Paper NHS071406

BOARD PAPER - NHS ENGLAND

Title: Winterbourne View Delivering the 'Transforming Care' Concordat. Update on progress and recommendations for further partnership working
Lead Director: Jane Cummings – Chief Nursing Officer for England, Senior Responsible Officer for Learning Disabilities, NHS England
Purpose of paper: • To update the Board on progress made in delivering the 'Transforming Care' Concordat and to propose arrangements for improved delivery of the Concordat by moving to a 'co-commissioning' model with third sector organisations.
Actions required by the Board: • The Board is asked to approve the proposals including the creation of a programme steering group, led and chaired by the third sector, to develop new ways of commissioning care for people with learning disabilities.

Introduction

1. The 'Transforming Care' Concordat signed as a result of the investigation into abuse at Winterbourne View (WBV) commits the NHS and other partners to improving services for the care and treatment of people with learning disabilities and complex needs.

2. Failure to deliver the commitments of the Concordat by the agreed date (June 1 2014) remains a cause of significant concern for all stakeholders, patients and families/carers. NHS England Board members and executive group members are well sighted on this risk and are determined to improve delivery.

3. Since taking SRO responsibility in April 2014, the Chief Nursing Officer (CNO) and her team have been working with colleagues across NHS England to implement a recovery plan and strengthen the governance arrangements. Work has also been done to rethink the role of 3rd sector partners and respond to the concerns of other stakeholders.

Governance

4. A new Winterbourne View Steering Group oversees the delivery of the 'Concordat' Project. It reports into the Learning Disability Programme Board chaired by the CNO. NHS England is also part of the LGA-led Joint Improvement Team.

5. NHS England has established a quarterly data collection to track the delivery of the '*Concordat*' Project. This has reported twice and work is underway to agree a monthly update of key data and transfer this to the HSCIC by September 2014 for its eventual inclusion into the Mental Health and Learning Disability Minimum Data Set.

Improving Lives Team

6. The Improving Lives Team was employed to re-review the care and treatment of the remaining 47 residents of Winterbourne View and completed this programme by the end of June 2014. The reviews are thorough, involve health and social care reviewers, and include *Experts by Experience*, the local commissioners of the service, and importantly the person and their families. They have also been asked to review 'cases of concern' that have been brought to national attention and have been instrumental in supporting the person, their family, and commissioners to work together to ensure care and treatment is delivered well, or to agree alternative arrangements where possible.

7. To date, their work has resulted in the discharge/transfer of 5 people previously in unsuitable hospital placements and they are currently working with 3 other individuals to support resolution.

8. The expertise of the team is currently in demand from Area Team and CCG commissioners asking for support with complex situations. The capacity of the

team will be re-directed to provide this support as well as following up on WBV service users in situations that still require attention and could be enhanced by partnership working with third sector experts.

Operational Plan

9. Led by the Commissioning Operations Directorate, CCGs and Area Teams are required to demonstrate they are meeting the 'Concordat' requirements within their current resources:

- All patients who have been admitted to inpatient services are expected to have been assessed to ensure that they require that inpatient service and their needs cannot be met in an alternative community service/setting;
- All inpatients to be reviewed within 6 weeks of admission by their Multi-disciplinary Team to ensure that their specific care needs have been identified and are being met within their Person Centred Plan (CPA), they have an identified care pathway out of that service;
- A local care coordinator must be identified and all elements in respect of CPA good practice have been met including multi agency involvement & collaboration; and
- All patients admitted have been reviewed in line with CPA good practice within 3 months of admission and minimum of annually thereafter.

10. More detail is at **Annex 1**.

11. Other important indicators such as Access to Advocacy (current performance 97%) will continue to be monitored through the data collection. The quality of the advocacy also needs scrutiny as although the data suggests advocacy is available, the experience of advocacy needs to be improved. Responsibility for commissioning advocacy services sits with Local Authorities and this issue is being addressed through the LGA Joint Improvement team advisors. In addition, the Minister for Care Services, Norman Lamb, has indicated that all individuals covered by the programme should have access to an independent second opinion service, and this is in the process of being designed and operationalised.

12. CCGs and Area Teams have also submitted plans which detail estimated numbers of discharges within 3/6/12 months. These plans are currently being reviewed. 76 people are in High Secure Services subject to Ministry of Justice (MoJ) restrictions, 458 people are in Medium Secure Services, many of whom are subject to MoJ restrictions. In line with Caldicott principles for sharing patient-identifiable information, patient-level detail about reasons for continued in-patient treatment is held at CCG and Area Team level.

13. Current plans are for the discharge/transfer of around one-third of patients within the next 12 months. While this represents an improved position from the previous data collection, it still needs to be significantly improved.

14. Although the principles of the work apply to all inpatients, more work is underway on the data to differentiate people who were inpatients at the time the

Concordat was agreed (the WBV cohort) and people who have been admitted since then.

