
HEALTH AND WELLBEING BOARD

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Report Title: Briefing Paper for the Transforming Care Programme

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1. SUMMARY

This briefing paper has been authored to highlight to the Bromley Health & Wellbeing Board the current position in regards to those patients that fall within the remit of the Transforming Care criteria.

To provide an introduction and to contextualise to the Transforming Care programme, the following is a summarised extract from the NHS England (NHS E) Assuring Transformation technical guidance.

The Government, through leading organisations across the health and care system, are committed to transforming care for people with learning disabilities and / or autism and mental health problems or behaviour that challenges. The shared vision and commitment were set out in the Concordat signed in the wake of the events at Winterbourne View. (See attached)

The Winterbourne View hospital abuse occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire. An investigation exposed the physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the hospital. Local social services and the Care Quality Commission (CQC) had received various warnings but the mistreatment continued. The subsequent investigation led directly to a Serious Case review, as well as a national 360° review of procedure by NHS England.

NHS England have set out a clear programme of work with other national partners, in Transforming Care for people with learning disabilities, to improve services for people with learning disabilities and / or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and closer to home.

The plan builds on other transforming care work to strengthen individuals' rights; roll out care and treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays; and test a new competency framework for staff, to ensure we have the right skills in the right place.

The Transforming Care programme is focusing on addressing long-standing issues to ensure sustainable change that will see:

- *more choice for people and their families, and more say in their care;*
- *providing more care in the community, with personalised support provided by multi-disciplinary health and care teams;*
- *more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;*
- *providing early more intensive support for those who need it, so that people can stay in the community, close to home;*
- *but for those that do need in-patient care, ensuring it is only for as long as they need it.*

The CCG has to submit a statutory return to NHS England on a monthly basis. This provides a progress report in regards to these patients.

The CCG has historically been responsible for up to three patients who have met the criteria, but is now responsible for two patients:

Patient 3 (07Q0003) – Patient was admitted to an independent hospital for adults with LD (outside of Borough) in 2010. LBB's Social Services (LBB SS) have provided a named Social Worker to support the patient and is the primary Case Manager across both Organisations for this patient.

Patient 4 (07Q0004) – Patient transitioned from a ward at an independent hospital for adolescents (outside of the Borough) to an NHS Hospital (within Borough) in 2015, as the patient turned 18.

Potential developments

There is currently a full review of patients that are on the Mental Health and / or Learning Disability register for which the CCG holds responsibility. The review is part of an annual process to ensure that best practice is followed and that the quality of care for patients is reviewed.

Additional transitional patients

Currently, NHS England Specialist Commissioning (NHS E SC) is responsible nationally for commissioning care for those patients under the age of 18 and meeting the Transforming Care criteria. The sole difference between those patients that fall within the responsibility of a CCG and those patients who fall within the remit of NHS E SC responsibility is an age-based criterion.

There is a potential patient under the age of 18, whom currently falls within the remit and responsibility of NHS England Specialist Commissioning, whom is registered with a BCCG constituent Practice and is resident in a CAMHS In-Patient facility. If this patient meets the set criteria, this patient will transition to an Adult In-Patient MH bed provision later in 2016.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

This report has been drafted to follow best practice guidance from NHS England. This report is not directly related to the Joint Strategic Needs Assessment (JSNA), however, aligns with the strategic aims to provide greater patient choice, enable more people to live in the community, with the right support, and closer to home.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

This is a briefing paper only. The Director of Quality & Governance at the CCG is the nominated Lead Director within the CCG that holds responsibility in ensuring progress for this programme.

Health & Wellbeing Strategy

1. Related priority: Not applicable

Financial

1. Cost of proposal: N/A (out of scope for this briefing paper)
 2. Ongoing costs: N/A (out of scope for this briefing paper)
 3. Total savings (if applicable): N/A (out of scope for this briefing paper)
 4. Budget host organisation: N/A (out of scope for this briefing paper)
 5. Source of funding: N/A (out of scope for this briefing paper)
 6. Beneficiary/beneficiaries of any savings: N/A (out of scope for this briefing paper)
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Supporting Public Health Outcome Indicator(s)

1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons)

4. COMMENTARY

Briefing paper, to provide assurance to the Bromley Health & Wellbeing Board, in line with recommended best practice.

5. FINANCIAL IMPLICATIONS

None.

6. LEGAL IMPLICATIONS

None.

7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

None; there are limited implications for wider governance arrangements, limited policy impacts, and limited financial changes.

Currently, the Quality Assurance Sub-Committee of the Governing Body of NHS Bromley CCG has oversight of the Programme and through those delegated powers, ensuring that the best outcomes for patient are sought.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Non-Applicable Sections:	Section 5 (Financial), Section 6 (Legal),
Background Documents: (Access via Contact Officer)	Briefing Paper for the Assuring Transformation / Transforming Care Programme Friday 29 th January 2016

Localities do not need to use this template if they do not wish – it is intended as a guide.

