

	<b>Health and Wellbeing Board 15 September 2016</b>
<b>Title</b>	<b>Services for people with learning disabilities including Winterbourne View – Transforming Care</b>
<b>Report of</b>	Commissioning Director – Adults and Health Interim Director of Commissioning – Barnet CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1 NCL Transforming Care Plan - Milestone Report – Summary Appendix 2 NCL TCP Performance Summary – Patient figures
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<h2>Summary</h2>
<p>This report provides an update on information on 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 for people with learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.</p> <p>The report also updates on the latest position on discharge of patients with learning disabilities from hospitals (subject to the Winterbourne View Concordat).</p>

<h2>Recommendations</h2>
<p>1. That the Board notes and comments on the contents of the report and progress being made by the North Central London Transforming Care Partnership, patient discharges and the update on patients subject to the Winterbourne View Concordat.</p>

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 The Board receives reports on delivery of our commitments under the Winterbourne Concordat and planning of services for people with learning disabilities and/or autism who display behaviour that challenges and progress on patient discharges.
- 1.2 In March 2016 the Board received a report on establishment of the North Central London (NCL) Transforming Care Partnership (TCP) between Barnet, Camden, Enfield, Haringey and Islington CCGs and the draft plan to deliver increased community and crisis support and a reduction in use of Assessment and Treatment beds. This report updates the Board on progress in developing and implementing the plan which is to be delivered by March 2019.
- 1.3 The Senior Responsible Officer for the NCL partnership is now the CO Haringey CCG. The NCL Transforming Care Board is providing close oversight on delivery of the plan which has yet to receive assurance on delivery from NHSE.
- 1.4 Reflecting National Transforming Care plans the key priorities for the North Central London TCP are a reduced reliance on inpatient services (closing hospital services and strengthening support in the community) and improved quality of life for people in both inpatient and community settings. Appendix 1 attached shows the plan milestones and current status.
- 1.5 Service area priorities which underpin realisation of the plan are community service development including family support, crisis intervention, positive behaviour support and additional community capacity to avoid hospital admission when crises arise. Project work stream groups have been established to develop the detail and Barnet CCG/LBB officers are leading on the Long Stay and Admissions Avoidance groups. Officers are also working closely in the other themed groups including the commissioning of Crises services and the Community LD Service specification. 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.
- 1.6 Developing the crisis intervention service is the immediate priority and a bid to NHSE for transformation funding has been successful, matched funded is required by CCGs and further conditions will need to be satisfied. This has been prioritised by the TCP board and the implementation group. To progress this workshop for clinicians and other stakeholders will take place in September 2016. The workshop will focus primarily on the design of local crisis intervention services including out-of-hours rapid response, enhanced crisis planning and positive behavioural support.

- 1.7 A local implementation group to manage progress locally has been established, this is chaired by the Barnet CCG board level representative and will ensure that commissioners, clinicians and relevant professionals and experts and local service user/carer involvement and participation.
- 1.8 Patient discharges  
The number of Barnet patients who meet the criteria of the Assuring Transformation programme (Winterbourne cohort) is currently 10. Appendix 2 shows the current patient cohort across NCL including those who have been the responsibility of NHSE specialised commissioning (patients with high needs in secure settings).
- 1.9 The Barnet number includes 8 patients in a long stay hospital setting who are subject to residence restrictions through the Court of Protection. The patients, who are funded jointly by the council and the CCG, are subject either to consent orders or residency restrictions through the Court of Protection ruling. The orders and ruling state that the service should continue to accommodate the residents and that this should continue unless there are exceptional changes circumstances for any of the patients. The patients cannot be moved therefore without agreement of the Court.
- 1.10 The board were informed at the last meeting that because of the apparent conflict between the Court of Protection Order and the national Transforming Care programme, NHSE had been working to develop a co-ordinated and consistent approach with all local commissioners. This was to ensure person centred care and support planning is in place and up to date and that the quality of services is being monitored consistently and so that any changes in individual patients' circumstances can be appropriately planned for with the current provider. In the event that a move from the service is found to be in the best interest of the patient agreement of the Official Solicitor would then be sought to take the matter back to the Court of Protection for a new Order to allow a move.
- 1.11 Through this targeted work NHSE have also developed good practice guidance and an external organisation (Changing Our Lives) is being commissioned (funded by NHSE) to undertake person centred plan reviews of all of the patients at the service. The Hertfordshire Transforming Care Partnership is establishing a working group with a reporting line to a new NHSE executive group to ensure additional oversight and support. This will also link to the NCL long stay working group.
- 1.12 Outside this service there has been one discharge of a long stay patient (over 5 years) with complex needs from a private hospital to supported living in the borough. Detailed planning and preparation for the patients move was undertaken and the care and support provider report that the patient's transition is going well. The Barnet cohort of patient nevertheless is now 10 as there have been two recent discharges and one new admission earlier in the summer. Following Care & Treatment Reviews the patient's discharge plans are now being developed and an early discharge subject to the correct