15. To prevent admission and readmission into inpatient services, and to provide person-centred alternatives to hospital, work needs to be done across the system to shift resources and responsibilities to local commissioners. Over half of the '*Concordat*' service user population (1384) are in directly commissioned services, and an equivalent amount of resource is tied into those services. Changing the financial flows will enable CCGs to work in partnership with their local 3rd sector and service user/carer groups to redesign services, disinvest in inpatient services, and invest in specialist community support services to support service users, their families and carers, and the mainstream services.

16. Capital monies have been committed to support this programme. £7m has been committed by the DH and 'matched' by £7m from NHS England. DH and NHS England are working together on a process to determine how the monies should be allocated, and how to 'lever' the most effective response from 3rd sector providers to support local discharge arrangements.

Development of a new Commissioning Model

17. To avoid admission, to promote early discharge, and to provide community support, services for people with a learning disability need to be redesigned and re-commissioned in many areas. Every local area will need a commissioning plan to ensure their services are efficient, effective and based on the needs of service users and carers in their area. This commissioning work needs to be done in partnership with local authorities, 3rd sector organisations, service users and carers.

18. NHS England would like to promote innovative commissioning partnership arrangements. The CEO identified the Winterbourne View programme as an opportunity for 'co-creation' of services, "….more user and carer- directed local, non-institutional services for people with learning disabilities overseen by the Third Sector…" (NHS Confederation 2014).

19. Legal advice has been sought to ensure supportive governance of any proposed partnership arrangements. Two separate consortia of 3rd sector organisations have made proposals that provide a different focus to the programme including much greater involvement of 3rd sector organisations and work is underway to examine how different local models are working – based on best practice within the learning disability field, but also on other partnership commissioning arrangements within other services, such as the Macmillan partnership to develop Cancer services.

20. There are many examples across England where joint, inclusive co-commissioning is working very well. Salford, Thames Valley, and Gloucestershire are just 3 areas where innovative commissioning solutions are working, led by service users and carers and the 3rd sector. Please see **Annex 2** for examples.

21. The legal guidance sought was clear about the need for robust governance associated with the delivery of commissioning functions and identified scope for partnership working not led by but supported by the NHS. Work will commence, with the Third Sector and based on their proposals, to describe a specification and process for enabling local innovative commissioning solutions to be implemented.

Conclusion

22. Progress to date has been slow but the 'Concordat' plan is now more credible. However, without a change in finance, commissioning and governance arrangements, the risk is that resources to support this programme and cultural norms will remain invested in inpatient services and appropriate change will remain too slow.

23. For that reason, the redesign and re-commissioning of learning disability services is an 'ideal candidate' for innovative partnership commissioning arrangements. A new programme steering group with the specific remit of establishing new ways of working will be established. This will be chaired by a representative from the 3rd Sector, and include representatives of the organisations who submitted the two papers. Additional senior support will also be required to provide coordination across NHS England to deliver this programme of work.

24. The Board is asked to approve the proposals including the creation of a programme steering group, led and chaired by the Third Sector, to develop new ways of commissioning care for people with learning disabilities.

Jane Cummings
Chief Nursing Officer for England
Senior Responsible Officer for Learning Disabilities
July 2014

ANNEX 1

Area Team Reference number 01750

Skipton House
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To: Area Team Directors

09/06/2014

Dear Area Team Directors,

Re: Transforming Care: A national response to Winterbourne View Priority Actions

We are collectively responsible for ensuring that the NHS contributes to meeting the health and wellbeing needs of people with learning disabilities and or/autism, their families and carers. To achieve these outcomes we work in partnership with them and other key partners through our participation in the Winterbourne View Joint Improvement Programme.

The March 2014 Assuring Transformation data has recently been published and key findings can be found on the NHS England website at:
http://www.england.nhs.uk/ourwork/qual-clin-lead/wint-view-impr-prog/

Significant national and local challenges exist in terms of addressing the numbers of patients registered, those recorded as not having care coordinators, those without transfer dates, the time since last review, and inconsistency of approach to including the setting of transfer dates within formal Care Plan Reviews.

Accordingly the NHS England Winterbourne View Operational Group has set out 6 priority actions to allow us to demonstrate progress towards meeting the NHS commitments in the Winterbourne View Concordat. To support with the delivery of these steps, the National Support Centre will provide a WebEx giving an introduction to the data analysis tool and how its functionality will enable better local insight.

The six priority actions are:

1. **Patient Register**

   There is evidence that some patients have not yet been mapped to a register. All patients meeting the definition should be registered and a no exclusions policy should be applied. The sharing of patient identifiable data for this purpose has already been approved.

2. **Patients recorded as not having a care coordinator**

   All patients should be recorded as having a care coordinator and a zero tolerance approach should be applied. In the majority of cases, area teams will be able to identify which CCG is responsible for applicable patients in order to identify who the care coordinator is but should refer to the regional team or NSC in the rare event of exhausting all avenues and still being unable to ascertain CCG responsibility.