1. <u>Commissioning to allow earlier intervention and responsive crisis services</u>				
No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
1	Mapping Exercise to include all partners (Adult, Older Adult & Children's services)	April 2015	Bromley CCG	Better understanding of current system pressures, crisis services locally.
2	GAP Analysis between current provision and concordat vision to inform actions.	June 2015	Bromley CCG	Focus commissioning support programmes on area's needing improvements.
3	Local Protocol Development – Each partner agency agrees response times, roles and responsibilities.	June 2015	Bromley CCG	Increased awareness across agencies of local support available and an agreed protocol response that is followed by all parties involved.
4	Consider further the needs of people with dual diagnosis (LD and MH) to ensure they receive the most effective support and care with particular focus on information sharing and working with GPs to prioritise LD crisis and work more effectively with carers of people with LD	June 2015	LBB & Bromley CCG	Improve response for people in mental health crisis with LD

Improving mental health crisis services				
1	Community Mental Health Re-configuration / Developing improved crisis response	October 2015	Bromley CCG / Oxleas	New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives.
2	Day & Employment Services due for re-tender	September 2015	Bromley CCG (Direct Service Provider)	New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives.
3	CAMHS New Wellbeing Service – operational from 1 st December 2014	December 2014	Bromley CCG / LBB / Bromley Y / Oxleas	New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives.
4	Service pathways and resources identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP).	March 2016 with mid-year review in Q2/3.	Oxleas	Parity of esteem access standards for EIP achieved.
5	Review referral care pathway from NHS111 and update the Directory of Services	May 2015	Bromley CCG	All CCG, Oxleas Services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.
Ensuring the right numbers of high quality staff				
1	Reviewing impact of Winter Resilience additional funding into Liaison function across MH services.	April 2015	Bromley CCG / Oxleas	Review lessons learned from increased capacity and further reviews on options of future service structure.
2	Drafting of Recruitment and Retention Plan for AMHPs	June 2015	Oxleas & LBB	All services are appropriately staffed.
Improved partnership working in Bromley locality				
1	Set up Multi-Agency delivery group to oversee the action plan and	January 2015	Bromley CCG	Transformation of local services and multi-agency approach to delivery of Crisis Services.

	outcomes.			
2	Clinical Leads Group to discuss operational issues.	February 2015	Oxleas	Identification of operational issues and resolution.
3	Development & Learning Opportunities through joint serious incidents and safeguarding reviews.	September 2015	Bromley CCG	Shared learning from SI's to inform future best practice and service development/commissioning.
4	Agree outcome 'data measures'.	March 2015	Bromley CCG	Clearer evidence on service outcomes and local need.

2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
1	Community Mental Health Re-configuration with a focus on increased support to Primary Care	October 2015	Bromley CCG / Oxleas	New service model in place locally, providing improved responsiveness to Primary Care.
2	Reviewing IAPT service model to ensure appropriate support into primary care.	May 2015	Bromley CCG / Bromley IAPT	Increased support available within Primary Care and self-referral into services at point of crisis.
3	The role of the mental health link worker is to be reviewed and clarified in SDIP	March 2016	Oxleas and Bromley CCG	Part of Service Development and Improvement Plan
Improve access to and experience of mental health services				
1	Extend CPN pilot into integrated physical healthcare teams.	April 2015	Bromley CCG	Mental health Workers embedded into physical healthcare integrated teams. Early identification of mental health issues in individuals with physical health needs (parity of esteem).
2	Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)	June 2015	Oxleas	<ul style="list-style-type: none"> Increased number of staff trained in FI More families and carers supported and included in care plans
3	Develop an information pack for carers and families of people with psychosis	June 2015	Oxleas	Family and Carers support and information package for EIP and HHT carers.
4	Develop a communications plan for crisis concordat work with input from MH sub group , carers and	July 2015	NELFT	Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.

	service users to ensure most effective messages around the accessing of crisis services			
3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
1	Ensure that there is an adequate liaison and psychiatry service available in Accident & Emergency departments.	April 2015	Bromley CCG / Oxleas	Improved access to services from people who experience Mental Health crisis.
2	Review out of hour's access for the range of mental health services in locality.	June 2015	Bromley CCG	Improved access to services from people who experience Mental Health crisis.
3	Commissioners to work with Oxleas and other providers to ensure that patients with mental health crisis who access services through the urgent care system (ED, UCC, WIC) are able to be seen in appropriate settings. This will involve reviewing access through UCC and WIC, making best use of Enhanced Psychiatric Liaison and the s136 suites.	July 2015	Bromley CCG	Systematic approach to ensuring patients in mental health crisis receive the care they need delivered in the most appropriate environment no matter where they access services. Part of this action will be to review opportunities for appropriate areas outside of ED and Police Station.
4	Review the environment for mental health	October 2015	PRUH, Kings College Hospital,	Dedicated areas designed to facilitate a calm environment while also meeting the standards for the safe delivery of care. Resources will

