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Charity Leaders Network

NHS England

Minutes of Meeting

Meeting:	**Transforming Care and Commissioning Steering Group Meeting**
Date and time:	**28th July 2014, 15:00 – 17:00**
Location:	**Skipton House and telephone conference**
Attendees:	Sir Stephen Bubb, Chief Executive Officer, ACEVO (SB) (Chair)
	Jane Cummings, Chief Nursing Officer for England NHS England (JC)
	Adel Imecs, Programme Communications Manager, NHS England (AI)
	Bob Ricketts, Director of Commissioning Support Services Strategy, NHS England (BR)
	Dominic Slowie, National Clinical Director for Learning Disabilities, NHS England (DS)
	Elizabeth Wade, Head of Policy, NHS Confederation (EW)
	Florence Starr, Project Development Manager, NHS England (FS)
	Gavin Harding, Co-Chair, Department of Health Winterbourne View Assurance Group (GH)
	Hazel Watson, Head of Mental Health and Learning Disabilities, NHS England (HW)
	Jan Tregelles, Chief Executive, Mencap (JT)
	Jane Dwelly, Head of Programme Communications, NHS England (JD)
	Juliet Beal, Director of Nursing for Quality Improvement and Care, NHS England (JB)
	Mark Winter, Head of Health Commissioning, ACEVO (MW)
	Olivia Butterworth, Head of Public Voice, NHS England (OB)
	Robert Longley-Cook, Chief Executive, Hft (RL-C)
	Roger Banks, Independent Psychiatrist (RB)
	Steve James, Group Chief Executive, Avenues Group (SJ)
	Viv Cooper, Founder, Challenging Behaviour Foundation (VC)
Apologies	Andrea Pope-Smith, Director of Adult Community and Housing Services, ADASS (AP-S)
	Robert Webster, Chief Executive Officer, NHS Confederation (RW)
	Sharon Allen, Chief Executive, Skills for Care (SA)

Meeting summary
• **A new steering group combining expertise from the public, voluntary and community sectors will develop a national framework for improved services for people with learning disabilities or autism. Local authority and provider representatives will be invited on to the group** • **The group will complete its work by October 2014. It will report to NHS England**

- **NHS England will consider how best to take the framework forward**
- **Stakeholder engagement, including with service users and their families, will be an integral part of this work**
- **The group will identify social investment for new services**
- **The ultimate goal of the group is to provide the means to move people with learning disability or autism from inpatient care**
- **All papers, agendas and minutes will be published on the NHS England website, except if it is commercial in confidence.**

Meeting notes

1. **Purpose and goal of steering group**

1.1 SB began by welcoming everyone to the meeting. He stated that he wanted the work of the group to be outcome focused and explained how he had come to be involved in this work.

1.2 Simon Stevens had asked SB to look at how the voluntary and community sector (VCS) might help achieve the Winterbourne Pledge, to return inappropriately placed inpatients with learning disability or autism to their communities. The NHS has not met the target set out in *Transforming Care*[1] and the *Concordat*[2] to do this by June 2014. SB set up a meeting with colleagues from the VCS to discuss what the sector could offer and submitted a written proposal to Simon Stevens.[3] SB was asked to chair a steering group to develop a national framework for local commissioning by the end of October 2014.

1.3 The new steering group is a task and finish group. Work streams that the group will oversee will include work to consider what a hospital closure programme might look like, and work to define best practice for commissioning community services. This last piece will cover social finance and joint commissioning. In addition the steering group will oversee reference groups supporting its deliverables.

1.4 The ultimate goal is to move people from inpatient care. This will require a significant implementation programme with a high level of stakeholder engagement. Its goal should be to handover a plan and framework to NHS England to consider for implementation.

1.5 The steering group will report to NHS England and must be focused on outcomes that will better serve those who are looked after poorly in current facilities.

1.6 SB then opened up the meeting for discussion. GH commented that the focus of what the group is doing helps clear things up. He suggested that the group develop questions for the service user forums to get their views on what providers can offer. He added that the group should identify ways that mean that local authorities do not move people out of area and enable patients to settle.

1.7 RB suggested that not everyone understands the terminology around Winterbourne View e.g. what challenging behaviour is, what assessment and treatment units are, what community provision means. We need to be clear on what we mean. In particular, we should think back to the original purpose of the term "challenging behaviour"; when it emerged in the 1980s, it was designed to shift away from a punitive outlook on patients. It is also a label given by someone else that is subjective. The steering group should identify solutions that support people who have so far said "we can't do it".

- DS agreed that a clear goal is important. Moving people out of hospital is important

[1] *Transforming Care: A national response to Winterbourne View Hospital*. Department of Health. December 2012.
[2] *Winterbourne View Concordat: Programme of action*. Department of Health. December 2012.
[3] *Winterbourne View: Scoping out a Voluntary and Community Sector solution to support the Joint Improvement Programme*. ACEVO. June 2014.

but stopping people from going into hospital in the first place is equally important. Services need to help stop people reaching crisis point.

- RB added that positive behavioural support is not the whole picture. We know that patients in the group we are trying to help have higher than average mental and physical health problems, as well as complicated co-morbidities. New services cannot be focused only on behaviours.
- SJ suggested that we need to design a system to respond to people in difficulty earlier and that we should do so in response to the cohort of inpatients we are considering. They are more likely to go to assessment and treatment units. We need good commissioning to happen earlier and some slack in the system. Unlocking social investment that could enable services to double-run for a while could help with this.
- HW said that the group needs to consider how we change things once we have clarity on what we want to achieve. We must look at NHS systems to think about enablers to stop perpetuating these issues e.g. re-allocating funding.
- GH stated that we are not just working on projects – our work is about what people need. If we focus on the re-allocation of money right away patients and their families might see this as a cut in services. Often assessment and treatment units are seen as a safe place for loved ones. Having a local authority representative on the steering group will help us to understand how changes will work at a local level.
- RL-C added that the language of change is very important. Families and patients might hear the phrase “move back to the community” and think that still means being returned home with no support. We mean patients returning to small scale 24-hour specialist support. The NHS and local authorities need to work on commissioning together. They must also consider long-term commissioning to provide patients and families with some security.
- VC noted that families who have been poorly served can sometimes focus on inpatient care as being somewhere safe for their loved ones, as it is secure. Some of the roots for people entering inpatient services begin with a lack of support in childhood – knowing this gives a context to this work. DS noted this and added that the group will need to retain a smaller focus.
- HW suggested that integrated personal budgets could assist the implementation of the work of the steering group further down the line. JC noted that the work of this group will need to link in with NHS England work on integrated personal budgets. JB stated that we can produce a map of where this group fits in with ongoing work.
- SB summarised that the group will focus on its task and finish remit – it can provide the framework that will tackle the problems experienced by patients.

2. Overview of the national framework, locally delivered and role of NHS England

2.1 The steering group considered how it would approach the work. RB suggested that it did not need to “mirror the problem” i.e. go over ground covered by other organisations identifying what the issues are and how they should be addressed. We need to state how to apply the knowledge that is already out there.

- JC spoke about NHS England’s role in this work. Once the Terms of Reference are clearly defined, NHS England can help develop the framework but also consider the commissioning levers that will enable the NHS to apply the framework further down the line. We can re-allocate finance and also monitor the changes as the framework is put in place. NHS England will also provide practical support for the work e.g. secretariat.
- GH stated that the programme the steering group comes up with has to be

deliverable. We do not want to go down old routes where we find nothing is achieved again. It is therefore best to involve providers on the group – not just assessment and treatment units but day services and other areas where we see problems.

- SJ suggested that the lack of accreditation for services may be causing problems as CQC and commissioning do not have a way of identifying services with a proven track record. DS felt that this should be happening through the CQC and commissioning and improvements have been made. Although a third party view might help in commissioning and inspection, a further adjudicator should not be necessary. JC added that part of what the steering group should do is to state what good services look like and the CQC is looking at levers to help apply best practice. RB said that this can come from the National Strategy.