placements being identified are anticipated. The remaining patient has a firm discharge plan in place and discharge is expected in October.

- 1.13 Any new admissions are scrutinised through the Care & Treatment Review (CTR) process and community CTRs including 'Blue Light' reviews are now being carried out and planned for those identified at risk of hospital admission.

## **2.0 REASONS FOR RECOMMENDATIONS**

- 2.1 The Winterbourne Concordat and Transforming Care - Next Steps<sup>1</sup> recommend that Health and Wellbeing boards provide support and have oversight of Winterbourne activity. The NCL Transforming Care Partnership governance structure also includes the Health and Wellbeing board to ensure consistency with the Health and Wellbeing Strategy and other programmes.

## **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 Further reports will be brought to the Board to update and approve as required.

## **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 Joint Health and Wellbeing Strategy 2015-2020 – 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. There is recognition that transformation of this scale will mean transition costs including temporary double running of services. Barnet CCG is considering the resources currently allocated and how this can be aligned with the plan and NHSE requirements on the admissions avoidance process (CTRs). The Transforming Care Board will also be considering how matched funding can be identified.

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

**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.

**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 recent guidance is now being considered through the NCL partnership. NHS Continuing Healthcare funding to provide relevant aftercare will continue.

**5.2.4** 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.

### **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. The Care Act confirms that 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** Further development of the transformation plan which received initial largely positive feedback from NHSE has been necessary. New programme management resources have been secured by the NCL CCGs. However there is a continued risk that individual projects are not delivered within the deadlines. The TCP Board is now monitoring a risk register and will take collective action to ensure delivery.

**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** The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

**5.6.2** The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. It applies to people with protected characteristics which include disabilities such as learning disabilities and autism.

**5.6.3** 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 disproportionately affect them and complies with the equality duty. This is of particular relevance to people with learning disabilities and autism to help them live as ordinary lives as possible within the community.

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

## **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 this Board and/or any other engagement structures established across the partnership to involve people with learning disabilities and / or autism and their families and carers. An engagement strategy is being developed by the TCP.

## **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 services are being reviewed and the Autism SAF is currently underway.

## **6.0 BACKGROUND PAPERS**

**6.1** Health and Wellbeing Board, 10 March 2016– Winterbourne View Assuring Transformation, item 12

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8392&Ver=4>

**6.2** Health and Wellbeing Board, 4 June 2015 – Winterbourne View – Assuring Transformation

[Agenda for Health & Wellbeing Board on Thursday 4th June, 2015, 10.00 am](#)

**6.3** Health and Well Being Board – Winterbourne View Concordat - local progress update - 20 March 2014

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4>

**6.4** Health and Wellbeing Board – Quality & Safeguarding: learning from Winterbourne View Stocktake – 19 November 2013

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7558&Ver=4>

- 6.5** Health and Wellbeing Board – Winterbourne View Update 27 June 2013  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7557&Ver=4>
- 6.6** Health and Wellbeing Board – Winterbourne View One Year On  
29 November 2012  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=6568&Ver=4>
- 6.7** 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>
- 6.8** Barnet CCG Board - Winterbourne View Concordat - local progress update –  
November 2014
- 6.9** Barnet CCG Board - Winterbourne View Concordat - local progress update –  
May 2014
- 6.10** 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>