

	<h2>Health and Wellbeing Board</h2> <h3>10 March 2016</h3>
Title	Services for people with learning disabilities including Winterbourne View – Assuring Transformation
Report of	Commissioning Director – Adults and Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 NCL Transforming Care - summary of draft plan
Officer Contact Details	Sue Tomlin – Joint Commissioning Manager Learning Disabilities sue.tomlin@barnet.gov.uk 0208 359 4902

<h2>Summary</h2>
<p>This report provides information on joint national proposals in ‘Building the Right Support’ to develop community services and close inpatient facilities for people with learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. It provides an overview of the work of the North Central London Transforming Care Partnership and the draft plan to deliver alternative services to meet health and support needs outside hospital settings.</p> <p>The report also updates on progress made on discharge of patients with learning disabilities from hospitals (subject to the Winterbourne View Concordat).</p>

<h2>Recommendations</h2>
<ol style="list-style-type: none"> 1. That the Board notes and comments on the contents of the report including the draft plan to deliver the Assuring Transformation programme through the North Central London Transforming Care Partnership, progress made on patient discharges and the update on patients subject to the Winterbourne View Concordat.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Board receives reports on delivery of our commitments under the Winterbourne concordat. This report informs the Board of recent developments in planning of services for people with learning disabilities and/or autism who display behaviour that challenges and progress on patient discharges.
- 1.2 In February 2015 NHSE committed to a programme of closing 'inappropriate and outmoded inpatient facilities' and in partnership with Directors of Adult Social Services and the Local Government Association establishing stronger support in the community. This will result in a reduction in Assessment & Treatment Unit beds for short stay inpatient care currently commissioned by e North Central London CCGs to no more than fifteen and specialist (secure) commissioned beds to no more than twenty-five. These are ambitions rather than targets, it is anticipated that with increased community and crisis support the length of stay in hospital will also reduce considerably and longer term, that admissions to assessment and treatment units (such as the former Winterbourne unit) will eventually stop.
- 1.3 To achieve the system change required a national plan 'Building the Right Support' and a national service model for learning disability services was published in October 2015. The model is based on a set of 9 person centred principles, the themes of which are Quality of Life, Keeping People Safe, Choice & Control, Least Restrictive Support & Interventions and Equitable Outcomes - the vision is a whole system response to delivering high quality services and support.
- 1.4 Building on the experiences of six fast track partnerships, the national plan recognises that strong regional working is key to successful delivery of its objectives. CCGs have been clustered into Transforming Care Partnerships (TCP) – Barnet is part of the North Central London (NCL) cluster with Camden, Enfield, Haringey and Islington CCGs and an implementation plan is being developed to be in place by April 2016 for delivery by March 2019. The executive summary of the draft plan is attached at appendix 1.
- 1.5 The key priorities for the North Central London partnership are summarised below:
 - 1.5.1 **Reduced reliance on inpatient services (closing hospital services and strengthening support in the community)**
 - Sub-regional approach to providers - mapping, common issues & develop cohesive contract framework.
 - Review psychiatric treatment provision - more a rapid discharge of patients.
 - Develop with NHS England a harmonised approached to provision
 -
 - 1.5.2 **Improved quality of life for people in inpatient and community settings**
 - Share workforce development

