

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
LEARNING DISABILITY SERVICES PARTNERSHIP REPORT

Date of the meeting	18/09/2019
Authors	<ul style="list-style-type: none"> • V Melville Head of Nursing and Quality • M Harris Head of Service Mental Health & Learning Disabilities • J O'Connell Principal Officer Joint Commissioning (LD & MH) • R Christian Specialist Manager Learning Disability Adult and Community Services
Sponsoring Board member	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	To provide a summary report on Learning Disability services in Dorset, including an oversight of assurance of current services in and out of area, and review of governance processes between partners across Dorset.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓] <i>Copy & paste tick</i>	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

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I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		
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Initials : VM

1. Introduction

- 1.1 Following recent acknowledgement of further investment from the NHS into Learning Disability Services and the programme run by Panorama in May, which identified evidence of abuse and mistreatment of vulnerable adults at a specialist hospital, this report is to provide assurance for the quality and safety of learning disability services for residents in Dorset placed within or out of area.

2. National Context

- 2.1 NHS England's national plan, Building the Right Support published in October 2015 which can be viewed [via this link](#), established what was required to deliver developments in community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Since then, the Dorset Transforming Care Partnership Board (TCP) has been responsible for work locally.
- 2.2 Transforming Care relates to improving health and care services so that more people with a learning disability can live in the community, with the right support, and close to home.
- 2.3 Alongside the original programme from 2015 Learning Disabilities and Autism are key priorities in the NHS Long Term Plan (which can be viewed [via this link](#)) identified 6 key priorities.

3. Background of Current Governance Processes

- 3.1 The Pan Dorset Learning Disability Joint Commissioning and Transforming Care Partnership Board (LDJCTCPB) is responsible for the overarching governance arrangements across Bournemouth, Christchurch, Poole (BCP) and Dorset for the effective commissioning and provision of health and social care support and the Transforming Care Partnership programme.
- 3.2 LDJCTCPB has engagement with the Pan Dorset Adult Social Care Partnership Board, BCP and Dorset Learning Disability partnership boards and the BCP and Dorset LD/Autism provider forums.

4. Quality Assurance Processes

- 4.1 Current quality assurance is carried out by the CCG Quality assurance team and Local authority partner teams for homes commissioned to provide care for individuals with a Learning Disability. Out of 118 homes registered with CQC in Dorset to deliver Learning Disability services, 81% are rated as Good, with 9% awaiting CQC inspections and 10% Requires Improvement.
- 4.2 With recent TCP work some registered homes are de-registering and individuals are being cared for in supported living environments. A process for the monitoring of quality assurance of these domiciliary services is currently being developed with system partners.

- 4.3 We currently have 26 Dorset residents in hospital settings out of area. 16 placements are commissioned by Dorset CCG and 10 are by NHSE specialist commissioning. Scoping of the 16 Dorset placements shows that these are between 7 locations. We are collating quality assurance for these sites and reviewing processes to enable regular oversight and assurance in conjunction with the lead CCG in the area the hospital is based. This process will also be mirrored for NHSE commissioned Dorset residents going forward in partnership with NHSE and Dorset.

5. Health Checks (IHAs)

- 5.1 The target for 18/19 was 3129 completed health checks (equating to 78% of the register size) with 56% completed.
- 5.2 The target for 19/20 is 3009 completed health checks (equating to 75% of the register size), current work is being explored to drive an increase in completion rates.
- 5.3 This work includes a pilot scheme with Dorset Healthcare, the use of experts by experience for awareness training, and the newly formed primary care networks considering Learning Disability health checks as part of the prevention at scale quality improvement initiatives.

6. Care and treatment reviews (CTR)

- 6.1 The principles and standards for CTRs were set out in the CTR code and Toolkit by NHSE in 2017 (which can be viewed [via this link](#)), and are designed to ensure that all people who have a CTR have a consistent quality CTR experience leading to an effective review of their care and treatment.
- 6.2 CTRs are focused on those people who either have been, or may be about to be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector.
- 6.3 CTR findings in Dorset are informing local service design and development. There has been local evidence of high success rates for avoiding hospital admissions for adults in Dorset, by providing multi-agency approaches to problem solve and seek alternatives through the current CTR process.
- 6.4 More recently there has been a drive by NHSE to review current CTR processes including reviewing quality and timescales for completion and this piece of work is commencing in Dorset.

7. Housing and accommodation provision

- 7.1 There is historical evidence that in Dorset and Poole there has been success in supporting people to live in settled accommodation, for example in the form of secure tenancy or at home with family/friends as opposed to in hospital or in residential care.

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- 7.2 Bournemouth has in the past had greater reliance on residential care settings, yet this is now a key focus for BCP Council to drive a reduction over the next 3 years.
- 7.3 Both authorities have supported the increase in supported living units since March 2016 when the TCP programme started. Some of this has been through NHSE capital funding, but much has sat outside of this and been developed by each respective council. This remains an ongoing priority for both councils, albeit challenging with competing demands on housing, especially in urban areas of the county.
- 7.4 To support this drive there has recently been a recent tendering process which went live on 01 April 2019, which has increased the quality and sufficiency of support now available to people in their own homes. BCP now has 25 providers under the new LD framework with 13 specialist providers to support people with complex needs, with Dorset now having 53 providers on the Framework.
- 7.5 Across Dorset there is a wide range of housing stock to support the needs of adults with a learning disability and or autism. Typically, these are in the form of Supported Living accommodation units, through a mixture of:
- Single person accommodation (people with highly complex needs e.g. TCP cohort)
 - Self-contained, Cluster scheme - often flats or a cluster of bungalows (suits those who need own accommodation, but can share some support, suitable for some TCP cohort).
 - Shared Housing - Houses shared by a small number of people, typically, 3-5 people. Each person has their own bedroom, but shares kitchen, lounge and in some cases bathroom facilities. (Suits people with more general needs).
- 7.6 Enabling people to live in their own homes with quality support is the strategic ambition for Dorset. In Bournemouth, the availability of supported living accommodation has increased from **228 units** in 2016, to **262 units** in 2019. In Poole, the availability of supported living accommodation has increased from **151 units** in 2016, to **183 units** in 2019. Dorset currently has 372 Units of Supported accommodation, of which only 14.5% is self-contained.' Currently, mapping of accommodation in Christchurch is undergoing following recent local government reform.
- 7.7 BCP Council has submitted EOI for two bespoke properties and is working with a developer for another Young person supported living service for 2020.
- 7.8 Currently BCP housing stock position has identified legacy issues of reliance on HMO's (Houses of multiple accommodation). Some of these are quite old and can be challenging to let at times. All developments in past 6 years have been to develop either single, or double units of accommodation, often on blocks of flats of 12 or less in line with BRS aspirations.

- 7.9 Dorset Council are working towards bespoke housing aligned to individual need, and flexible accommodation that could facilitate a swifter discharge, and this is reflected in recent EOI for capital funding. By providing support and accommodation in the place that people need it, as highlighted in the Building Better Lives programme.
- 7.10 It is important to note that housing/accommodation is one of Dorset's key local challenges and is often a barrier to facilitating successful hospital discharge. Within mental health services there is a proposal currently being devised for work around supported housing/accommodation which will also incorporate LD/Autism within its scope for Dorset.

8. Learning Disability Mortality Review (LeDeR)

- 8.1 Appendix 1 (with imbedded appendices) is the latest LeDeR quarterly report (Q1 2019-20) which is circulated widely within Dorset.
- 8.2 The management and delivery of LeDeR programme is now well embedded within the Patient Safety and Risk team, NHS Dorset CCG. A Framework document, detailing how the LeDeR programme is managed within Dorset can be viewed [via this link](#).
- 8.3 Recruiting and retaining volunteer reviewers to undertake reviews (in addition to their existing role) continues to be very challenging both locally and nationally, particularly when there is no associated funding to 'back fill' their time.
- 8.4 In July/August 2019, discussions took place at a national level regarding the month by month increase in the number of deaths reported nationally, which exceeds the proportion of reviews completed each month. This is leading to an increasing backlog of cases. To date (30.06.2019) 95 notifications have been received within Dorset, with 49 reviews completed. It is currently being explored by the South West Local Area Contacts and NHS England on how to deliver the achievement of the completion of the backlog of cases, whether that be locally or with additional external support to commence in late summer 2019.
- 8.5 The LeDeR quarterly report contains links to national learning, as well as sharing 'case studies' and 'themes' from local learning. Embedding and monitoring LeDeR learning continues to be a challenging proposal due to the breadth of recommendations which impact service delivery including primary care, acute provision, local authorities and social care provision. The work currently taking place to clearly document the governance arrangements within learning disabilities health and social care commissioning, will formalise the mechanism for both sharing the learning and monitoring change.
- 8.6 The key themes from LeDeR local LeDeR learning are as follows: mental capacity and best interest decisions; end of life care and planning; training; signposting, Health checks and individuals 'not known to services'.

9. Forward plan

- 9.1 Development of a system approach for governance including quality assurance, system and service risks, embedding of learning from LeDeR, system staff awareness training, workforce and delivery issues, that will report LDJCBTCP.
- 9.2 Development of a system workforce plan to meet future demand in all services and service delivery changes
- 9.3 Review of system capital plan to enable TCP work and speedier discharges into Dorset, by for formulating a shared approach to admission avoidance, to include a robust multi-agency pathway.
- 9.4 Engagement with Primary Care Networks and increased frequency and quality of annual health checks in Primary Care
- 9.5 There are plans to progress the development of a dynamic risk register for children and young people following the successful implementation of the adult version, to include transitions between services. Exploration of a central repository for the register is being scoped to enable system sharing and monitoring of emerging issues.
- 9.6 Ongoing work to consider local Autism pathways for children and adults, linking with existing Boards and governance structures to begin discussions for future planning for pathway improvements for Dorset.

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APPENDICES	
Appendix 1	LeDeR Q1 report 2019