

BOARD PAPER NHS ENGLAND

Title: Transforming care for people with learning disabilities

From: Jane Cummings, Chief Nursing Officer and NHS Learning Disability Programme SRO

Purpose of paper:

- To provide an update and assurance on NHS England's activity to support its corporate priority of transforming care for people with learning disabilities

The Board is invited to:

- consider the update, and to assess the progress made since the last report and the level of assurance provided by the paper.

Purpose

1. This paper provides an update to the Board on progress made and the plan for future action on the Transforming Care for People with Learning Disabilities programme. It follows the paper submitted to the Board in January 2015, which accompanied the publication of *Transforming Care – Next Steps*, the cross-system response to Sir Stephen Bubb's *Winterbourne View – Time for Change* report.

Review of patients currently in in-patient settings

Progress to date

2. Over 1,400 Care and Treatment reviews (CTRs) have been carried out to date. As at 31 March 2015, 30% of patients (over 650 people) who were in hospital on 1 April 2014, according to the Assuring Transformation data collection, had been discharged into the community and around 12% - 13% were transferred into more suitable inpatient settings.
3. Regional teams and commissioners from health and social care have continued to focus on the cohort of patients who were in hospital on 1 April 2014, carrying out CTRs and expediting discharges for those people with no clinical need to remain in hospital.
4. A number of barriers to discharge have been highlighted through these reviews that have meant that not all patients could be discharged within the desired time period. These include:

Where the CTR has shown that the patient does not need to be in hospital but a discharge plan could not be put in place

- i. Patient was subject to Ministry of Justice (MoJ) order and discharge needed endorsement by MoJ;
- ii. Lack of agreement on a future plan;
- iii. No person-centred plan on which to base a service specification;
- iv. Lack of a suitable care provider;
- v. Lack of appropriate clinical skills in the community to support discharge.

Where the CTR has shown that the patient is not yet ready for discharge

- i. Unclear treatment formulation and absence of outcomes;
- ii. Patient was subject to MoJ order and discharge needed endorsement by MoJ;
- iii. No person-centred plan on which to base a service specification.

5. Whilst the ambition has not yet been achieved, the drive to increase discharges has made a difference, leading to a significant number of patients being discharged or moved to a more appropriate setting.
6. In addition to the above CTR and discharge programme, we have developed protocols to reduce unnecessary admissions to hospital. These have recently been piloted with five Clinical Commissioning Groups (CCGs). Following this work, and a structured review of learning from the CTRs, we have completed the development of a health and care pathway for the specific group of people who are:
 - i. In a hospital, for specialist Learning disabilities (LD) care; or
 - ii. At risk of admission to such a hospital.
7. This pathway sets out how the principles underpinning CTRs should be applied across the patient journey. We are now working with regional teams to support the implementation of this approach.

Forward plan

8. Regions have developed proposals to increase the discharges from the cohort to approximately 40% by 30 September 2015. Given the number already transferred to more appropriate settings, it is likely that NHS England will achieve its ambition at this point.

Future model of care / closure programme

New service model development

9. The CTR programme has underlined weaknesses in community care for people with LD and/or autism, which contribute both to admissions to hospital and delayed discharges.
10. Both to strengthen these community services and give a clearer national view on what in-patient capacity we need and no longer need, we will develop a new service model and framework which will underpin the new commissioning approach we want to move to. This work is being done in partnership with the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), and with input from a wide range of stakeholders. We will use this engagement to reach a shared view of what a good service model should look like.
11. The service model will describe the range of support and services people with learning disabilities and their carers can expect to support them to live their lives as they choose. It will provide a consistent framework to be used across England. The model will set out principles, standards and outcomes for services and describe person-centred support that will minimise the use of inpatient services and allow people to remain as close to home as possible.

12. It is planned that that framework will be ready for appropriate consultation in July.
13. We will resolve specific funding issues including proposals for revenue funding flows, funding for expediting closures work (including matched funding options), and use of funds allocated to support closures. We are also exploring how to shift more resources from the central Programme to support delivery at regional level. This work is expected to be completed by Summer 2015.

Plan for closure of specific in-patient facilities

14. We will develop a plan for closing specific in-patient facilities supporting the announcement made at the Public Accounts Committee held on 9 February. The first wave of this work will focus on geographical areas in the North and Midlands & East regions, where most inpatient beds are in use (c78% of in-patients as at 31 March 2015¹). Focusing the first wave of work in these areas will therefore have the highest impact on reducing bed numbers overall. The programme will provide support to the London and South regions during this time.
15. Learning from this first tranche of work will be used inform plans across England. It is expected that these plans will be available by early Autumn 2015.

Data & Information

16. The transfer of responsibility for the regular reporting of data about LD in-patients (*Assuring Transformation*) transferred from NHS England to the Health and Social Care Information Centre (HSCIC) in February 2015. As part of increasing NHS England's capability to manage the transformation needed, we are working with HSCIC to understand how and when we can use this commissioner-provided dataset as the basis for operational management information; rather than solely for preparation of periodic reporting.
17. In February, HSCIC released its analysis of the *Learning Disability Census* (provider-based data collection) and *Assuring Transformation* to identify the patients included in one return but not the other. Just over 1,000 such records were identified and we have is worked with commissioners to ensure any anomalies are investigated. Any patients identified as missing from *Assuring Transformation* will be added by commissioners, improving the accuracy and completeness of the data set. This work was expected to be completed in time to inform the data collection at the end of April.

¹ Assuring Transformation data

The cross-system programme

18. The new Transforming Care Delivery Board, bringing together the senior responsible owners from all contributing organisations, has been meeting on a monthly basis since February. The Board includes representation from LGA, ADASS, Department of Health (DH), Care Quality Commission (CQC) and Health Education England (HEE) and is chaired by NHS England.
19. NHS England are leading on the *Right Care Right Place* workstream overseen by this Board, supported by partners in the LGA and ADASS. That workstream encompasses NHS England's work on case management and service transformation as summarized in this paper, while other workstreams led by CQC, HEE and DH focus on regulation, workforce development and empowerment of people with LD/autism.

Stakeholder engagement

20. To enable development of the service model (above) NHS England, working with LGA and ADASS, has invited a broad range of people from across the voluntary, academic, government and health care sectors to join a reference group. This will be chaired jointly by Professor Tony Holland (a psychiatrist and academic at Cambridge University) and Scott Watkins (a former Government 'tsar' on learning disabilities, who has a learning disability himself).
21. In addition to the above, we will also establish four separate fora for different constituencies: commissioners; providers; patients / carers and clinicians.

Conclusion

22. As set out above progress has been made across the programme resulting in improvements to patient care. The work to date has seen:
 - 1,400 CTRs have been carried out leading to 30% of the original cohort of patients being discharged, with a further 12-13% moved to a more appropriate setting;
 - Plans are in place to continue to progress to our 50% ambition by September and a health and care pathway has been developed to support the system to deliver this.
23. Further work is in progress to develop a new service model that ensures that patients can receive quality care in the most appropriate setting. The outcomes of the CTR process has highlighted a number of barriers that we will use to inform this work and plans are in place to use this learning to design and implement a future service model that meets the needs of patients.

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