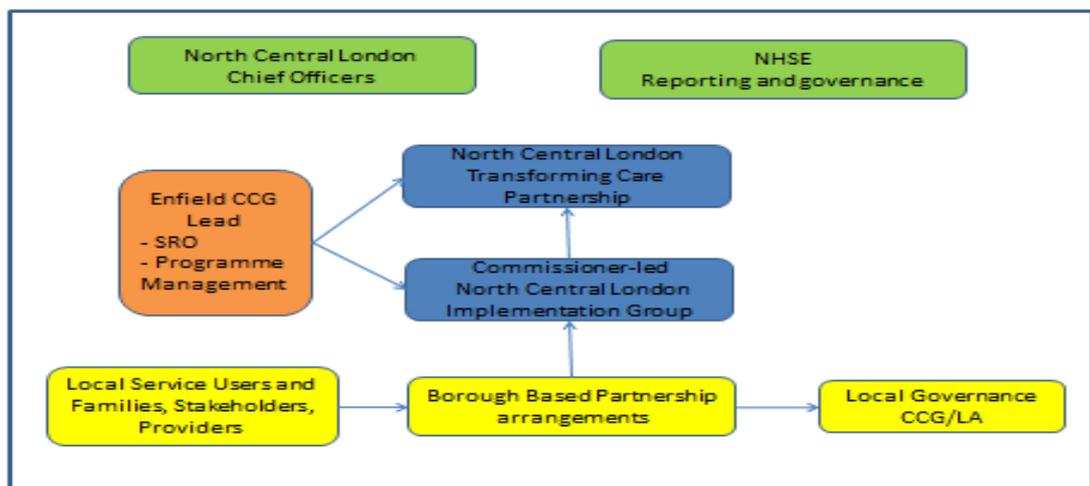
- Clear service standards based on the best performing services in NCL.
- Learn from best practice to drive improvements across provision
- Maximise links to community, peer support and circles of support

1.5.3 Improved quality of care for people in inpatient and community settings

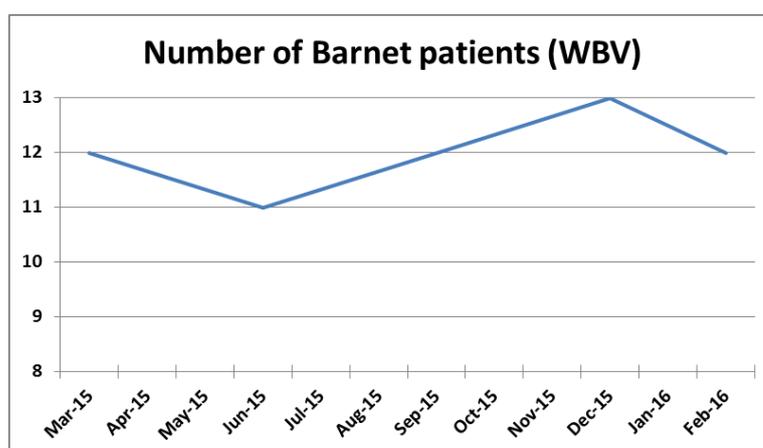
- Develop common approach to the market and engage with key providers collaboratively
- Create community based crisis and community support service across NCL with a shared specification and explore the added values of shared services.
- Improve the responsiveness of specialist services and improve the service pathways between specialist commissioned services and local provision

1.6 Service area priorities which underpin realisation of the plan are a community service development including family support, crisis intervention, positive behaviour support and additional community capacity to avoid admission to ATU when crises arise. This has been identified as a gap through the recent review of our current service and is a priority for Barnet. The NCL partnership will collaborate to design and pilot the model and as transformation investment will be required a bid to NHSE for transformation funding will be developed (see paragraph 5.2.4 below).

1.7 The Senior Responsible Officer for the NCL partnership is the CO Enfield CCG. An overarching NCL Transforming Care Board to provide oversight and governance for the plan is being established. Local Partnership arrangements are also being developed where decision-making by commissioners, clinicians and relevant professionals and experts can take place, this will include local service user/carer involvement and participation. An Implementation Steering Group to drive and manage progress in developing and implementing this plan is also proposed. This is summarised in the diagram below:



- 1.8 There are low levels of admission of Barnet residents and the number of Barnet patients who meet the criteria of the Assuring Transformation programme (Winterbourne cohort) is now twelve. This includes eight patients subject to residence restrictions through the Court of Protection, two patients in complex care beds (specialist independent providers) and two patients in hospital (Assessment and Treatment Units). Discharge plans are in place for three of the patients and plans are being developed for the remaining two patients.
- 1.9 Any new admissions are scrutinised through the Care & Treatment Review (CTR) process and community CTRs are now being carried out and planned for those identified at risk of admission. The table below shows progress in patient discharges (March 2015 to Feb 2016).



- 1.7 The outcome of discussions with NHSE on delivery and to ensure the best outcomes for patients is that co-ordinated specialist support for CCGs is now being put in place by NHSE. A highly experienced health and social care learning disabilities professional has now been appointed to lead this specialist programme team. Their role will be to develop links with the Official Solicitor on the national policy context post Winterbourne and in light of Care Act. They will also link to the NCL Transforming Care Partnership as our local plan will include specific work on the long stay patients.
- 1.8 Other support will be creation of 'Good Practice' guidance on the COP process including an index of documents (to be developed with Clinical experts); impact on provider and sustainability of the service including risk share; family engagement; and communication. NHSE have also undertaken to coordinate a meeting with the Official Solicitor and senior officials from the Assuring Transformation programme.

2.0 REASONS FOR RECOMMENDATIONS

- 2.1 The Winterbourne Concordat and Transforming Care - Next Steps¹ recommend that Health and Wellbeing boards provide support and have oversight of Winterbourne activity.

¹ Jointly produced by DoH, ADASS, CQC, HEE and the LGA in response to Sir Stephen Bubb report to NHS England

3.0 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4.0 POST DECISION IMPLEMENTATION.

4.1 The NCL Transforming Care Partnership is developing a Joint Transformation Plan to be finalised by April 2016. The governance of the partnership is being reviewed to ensure that the appropriate structures to achieve this programme are in place. Further reports will be brought to the Board to update and approve as required.

4.2 The Integrated Learning Disability Service (S75) funding agreement between the Council and Barnet CCG and the associated health contracts has been extended to February 2018 to enable the services to be reconfigured to meet the requirements of the plan.

5.0 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The programme supports the core principles of opportunity and fairness set out in the Council's Corporate Plan 2015/20 and its intention that health and social care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.1.2 The plan supports the aims of the Health and Wellbeing Strategy – prevention and promoting independence and the care when needed theme by continued integration of health and social care services for people with learning disabilities.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 It is expected that the cost of the future model of care will be met from the total current envelope of spend on health and social care. Using the total sum of money as a whole system (CCGs, Local Authorities & NHSE Specialised Commissioning) and shifting money from some service such as inpatient care into community health or packages of support.

5.2.2 The NHSE specialised commissioning budget is also being aligned with each CCG area and the Transforming Care partnerships. CCGs and local authorities are being encouraged to pool budgets whilst recognising CCG continued responsibility for Continuing Healthcare. NHSE have committed to support with governance and financial mechanisms.

5.2.3 The care and support of people with learning disabilities who have been inpatients for 5 years or more and who are ready for discharge will be funded through dowries that will 'follow the individual'. Dowries will be paid to local authorities at the point of discharge. The CCG will pay for dowries where the care has been commissioned by the CCG. NHSE specialised commissioning will pay where the care has been commissioned by them. They will only apply to patients discharged after 01 April 2016 (pro rata). The dowry level will not be set nationally and will be down to local discussion and proposals are being

developed through the NCL partnership. NHS Continuing Healthcare funding to provide relevant aftercare will continue. Revised 'Who Pays' guidance to clarify funding responsibilities between CCGs is also due to be issued.

5.2.4 There is recognition that transformation of this scale will mean transition costs including temporary double running of services. Non-recurrent investment costs will be funded through £30 million transformation funding over 3 years - conditional on match funding from local commissioners. It is anticipated also that there will be significant growth in personalised funding and the plan will link to the local offer for Personal Health Budgets which is currently being developed by the CCG.

5.2.5 £15 million capital funding will also be made available by NHSE over 3 years. There is a requirement to ensure availability of short term accommodation which can be used in crises or prevention and also to undertake assessment and treatment. Potential development opportunities and bids by the partnership are being explored.

5.3 Social Value

5.3.1 Any future procurement of services will include consideration of wider social, economic and environmental benefits.

5.4 Legal and Constitutional References

5.4.1 The Care Act 2014 places the Safeguarding Adults Boards on a statutory footing and strengthens accountability, information sharing and a framework for action to protect adults from abuse. The Care Act also strengthens the voice of people who use services and their carers in their care and support arrangements. Under the Care Act, people have a right to a choice of accommodation providing it is suitable to meet their needs.

5.4.2 The Care Act places new duties on Local Authorities to promote an efficient and effective market for adult social care and support as a whole in relation to both diversity and quality of services. This means collaborating closely with other relevant partners, including people with care and support needs and their families and carers. This should stimulate a diverse range of high quality services.