	assessments in ED to ensure, where possible, it is calm and safe		Royal Bethlem etc	also be in place to ensure that people experiencing a mental health crisis can be continuously observed in emergency departments when appropriate.
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Improved information and advice available to front line staff to enable better response to individuals				
1	Ensure locally agreed pathways and protocols are rolled out to all staff in services to improve responsiveness.	September 2015	Bromley CCG	Individuals receiving appropriate response according to their needs at the right point in the care pathway.
2	Multi Agency engagement and training event for staff.	October 2015	All Agencies	Improving staff awareness and knowledge of local crisis issues, services and policy.
Improved training and guidance for police officers				
1	Deliver training to key staff groups on the agreed local mental health crisis response.	September 2015 - onwards	All agencies	Improved responsiveness in a crisis.

4. Quality of treatment and care when in crisis				
No.	Action	Timescale	Led By	Outcomes
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
1	136 Protocols 136 protocols to be regularly monitored and reviewed.	Ongoing	Met Police / Oxleas NHS FT	This is to ensure that the use of police stations as a place of safety in the borough at a time of crisis does not happen by regularly looking at the protocols in place and continued monitoring. Section 136 protocols currently implemented in Bromley are in line with national standards and managed appropriately on the ground.
Service User/Patient safety and safeguarding				
1	Review pathways in place for frequent attenders with mental health at Emergency Department	From April 2015	Oxleas NHS FT	<ol style="list-style-type: none"> 1. Ensure effective psychiatric liaison service covers all MH age groups and presentations to maximise community services response and identifies frequent attendees 2. Referrals to community services promptly will reduce risk of re-attendance 3. Understanding patient's patterns will help development of pathway plans for better management to prevent attendance
2	Thorough routine review of incidents, accidents and complaints through CQRG to identify and reduce patterns / areas of prevalence	From April 2015	CCG Oxleas NHS FT All Providers	<ol style="list-style-type: none"> 1. Reduction in the number of incidents, SUI's and reportable events across all providers 2. Improvement in service quality will lead to reduced vulnerability of patients and more effective interventions 3. Better use of advocacy services by patients and carers will help inform service improvement
Staff safety				
1	Thorough routine review of incidents, accidents and complaints through Contract Management Board to identify and reduce patterns / areas of prevalence	From April 2015	CCG Oxleas NHS FT All Providers	<ol style="list-style-type: none"> 1. Reduction in the number of incidents, SUI's and reportable events across all providers 2. Improvement in service quality will lead to reduced vulnerability of staff and more effective interventions

5. Recovery and staying well / preventing future crisis				
No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
1	Robust integrated care planning through the provision of sound crisis care/contingency planning	Ongoing	Crisis Care Task Group / CCG / Oxleas NHS FT	<ol style="list-style-type: none"> 1. Patients who are discharged back to primary care can expect a detailed summary of how to access services when they feel at risk of relapse and this will have been shared with the patients GP prior to discharge 2. Patients who have been discharged from secondary care services should be made aware of what alternatives to secondary care services are available within the patient pathway. In the event that relapse occurs information should include an awareness of how access preventative services
2	Promote and extend the use of Advance Care Plans, Crisis Plans Decisions and Advance Decisions for mental health patients including Children and Young People and people with dementia	From April 2015	CCG / LBB / Oxleas NHS FT / Voluntary Providers	<ol style="list-style-type: none"> 1. All known service users will have a future crisis plan that lessens the likelihood of a repeat crisis and ensures the wishes of the service user are taken into consideration 2. Evidence that these plans are routinely part of the CPA process 3. Clinical audit programme evidence that the plans exist are accessible 24/7 and that they are acted upon
3	Ensure that development of local services have fully integrated with mental/physical health/social care services	Ongoing	CCG / LBB / Oxleas NHS FT / Voluntary Providers	<ol style="list-style-type: none"> 1. Joint multi-agency work and evidence of multi-agency working in services to address health as well as socio-economic factors.
4	Crisis care planning for those who regularly present at ED.	March 2016 with mid-year review in Q2/3.	Oxleas FT	Frequent attender reports and multi-agency plans reviewed and updated, and made accessible to ED staff
5	Increase the awareness and use of personal	March 2016 with mid-year review	Oxleas FT and LBB	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with

	health budgets for those with long term mental health needs	in Q2/3.		greater choice and control over the support they access to manage their mental health.
6	Encourage routine discharge planning meetings in community recovery services	March 2016 with mid-year review in Q2/3.	Oxleas FT	Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers.