

**NHS England consultation on proposals to redesign Learning Disability services  
across the North West**

**National Decision Making Group – Monday 27<sup>th</sup> March 2017**

**Present:**

Jane Cummings	Chief Nursing Officer
John Stewart	Acting Director, Specialised Commissioning
Simon Currie	Director of Financial Planning and Delivery
Julie Higgins	Director of Learning Disability Transformation
Robert Cornall	Regional Director of Specialised Commissioning North
Clare Duggan	Regional Director of Transformation – North
Richard Barker	Regional Director - North
Kirsty McBride	Head of Business Office, Specialised Commissioning - North

		<b>Action/Lead</b>
<b>1.</b>	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed the group and introductions were made. Apologies had been received from Jean O’Hara, National Clinical Director for Learning Disabilities. However, she had confirmed that she was content with the proposals as set out in the paper, including proceeding with the preferred option.</p>	
<b>2.</b>	<p><b>Review of NHS England consultation on proposals to redesign Learning Disability services across the North West Discussion Paper</b></p> <p>The group received the report that had been circulated in advance of the meeting. The group noted the good level of response to the consultation and recorded their thanks for everyone who had taken the time to contribute.</p> <p>The group discussed the response to each consultation statement as follows:</p> <p>Statement 1 – The group noted the responses and agreement with this statement. They were keen to ensure that the governance for increasing the accountability for community services as referenced in the report was understood. This is detailed in the attached document. It was explained that the Strategic Partnership Board and North Region Learning Disability Programme Board would have oversight of community services development and hold them to account for the delivery of the timescales. The proposals in paragraph 16 were agreed.</p> <p>Statement 2 – The group were happy to progress the proposals as referenced in the report in paragraph 20 in relation to Medium and Low Secure Developments. It was noted that NHS England would need to continue to work with providers to provide clarity as quickly as possible on the low secure unit locations going forwards, including the Trust options for sites in Lancashire.</p> <p>Statement 3 – The group noted the proposals in paragraph 23 and were encouraged by the education programme being undertaken by the trust which</p>	

	<p>was developed in partnership with Edge Hill University funded by the Trust. It was felt by the group to be important to facilitate this to support staff as part of the transition.</p> <p>Statement 4 – The group understood that the service specification being implemented is the national service specification with a local more detailed implementation plan which responds to the local feedback received during the consultation. The group agreed with the proposals in paragraph 27.</p> <p>Statement 5 – The group noted the feedback from the consultation and agreed the proposals in paragraph 34 of the report.</p>	
<p><b>3.</b></p>	<p><b>Decision regarding the future configuration of services in the North West</b></p> <p>The group agreed the recommendations in paragraph 35 and 36 which was to implement Option 1 to move services both medium and low secure off the Whalley Site (formerly known as Calderstones Hospital), re-providing services in a different way. This would be implemented in line with the proposals included in the report and any additional points made above.</p>	
<p><b>4.</b></p>	<p><b>Agreement of Next Steps</b></p> <p>The paper presented to the group would be published along with the minutes of this meeting and a press release on Tuesday 28<sup>th</sup> March. Easy Read versions of the documents would also be published.</p>	

ATTACHED DOCUMENT

# Governance for the Strategic Partnership Board

# Key consultation feedback

Irrespective of the consultation outcome, it was clear that the programme needs renewed emphasis on ensuring:

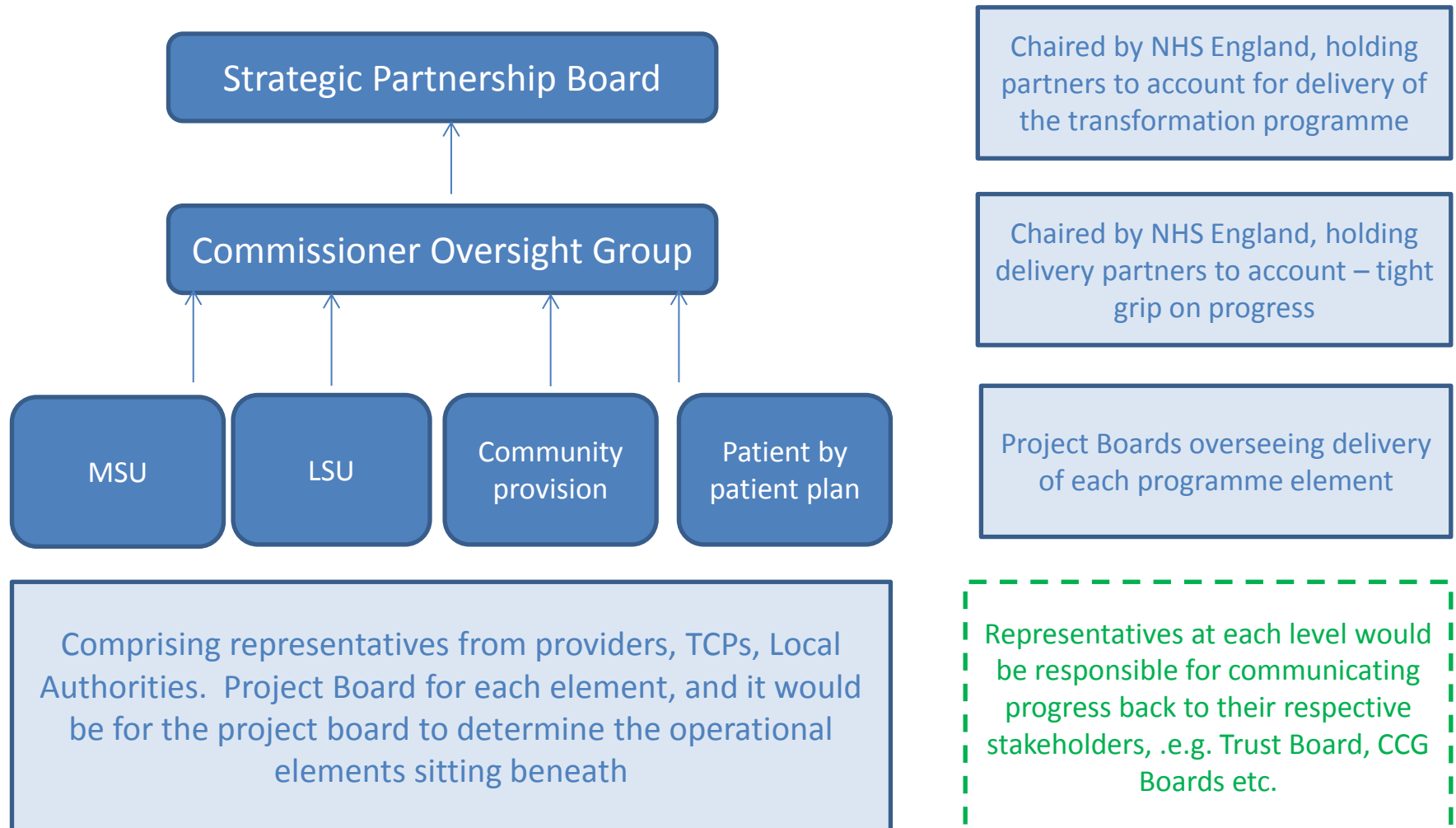
- Patients are **supported** through any **transition**;
- The **right community services** are available.
- Robust plan on a case by case basis
- Plan for the new services and buildings.

**So, we must have assurance that these elements are being addressed.**

Key question:

Does the current governance of the programme enable partners to **monitor progress against these objectives**, and **provide assurance** to key stakeholders **that the aim will be met** before July 2019?

# Proposed governance structure for programme delivery



# Proposed functions of SPB

## Partnership working

- Bring together senior representatives from all stakeholders to understand progress of the programme

## Holding to account

- Hold delivery partners to account for delivery of the programme aims and objectives, through the Commissioner Oversight Group

## Bridge with NHS England and NHS I

- Identify and manage any issues / barriers, escalating to the regional and national team as appropriate, and passing information down from the regional and national teams

# Proposed remit of Commissioner Oversight Group

## Holding projects to account

- Hold the LSU, MSU, community and contraction planning workstreams to account through the Project Boards
- Closely monitor delivery against timescales and KPIs

## Membership

- Tight membership to ensure grip:
  - NHS E x 2
  - TCP Lead x 3
  - LSU Project Board Chair
  - MSU project Board Chair
  - Community project Board chair
  - CWP rep
  - 5BP rep

## Bridge with Strategic Partnership Board

- Provide assurance to SPB on progress, and highlight any issues to address at a strategic level