Paper NHSE111407

BOARD PAPER - NHS ENGLAND

Title: Transforming Care for people with a Learning Disability
From: Jane Cummings – Chief Nursing Officer, Senior Responsible Officer Learning Disabilities
Purpose of paper: • To provide an update to the Board on actions taken with regard to the Transforming Care programme.
Actions required by the Board: **To note:** • The progress made to date; and • The approach being taken within the NHS England Transforming Care programme.

Background

1. In 2011, a Panorama programme exposed evidence of abuse of some individuals with learning disabilities, who were living in Winterbourne View. Winterbourne View was an Assessment & Treatment Unit, privately run by Castlebeck plc

2. With the support of the local NHS Trust and commissioning systems, the patients in the unit were transferred and the unit was shut down within three weeks. The company Castlebeck is no longer in business. **Annex A** provides a timeline and further details.

2013/14 – Early goals

3. Following the subsequent enquiry, the Winterbourne view Concordat set out 2 commitments:

   - Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014; and

   - Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour that accords with the model of good care.

   An action list supports the commitments. The NHS is accountable sometimes jointly with other partners for delivering 20 actions.

4. The NHS delivered on 10 of these actions in 2013/14, including instigating a quarterly data collection of inpatients with learning disabilities, and ensuring each CCG had accurate registers.

5. The Improving Lives Team was established by NHS England to re-review everyone who had been a patient at Winterbourne View. The team consists of clinicians with expertise in learning disability and "experts by experience". It is led by a Consultant Nurse. These reviews, were completed by June 2014.

2014/15 – re-structure of the work

6. In early 2014, it became clear that the ambition to "….support everyone inappropriately placed in hospital to move to community-based support as quickly as possible, and no later than 1 June 2014:" was much more complex than first thought and could not be met.

7. In April 2014, Jane Cummings, Chief Nursing Officer, became Senior Responsible Office (SRO) for the work.

8. Over the summer, NHS England developed a Transforming Care (TC) work programme. The Department of Health established a new TC Assurance Board, jointly chaired by the Minister, Norman Lamb, and Gavin Harding (National Forum of People with Learning Disabilities).

9. Within NHS England, TC is structured in two project areas: -

    a. Delivering best Care now; and
    b. Future Care design – developing new care pathways and funding models.

The programme is designed to respond to the 2 commitments of the Concordat, and to ensure that we focus on immediate actions as well as future service models.

Progress made since the last Board update

10. Extensive work within and between the Learning Disability (LD) programme team, NHS England central teams (particularly Analytical and Commissioning Operations) and Regional Teams has enabled NHS England to start to track patients (within Information Governance requirements) and identify those who could be discharged if appropriate services are provided in different settings. If necessary a Care and Treatment Review by an experienced clinician, commissioner and "expert by experience" will be carried out with plans for a discharge made after that point.

11. The national-level LD programme team has prepared a detailed 'specification' for scaling up Care and Treatment reviews. This has been 'road tested' by the programme's clinical leaders. The specification includes the following elements:

- Instructions on Care and Treatment Reviews, explaining the purpose, targeted patients and rationale;
- Checklist for setting up a review, and plan for a typical one day review;
- Assessment Protocol and report template – for documenting the conclusions;
- Accessible Information sheet on Care and treatment Reviews;
- Accessible consent letter;
- Letter templates (accessible) for setting reviews up and post review thank you letters;
- Specification for clinical reviewer;
- Specification for expert advisor; and
- Specification for support, induction, coordination & recruitment of expert advisors.

12. The programme team has also had discussions to identify and secure clinical reviewers and expert advisors to carry out the reviews. Contact has been made via a range of routes, including the Learning Disability Professional Senate; the Royal College of Psychiatrists, the Consultant Nurse network, the Challenging Behaviour Foundation; the National Development Team for Inclusion; Inclusion North; Inclusion East; Improving Lives Team; Independent reviewers; Changing Our Lives).

13. Early feedback has been positive both in individuals coming forward to take part in reviews, and also recognition of the comprehensive thought which has gone into the specification.

14. Gathering names of potential reviewers via a range of routes has generated a list of 18 clinical reviewers and a potential large pool of expert advisors. Regions are also making contact with local Trusts and voluntary/independent sector organisations to generate local teams of clinicians and expert advisors.

15. NHS England Analysts have developed a database specifically covering the 1st April 2014 cohort of inpatients. This enables us to track and report on those people. Quarterly data (to 30 September 2014) is expected to be available mid – November.

16. Regional teams have mobilised resources and each has a nominated Director lead. These teams are working to validate their knowledge and ability to track the patients in their region, within the 1st April 2014 cohort. This will also enable each region to confirm the future trajectory of cohort patients (for example, how many have been discharged, how many have planned discharge dates) and identify those whose case needs to be reviewed (see point 16).

17. Initial management information for September shows a significant increase in patients transferred or discharged in the July-September over the April to June quarter. This figure includes people within and outwith the 1st April 2014 cohort; but does demonstrate a marked increase in the rate of discharge of LD patients.

