners have adapted the national specification and the CCG mental health contract manager will work on the contract variation. The initial proposition suggested a local Transformation Implementation Board (TIB) will be set up to oversee the implementation of the community eating disorder service. The TIB will have local authority, GP, Rethink young people champions, providers, Public Health and voluntary sector representation.</p>	
2	Redesigning Pathways	<p>North West London Common Approach:</p> <p>We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include:</p>	<p>Investment:£142,056</p> <p><i>£142,056 per annum, plus additional £41,765 in 2016/17 (for clinic space to support management of Tier 2 waiting list).</i></p> <p>A mental health in schools offer will be implemented</p>

	<ul style="list-style-type: none"> • A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA • Referral, assessment, treatment, discharge that is evidence based • School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs • Maintenance – it is crucial to include continued maintenance even after discharge to prevent a young person being re-referred into a CAMHS service <p>The redesigned service will seek to address existing quality and capacity concerns regarding access and transition. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment.</p> <p>We will continue the roll out of CYP IAPT services across NWL, ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.</p>	<p>to improve mental health promotion and early intervention. A pilot will be delivered in partnership with 8 schools from September 2016 to April 2017, after which the long term model will be specified and commissioned. Additional funding will minimise impact on existing Tier 2 waiting list. The service model will be coproduced in partnership with a group of young people.</p> <p><i>£0</i> Implement a single point of access to specialist Tier 2 and Tier 3 CAMHS to improve accessibility for young people, families and referrers.</p> <p><i>£17,500 in 16/17, £35,000 per annum in subsequent years</i> Recruit a part-time Coproduction Lead within CAMHS to enable coproduction of service developments as well as engagement of young people and carers in the 'business as usual' of CAMHS commissioning and provision.</p> <p><i>£20,581 in 16/17, £22,790 per annum in subsequent years</i> Build capacity within Tier 1 through targeted child and adolescent mental health training for key groups including VCS, primary care, and social care.</p> <p><i>£25,000 in year 1 only</i> Project management within WLMHT to deliver the above programmes.</p>
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		<p>Hounslow CCG/London Borough of Hounslow Local Approach:</p> <p>Hounslow will invest £10k in year one and £25k in year two towards project resource to develop and implement the 'Tier-free' model and single point of access. The main resource for this priority is allocated to adding staffing capacity at the 'early help' end of the mental health pathway which is a major priority for Hounslow; in year one this will involve allocating £100k for recruiting temporary staff to address waiting lists in the existing Tier 2 CAMHS service, and from year two onwards £110-135k will be spent on delivering a new model for early help which is closely linked with schools and primary care. The remaining resource, £17,930 in year one and £7,930 in subsequent years, will be earmarked for digital technology projects to improve accessibility and support health promotion. Hounslow will also invest in digital/technology projects to improve access and engagement from children and young people. There is currently a SPA to early help services in Hounslow and another key part of this work will be to develop this so that there is a SPA into the mental health pathway. This development should not incur any additional costs.</p>	
3	Enhanced support for Learning Disabilities and Neurodevelopmental Disorders	<p>North West London Common Approach:</p> <p>We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. We will:</p> <ul style="list-style-type: none"> ▪ Map local care pathways and where appropriate reconfigure services or commission additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics; ▪ Develop an effective strategic link between 	<p>Investment: £61,028</p> <p>£61,028 Increased capacity within the CAMHS Neurodevelopmental Service aims to reduce the waiting times for assessment.. Increased workforce capacity will support additional activity.</p> <p>£0 Develop the integrated multidisciplinary pathway for</p>

		<p>CAMHS LD/ND services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.</p> <ul style="list-style-type: none"> ▪ Enhance the capacity of CAMHS to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams. ▪ Provide advice and support to special schools and specialist units to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed. ▪ Develop be clear agreements in place between specialist services and primary care to support shared care for young people with LD/ND who require medication. ▪ Connect with local voluntary sector services and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group). <p>This will be determined over the course of the first year of funding. In Year One (15-16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (16-17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (17-18) to Year Five (19-20) will be used to embed the</p>	<p>assessment of ASD, ADHD and Learning Disabilities with comorbid mental health disorders. The pathway is being coproduced with CAMHS, Community Paediatrics, social care and education. Parent/carer engagement needs to be developed. The pathway will build skills across the system through integrated working, streamlining children and young people through the system.</p> <p>Current provision will be mapped to identify gaps. Service specification will be developed and revised. The model will be embedded, evaluated and further refined.</p>
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		<p>model, develop sustainability and further refine according to borough need.</p>	
		<p>Hounslow CCG/London Borough of Hounslow Local Approach:</p> <p>In 2015/16, all NWL CCGs will fund short-term additional staffing capacity to address long waiting times for neurodevelopmental assessments. In the remaining years of the plan, the majority of CCGs will continue some investment in additional capacity for LD and ND pathways to enable sustained improvements in access and post diagnostic treatment and behaviour management plans. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 5 & 7 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.</p>	
<p>4</p>	<p>Crisis and Urgent Care Pathways</p>	<p>North West London Common Approach:</p> <p>We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including home treatment treats and crisis response services to ensure that unnecessary admissions to inpatient care are avoided.</p> <p>We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission and deliver home treatment to children and young people, streamlining the current service offering and filling the gaps.</p>	<p>Investment: £75,000 <i>£75,000 in 2016/17, £122,056 per annum in subsequent years</i></p> <p>A comprehensive pathway for children and young people in crisis has been initiated. This includes 24/7 triage, acute hospital liaison, improved links with Tier 4 and community outreach to deescalate crises.</p> <p>The OOH pilot is being evaluated in partnership with Rethink champions and a coproduction post will enable coproduction of the long-term crisis pathway.</p> <p>Additional capacity to support young people in crisis will reduce pressure on acute hospitals and reduce 'fire-fighting' in Tier 3 CAMHS.</p> <p>The implementation of an out of hours crisis pilot</p>

