**Cover Sheet Learning Disability Programme Board Papers**

**Report to**

**Learning Disability Programme Board**

**Date of meeting**

19 November 2013

**Attachment number**

LDPB (13)38

**Title of paper**

Update from NHS England

**Summary**

This paper gives an update from NHS England post Winterbourne View.

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**Learning Disability Programme Board 19 November 2013**

**Update from NHS England Post Winterbourne View**

Since the last meeting of the Learning Disability Programme Board NHS England has:

1. **Strengthened Clinical leadership**

A National Clinical Director for Learning Disabilities (Dr Dominic Slowie) has been appointed and will attend the Learning Disability Programme Board.

A lead Nurse for Mental Health and Learning Disability has also been appointed and will come into post in January 2014.

A clinical lead for the Enhanced Quality Assurance team has been appointed (David Harling).

1. **Ensured commissioners have a clear definition for which patients to review**

NHS England arranged a meeting with the Care Quality Commission (CQC), Winterbourne View Joint Improvement Programme (WVJIP), Department of Health (DH) and representatives from the Challenging Behaviour Foundation to agree the definition for reviews of individual patients to ensure that *“hospitals are not homes”*.

A letter was sent (October 2013) from Minister of State Care Services (M(S)CS), the Chairman of the Local Government Association (LGA) and NHS England’s Chief Nurse to all commissioners setting out the definition to be consistently applied for reviewing individuals’ care. This is the definition which was used for the Learning Disability Census. A copy of the definition is included for your information in an annex to this paper.

1. **Monitored centrally the progress made to review patients funded by specialised commissioning (in addition to the 1317 individuals funded by CCGs patients)**

The numbers in *Transforming Care* were acknowledged as not being robust at the time with definitions in the report varying. The DH has therefore undertaken a Learning Disability Census.

NHS England has monitored progress by specialised commissioners to ensure reviews are completed. As at 30 October 2013:

* 1360 patients identified in specialised services requiring a review (56 no need for a review – see reasons below); and
* Area teams have confirmed 1303 of 1304 reviews completed by 30/10/13. The one patient not reviewed is in high secure accommodation. The review will take place at the end of November.

(Reasons why reviews not required 56 cases: 46 patients were identified as discharged into an environment (usually home) no longer requiring review. Of these 46, a total of 43 were CAMHS patients and 3 were Low Secure patients. A further 10 patients were identified as no longer requiring review by the Area Teams:

* 4 confirmed as CCG patients;
* 4 confirmed as not having a Learning Disability; and
* 2 confirmed as Wales/Northern Ireland patients.

An exercise to triangulate the NHS England CCG funded data set and specialised commissioned funded data set with the Learning Disability Census is to be undertaken.

1. **Looked at how NHS England can monitor progress towards the 2014 DH Winterbourne View Review Concordat: Programme of Action commitment**

A meeting was held (7 November) with the LGA, WVJIP and DH to discuss a quarterly data collection from CCGs and specialised commissioning. There is a Review of Central Returns licence (ROCR/OR/2203/001MAND) to cover this collection until 1 August 2014.

The data set will help us respond to questions on progress against the Concordat 2014 commitment. The collection also requires Health Research Authority Confidential Advisory Group approval in order for limited patient identifiable data to be shared. Provisional approval has been obtained with further clarification required.

NHS England is currently seeking comments from stakeholders on the data set to be issued to commissioners in November. The data will help answer the following questions:

* What type of in-patient setting the c2,600 patients are in (i.e. a more detailed breakdown of type, low/medium secure; Assessment &Treatment NHS or private sector; in-area or out-of-area);
* How many patients have been transferred out of in-patient care since April 2013;
* How many patients have been referred to in-patient care since April 2013 (i.e. are vacant places being back-filled);
* How many patients (by setting) have a planned date for transfer to the community by June 2014;
* How many patients have a planned date for transfer after June 2014 (if so, when);
* How many patients in what settings are not considered appropriate for transfer to the community; and
* Reasons given for this.

1. **Issued with Association of Directors of Adult Social Services) ADASS the Joint Health and Social Care (SAF) Self-Assessment Framework**

ADASS and NHS England issued to commissioners the new joint health and social care SAF. NHS England’s National Clinical Director is looking at how we can improve arrangements for future years and has commissioned some work to look at how we can ensure best practice regarding wider involvement in the local analysis is adopted.

1. **Established an EQAP team to ensure the quality of reviews and ensure patients are safe now**

NHS England has allocated an additional £600,000 to establish an Enhanced Quality Assurance Team. The EQAP is a joint initiative with ADASS working closely with colleagues in CQC, the LGA and WVJIP. A steering group has been established with family carers of the former patients of Winterbourne View. A representative of people who use services is currently being sought to join the group.

The EQAP team is managed by NHS England through its nursing directorate. NHS England is working closely with ADASS to ensure social care staff are appointed and that the EQAP ties in with local social care arrangements. The EQAP team will work directly into localities and alongside relevant partners. This will ensure ownership and embed learning and action/recommendations. The team will consist of:

* Clinicians;
* Social care professionals; and
* 3rd sector representatives of family carers and people who use services.

The priority for the EQAP is the former patients of Winterbourne View and the initial focus will be on those patients in medium and low secure environments and to collect information from former patients with their consent.

The three strands of work of the EQAP are:

* Reviews of the former patients of Winterbourne View and others of concern;
* Assessment of the quality of reviews completed by NHS England and CCGs; and
* Reviews of patients in providers (NHS and Independent sector) where CQC has concerns.

The EQAP includes a series of reviews to ensure that:

* individuals are safe now;
* that their care has been properly reviewed; and
* robust plans are in place for their transition to community-based care when appropriate.

The work of the EQAP team will be an important NHS England/ADASS work programme and will provide information to support the WVJIP improvement activity as well as provide assurance to NHS England regarding the quality and robustness of reviews and that the former patients of Winterbourne View are receiving good quality care.

1. **Provided support to NHS England commissioners and Clinical Commissioning Groups**

NHS England’s Chief Nurse, M(S)CS and LGA Chairman wrote to all commissioners updating them on progress from the WVJIP, Enhanced Quality Assurance and stressing to them the commitments and expectations of the new service model that needs to be delivered, the pace required and the need for robust local partnerships.

NHS England has committed an additional £400,000 for a Joint Health and Social Care Leadership Programme for integrated health and social care learning disability commissioners. The programme development will be led by the National Clinical Director in partnership with other stakeholders. The first programme is expected to run from March 2014.

NHS England will meet with WVJIP team and NHS Specialised Commissioners on 26th November to ensure specialised commissioners are clear regarding their responsibilities in supporting service transformation following Winterbourne View and the outcomes of the local stocktake. A follow-up conference is planned for December/January.

A model specification for adult care was developed (led by ADASS and NHS England) and published in a letter that went to commissioners in October. The WVJIP is working with partners to develop an all-age standard specification which will replace this. NHS England plans to publish the 2014/15 Standard Contract, its Technical Guidance, and a number of model services specifications shortly before Christmas 2013. The timing of the all-age Learning Disability specification should be in line with this timescale (mid-December for Gateway approval) so that we can signpost commissioners to it when we launch the new Contract.

12.11.13

**Annex – 2013 Learning Disability Census Definition**

People included:

People in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger’s syndrome)

– Any age.

– Any level of security (general / low / medium / high).

– Any status under the Mental Health Act (informal or detained).

Not included:

– People in accommodation not registered with the CQC as hospital beds.

– People in beds for physical health care.

– People who do not have either learning disabilities or autism.