Future Care Design

18. Sir Stephen Bubb (Chief Executive, Association of Chief Executives of Voluntary Organisations) was asked to provide recommendations on the shape of a national commissioning framework for local implementation which together with other actions would support the discharge of patients from in-patient settings and increase the capability of community providers (recognised as a necessary part of improving care). The report from this work will be finalised shortly.

Conclusion

19. The Board is asked to note the progress made to date; and the approach being taken within the NHS England Transforming Care programme.

Jane Cummings – Chief Nursing Officer, Senior Responsible Officer Learning Disabilities

Annex A – Winterbourne View facts & timeline

- Winterbourne View was a residential hospital proving Assessment and Treatment services, located in South Gloucestershire outside Bristol, run by Castlebeck Care operating to provide care for people with Learning Disabilities.
- 1st June 2011 a Panorama programme reported abuse by staff of the in-patients. At the time of the report, there were 12 patients there.
- Following the programme, a task-force was put together to protect the service users, and plan their future care. Between 1st – 24th June, Avon and Wiltshire Partnership Trust worked with commissioners to maintain a safe service and discharge all residents. Safe discharge was effected for all service users.
- Unit closed on Thursday 23rd June 2011.

Serious Case Review

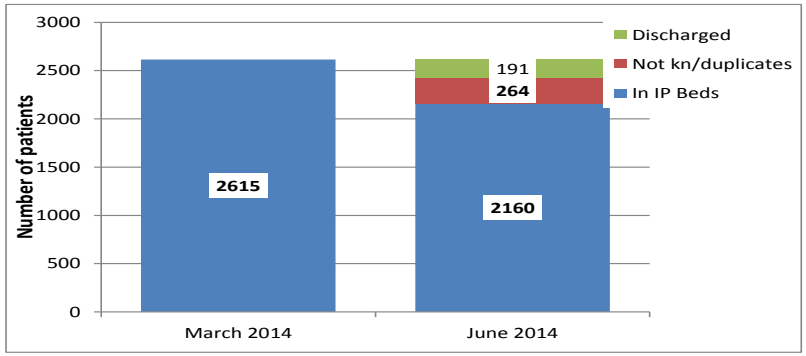
- A serious care review (SCR) was instigated by South Gloucestershire as a result of the Safeguarding issues identified at Winterbourne View. This was published in November 2011 where it identified local and national issues.
- The Government's response to SCR was in two stages, an interim response published in June 2012 followed by a Transforming Care Concordat published in December 2012.
- During its time, 48 people had been residents of Winterbourne View. Placements had been purchased from a number of CCGs. In January 2014, a programme was announced to re-review the current Care and Treatment of the former WBV residents. The reviews were completed by June 2014. It indicates the following:
    - 10 people are still in hospital;
    - 20 people are living in Residential Care;
    - 5 people are living in Supported Living;
    - 12 people have their own tenancy; and
    - 1 individual died.

- Follow-up reviews will take place between September and December 2014.
- In September 2013, Castlebeck went into administration. Remaining Castlebeck services and staff transferred to Danshell Group, another private provider launched 2010.
- Legal proceedings were brought against the staff identified through the programme as perpetrators.

Annex B

Transforming Care –
Tracking the 2,615 Patients in In Patient Beds in March 2014

Number of patients in inpatient beds, discharged or unknown, by Quarter

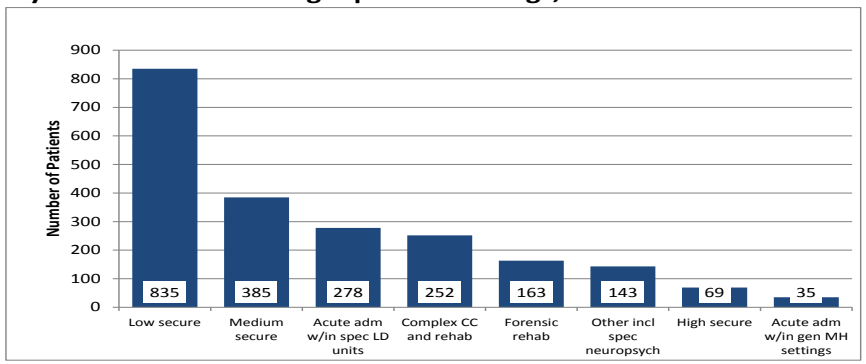


In the June data collection, there were **455 fewer patients in IP beds** than there were in March.

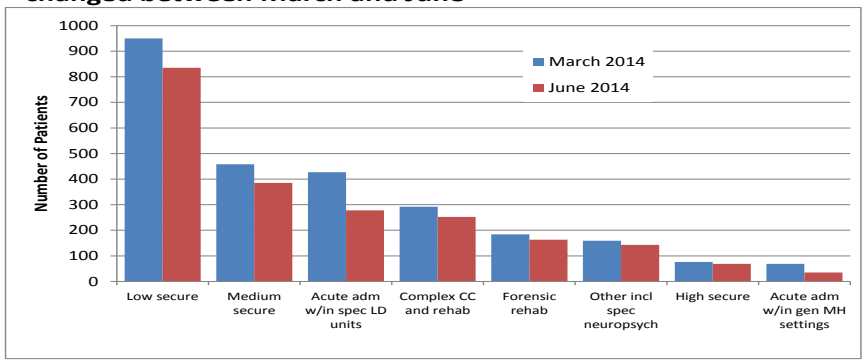
Of those 455, **191 patients were coded as discharged** during that period .