		<p>A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self-harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.</p>	<p>was initiated in January 2016 by NWLMHT across The need to review the wider crisis pathway has been identified and a programme of work is underway in the meantime As part of NHSE New Models of Programme WLMHT and CNWL are working in partnership with the Priory Group to ensure CYP who require access to bedded services can be admitted locally. The programme will also look to develop community services to ensure CYP have access intensive treatment programmes which deliver high quality effective care at home.</p>
		<p>Hounslow CCG/London Borough of Hounslow Local Approach: Hounslow will invest £24k of year one funding to supplementing the CAMHS Out of Hours pilot which is currently being commissioned from WLMHT, and £10k towards project resource to develop and implement a comprehensive multi-agency crisis pathway in the borough. From year two onwards Hounslow will spend £150k on adding capacity to the crisis pathway, which will tie together the Out of Hours service, existing paediatric liaison functions, and a model for crisis support and home treatment.</p>	

The below describes the 3 enablers that provide structural support to our Transformation Plans

Enabler	Enabler Description	Implementation Plans	Progress to date and 2016/17 and Investment
1	Needs Assessment	<p>North West London Common Approach:</p> <p>The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020).</p> <p>All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.</p> <p>Hounslow CCG/London Borough of Hounslow Local Approach:</p> <p>Hounslow are committed to investing in a collective resource to conduct a comprehensive needs assessment, following the examples of Brent, Hillingdon and Harrow to ensure any work enables comparison across the 8 CCGs. The intelligence generated will inform commissioning plans for the</p>	<p>Investment: Captured under priority 2</p> <p>Needs assessment carried out by AFC. Commissioned in 2015/16 £25,000 was invested. A Strategic seminar was completed and final report is due to be received by the end of October 2016.</p>

		<p>remaining years of this Transformation Plan.</p> <p>All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.</p>	
2	Supporting Co-Production	<p>North West London Common Approach:</p> <p>Across the 8 boroughs, we propose to fund local organisations (to be agreed) 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 will continue to build on the current approach across Hammersmith and Fulham, Westminster and Kensington and Chelsea with Rethink – training and supporting young people to engage in several 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 October 2016.</p> <p>We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.</p>	<p>Investment: Captured under priority 2</p> <p>Initial engagement undertaken by AFC as part of needs assessment</p> <p>As co-production underpins the transformation programme as a whole, it is incorporated into the four remaining priorities.</p>

		<p>Hounslow CCG/London Borough of Hounslow Local Approach:</p> <p>In Hounslow, some of this resource will be invested in Hounslow CAMHS to support the Young People's Panel and the exciting projects already underway (such as the LGBTQ group) by providing staff backfill and a budget for resources, and some will be used to commission co-production support from an independent organisation such as Rethink or Young Minds, informed by the positive work recently completed by Rethink in Hammersmith & Fulham.</p>	
3	Workforce Development and Training	<p>North West London Common Approach:</p> <p>All 8 CCGs have noted that there is a need for non-specialist training to support greater awareness of mental illness and the ways to identify and support early signs for workforce development and training for schools, GP's, social care, voluntary sector and allied health staff. There are also, more specialist needs for CAMHS teams (e.g. eating disorders and crisis specialised training, and training in CYP IAPT for the new CAMHS services and to deliver evidence based treatments.).</p> <p>Our workforce development and training plan has three components:</p> <ol style="list-style-type: none"> 1. Needs analysis – to understand the skills gaps in the current workforce (including voluntary sector). To be completed in 2015/16. 2. Review of current training programmes and packages and commissioning of appropriate options for local needs. To be completed in 2015/16. 3. Delivery of training to workforce and parents (to 	<p>Investment: Captured under priority 2</p> <p>As part of the AFC needs assessment a workforce evaluation has been undertaken</p> <p>As this threads through the transformation programme as a whole it has been incorporated into the four remaining priorities.</p>

		<p>ensure parents feel confident to recognise signs of mental health needs and seek support). To be commenced in 2016/17 and continued until 2020.</p> <p>A key element of the training packages will be the delivery of a “train the trainer” component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure sustainability of this workforce development.</p> <p>As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis.</p>	
		<p>Hounslow CCG/London Borough of Hounslow Local Approach:</p> <p>All boroughs will invest in a training needs analysis and project resource in 2015/16 to identify the demand, available options, and develop a NWL framework. Each borough may then take a localised approach to delivering training. Hounslow will procure a programme of training informed by the needs analysis in year one, with training to be delivered across the local workforce in subsequent years.</p>	