3. **Estimated Transfer Dates and Care Plan Reviews**

   There is evidence to suggest that some patients have recently undergone care plan reviews but are yet to have an estimated transfer date. Please review the footnotes to this letter for the definition of good practice on reviews.

4. **Patients who have not been reviewed for 26+ weeks**

   To address the number of patients who have not been formally reviewed for 26+ weeks, a 'patient tracking list' approach should be applied to schedule reviews for this patient cohort in the first instance to take place by the end of Q2, and to then address patients in the next category.

5. **Patients without Estimated Transfer Dates**

   CCGs with 5 or fewer patients in this category should develop plans to reduce this number to 0 by 30 June 2014. CCGs with more than 5 patients in this group should provide trajectories to rapidly fast-track reviews for patients.

6. **Patients (non secure) held in hospital settings for 2+ years**

   The data has identified that there are significant number of patients categorised as 'non-secure' who have been in current care settings for 2+ years. Any patients in this group in your area team should be identified and prioritised for review to be appropriately transferred at the earliest opportunity.

As set out above, the National Support Centre will provide a WebEx for you and colleagues giving an introduction to the data analysis tool and a brief demonstration of how its functionality can be used to enable better local insight. A recording of the session will also be made available afterwards.

Introduction to WV Data Tool (WeBex) : 2pm, Wednesday 25 June 2014
Please access the WebEx via the following link (password: WV)….
https://healthsector.webex.com/healthsector/j.php?MTID=m716310d040093047b840bac22f9823c3

In addition to the data on the NHS England website now, more comprehensive, unsuppressed management information will also be available the week commencing 23 June 2014.

These six action points have been identified as critical next steps to meeting the NHS' Winterbourne View Concordat commitments and we are very grateful for all your efforts to

deliver them. Please also circulate this letter to specialised commissioning teams as appropriate.

Yours sincerely,

Sarah Pinto-Duschinsky
Director of Operations and Delivery

Juliet Beal
Director of Nursing for Quality Improvement and Care

Footnote:

Memo on Care Plan Reviews

With regard to good practice in respect of reviews, commissioners are expected to ensure the following occurs and are satisfied with the outcome:

1. All patients who have been admitted to inpatient services are expected to have been assessed to ensure that they require that inpatient service and their needs cannot be met in an alternative community service/setting.

2. All inpatients to be reviewed within 6 weeks of admission by their Multi-disciplinary Team to ensure that their specific care needs have been identified and are being met within their Person Centred Plan; they have an identified care pathway out of that service. A local care co-ordinator has been identified and all elements in respect of CPA good practice have been met including multi agency involvement & collaboration.

3. All patients admitted have been reviewed in line with CPA good practice within 3 months of admission and ongoing thereafter.

ANNEX 2 - Examples of existing co-commissioning arrangements

Salford

"Looking Forward to the Future" proposed the creation of a fully integrated service for adults in Salford and a pooled budget of Salford City Council and NHS funding. These were created and embody a commitment to person centred approaches. Based on a well-described population profile and needs assessment, the strategy describes how commissioners need to influence services to develop, but also describes 'self-directed' commissioning – developing an Individual Service Plan with the person concerned and commissioning services to meet that individual need and aspiration. Salford commissions no inpatient beds. Occasionally people have to access specialist inpatient care out of county, but are able to return with a person-centred package of support within an average of 3 months.

Gloucestershire

The Gloucestershire Concordat is a joined up, all age Gloucestershire-wide response to the Winterbourne View Review. The work was led by the 3rd sector and is now signed by 28 signatories representing all statutory and 3rd sector organisations and service users and carers. The Concordat describes a shared commitment and a shared vision for services for Gloucestershire. Lead by a Partnership Board involving service users and carers, the work programme is reshaping services and moving resources from inpatient to community services.

Surrey

Surrey has an active programme of work overseen by the Learning Disability Partnership Board, which has been presented to the Health and Well-being Board, the CCG Collaborative, and the Surrey Adults Safeguarding Board. This work programme includes:

- Production of the Surrey Safeguarding Adults Board Winterbourne View Action plan;
- Register of individuals with a detailed discharge/transfer plan for every individual;
- The development of the Winterbourne View, Francis Report and Confidential Inquiry oversight board (sub group of adult safeguarding board);
- The introduction of the Health Care Planners team within Surrey Downs CCG working across all CCGs to complete the joint reviews and develop the Individualised care and support plans;
- The development of the Health Care Planning Team reference group which is co-chaired by a service user and is inclusive of families;
- There has been an integration scoping exercise led by the CCG MH & LD collaborative; and
- A planned review of current service provision and strategic commissioning to meet the needs of children and young people, especially moving from children to adult services, including health, housing and care support planning.