5.4.3 Powers and duties to provide care and treatment of those who lack capacity or who are mentally ill are set out in the Mental Capacity Act 2005, the Mental Health Act 1983 and the inherent jurisdiction of the High Court.

5.4.4 There are currently in place, for some individuals, Orders from the Court of Protection which require the CCG and/or local authority to notify the Official Solicitor in advance of any decision to move the patient and we are complying with that Order.

5.4.5 The Council's Constitution (Responsibility for Functions) section sets out the Terms of Reference of the Health and Wellbeing Board which includes the following responsibilities:

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- Specific responsibilities for:
 - Overseeing public health
 - Developing further health and social care integration

5.5 Risk Management

5.5.1 The timescale for development of the transformation plan is very short however the first draft of the plan was submitted to time and initial feedback from NHSE has been largely positive. There is a risk that individual area plans are not adequately considered within the deadlines. In mitigation NHSE has given reassurance that the plans can be kept under review and amended; the fast track areas have needed and have been given this flexibility.

5.5.2 Community services and interventions need to be sufficiently robust to meet complex needs and the new service model and transformation of local services will take account of the national guidance but will ensure that local needs and requirements continue to be met.

5.6 Equalities and Diversity

5.6.1 Impact assessments will be undertaken for the plan and any associated proposals.

5.6.2 The Public Sector Equalities Duty under s149 of the Equalities Act 2010 applies to people with learning disabilities and autism. To meet these duties, equality assessments are undertaken for each patient as part of their person centred planning process and service designs. The assessment includes consideration of the individual's particular needs to ensure any proposals for a move from hospital or other setting do not discriminate and will advance equality of opportunity. This is of particular relevance to people with learning disabilities and autism to live as ordinary lives as possible within the community.

5.7 Consultation and Engagement

5.7.1 Patients, their advocates and/or family members and carers are involved in care and support planning. Patient and resident involvement is a key theme of the transformation plan and progress reports will be made to the Learning

Disability Partnership Board and/or any other structures established across the partnership to involve people with learning disabilities and / or autism and their families and carers.

5.8 Insight

- 5.8.1** The Joint Strategic Needs Assessment shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and have significant health risks and major health problems. The number of young people with complex disabilities and needs is increasing meaning that safeguards and quality assurance of care services for this group of people will remain a priority.
- 5.8.2** The NCL plan has identified gaps in data which are being addressed through the partnership. The annual self-assessment processes for Learning Disability and Autism services are being reviewed; NHSE will be supporting PWLD to undertake Quality Checking through a centralised system. A toolkit to further strengthen the voices of PWLD and / or autism will be launched (Always Events). Skills for Care funding is being made available to support the transformation, and a bid developed in partnership with the integrated learning disability service for Positive Behaviour Support provider training has been successful.

6.0 BACKGROUND PAPERS

- 6.1** Health and Wellbeing Board – Winterbourne View – Assuring Transformation [Agenda for Health & Wellbeing Board on Thursday 4th June, 2015, 10.00 am](#)
- 6.2** Health and Well Being Board – Winterbourne View Concordat - local progress update - 20th March 2014
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4>
- 6.3** Health and Wellbeing Board – Quality & Safeguarding: learning from Winterbourne View Stocktake – 19th November 2013
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7558&Ver=4>
- 6.4** Health and Wellbeing Board – Winterbourne View Update 27th June 2013
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7557&Ver=4>
- 6.5** Health and Wellbeing Board – Winterbourne View One Year On 29th November 2012
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=6568&Ver=4>
- 6.6** Barnet CCG Board – Transforming Care – winterbourne View Update January 2016
<http://www.barnetccg.nhs.uk/Downloads/boardpapers/20160128/Paper-20.0-Transforming-care-Winterbourne-view-front-sheet.pdf>

- 6.7** Barnet CCG Board - Winterbourne View Concordat - local progress update – November 2014
- 6.8** Barnet CCG Board - Winterbourne View Concordat - local progress update – May 2014
- 6.9** NHSE / LGA / ADASS joint plan & service model
<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>
<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>