3. Terms of Reference and Steering Group membership

The draft Terms of Reference were reviewed and changes agreed. In addition the group agreed:

- NHS England will produce a paper setting out what is meant by possible inpatient bed closure (NHS England to lead) – GH noted here that any proposals should not inadvertently lead to people being poorly served out-of-hours, or prison being the only alternative
- Inpatient care cannot be considered as an isolated option any more but should be on the patient pathway
- The group will not be distracted by the idea that patients are always sent out of area – some areas have several inpatients close to home who do not necessarily need to be in hospital
- The main work of this steering group will stop with the production of the framework but the group will also produce options for implementing the framework e.g. the steering group carrying on to assist NHS England, starting up a separate project.

3.2 Membership of the group was also discussed and additional members proposed. They will include representatives from a provider, a local authority and the National Forum. BR said that a health economist could support the work of the group, although they would not necessarily be a member.

Action

- MW and FS to update Terms of Reference
- NHS England to lead on closure paper for next steering group meeting
- FS to arrange for additional members to be invited

4. Work streams and reference groups

4.1 SB said Jonathan Jenkins from the Social Investment Business Group will lead a reference group to identify sources of social investment. MM will be on this group. The group will fund consultancy work to identify what this investment will look like. The Treasury is also very interested in this work.

4.2 There is huge interest in the steering group and stakeholder engagement is an essential work stream. SB asked how we could best do this without duplicating existing work.

4.3 SJ noted that there has been some confusion and upset about the new steering group because stakeholders have not been clear about what the group is doing. There are lots of ways to engage however. To begin with, SJ offered to meet the relatives of those in

Winterbourne View. VC, OB, SJ and GH also offered to meet separately to discuss stakeholder engagement and report back to the steering group. GH emphasised the important of talking to people with learning disabilities as they know best what services they need.

4.4 OB suggested that publishing the work of the steering group would help to deal with the concerns of stakeholders. DS noted that this would help the fact that time may limit the amount of engagement we can carry out. SB agreed other than for work produced that is commercial in confidence. Sue Reid can help access all National Forum regional coordinators and Change can help with accessing local self-advocacy groups.

4.5 The steering group will also consider whether or not to hold a summit on its work. DS cautioned that is this is held it cannot be a tokenistic exercise so more work is needed to decide if this is good way of engaging.

- The other main work stream will be focused on commissioning. BR is leading.

Action

- OB to co-ordinate meetings with VC, SJ and GH. This small team will report back to the steering group
- SJ to arrange meetings with Winterbourne View families

5. **Resources/Work Allocation**

5.1 So far the group has agreed:

- SA will be looking at work to identify skills required (SB asked her outside the meeting – this will cover more than Skills for Care);
- NHS England will scope out the extent to which the group can consider options for hospital closure; and
- VC will be talking about this work to the LD senate.

Action

- NHS England steering group members to work out available resources

6. **Governance Arrangements/Structure for the Steering Group**

6.1 As noted above, FS and MW will update the Terms of Reference following the discussion.

Action

- NHS England will provide the map of learning disability groups (FS to arrange)

7. **Communications**

7.1 JD and AI will be supporting the comms for this work. JD suggested that the comms need to amplify the listening aspect of what the steering group will be doing. JD and AI will produce a range of products to describe what the group is doing – its purpose, scope, and who it is talking to. They will also develop a protocol for reacting to comment. In the meantime, comms will work with SB to release a statement about the first meeting. GH asked if the steering group could approve the Stephen Bubb statement, in order to ensure that whatever we say is properly sensitive.

7.2 EW asked what the role of NHS Confed might be in engagement and comms. OB suggested that this could be about the impact this work will have on providers.

7.3 JC and SB emphasised the need to be clear that the development of the framework

will prioritise engagement.

7.4 Further to the discussion about publishing steering group work earlier in the meeting, AI and JD will arrange for a page to be set up on the NHS England website. To begin with the Terms of Reference, minutes and ACEVO paper will go up.

Action

- JD and AI

Dates of Future Meetings:

- 18th August, 15:00 – 17:00 (Meeting Room 2, Richmond House)
- 10th September, 15:30 – 17:30 (Meeting Room 2, Richmond House)
- 7th October, 15:00 – 17:00 (Meeting Room 2, Richmond House)
- 27th October, 11:30 – 13:30 (Meeting Room 3, Richmond House)