264 were either uncoded or were duplicate records. These records need further validation.

2,160 patients were still in inpatient beds in June 2014. They were in the following inpatient settings,



This chart shows how the number of patients in each setting changed between March and June



Transforming Care –
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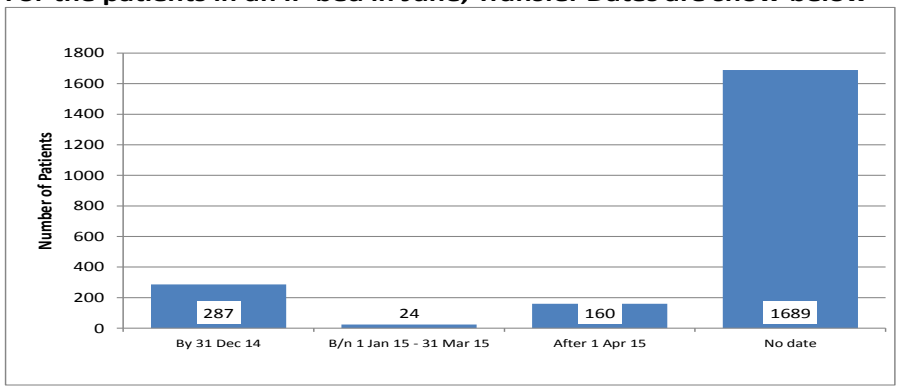
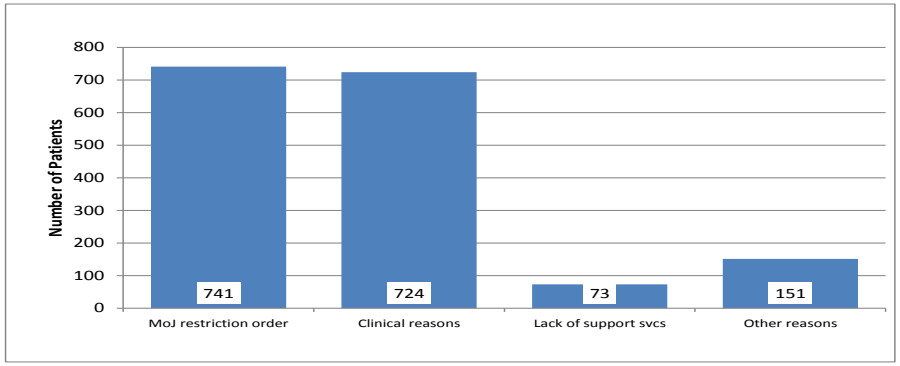
For the patients in an IP bed in June, Transfer Dates are show below

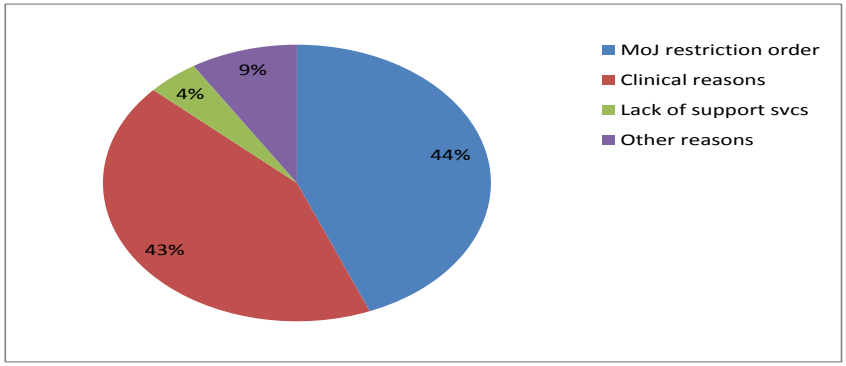


In the June data collection, **471 of the 2,160 patients in IP beds (22%) had transfer dates.**

1,689 patients (78%) had no transfer date. The chart below shows the reasons for patients having no agreed transfer date

For the 1,689 patients without transfer dates in the June data, the reasons break down as follows – percentages in Pie Chart





NB: This is a temporary collection which will be superseded by an online system administered by the Health and Social Care Information Centre.
There were data quality issues with the return which we are looking to improve upon for the next data collection. Any information from incomplete returns has been included in all counts, limited data cleaning has taken place. Data quality has improved since the previous data collection and as a result comparisons between the two time periods should be undertaken with caution.
66 patients were not supplied with a unique ID number, patients for which a duplicate ID was received are included. Total number of Patients that have been transferred by 30 June 2014 - this is a count of all patients who were transferred on or before 30 June 2014
Not Known - this is a count of all the patients in the 31 March 2014 collection that have not been reported in the 30 June 2014 collection
Duplicate not matched - this is a count of all the patients in the 31 March 2014 collection that were duplicated and have not been matched in the 30 June 2014 collection