

# CHESHIRE EAST COUNCIL

## REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 27 January 2015

**Report of:** The Director of Adult Social Services and Independent Living, Brenda Smith, Cheshire East Council; Karen Burton, NHS Eastern Cheshire CCG and Julia Burgess, NHS South Cheshire CCG

**Subject/Title:** Winterbourne View/Transforming Care Update

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### 1.0 Report Summary

1.1 This report provides an update on progress with meeting the key requirements set out in “Transforming Care” and describes the newly introduced Care and Treatment Review process.

1.2 Transforming Care set out four key recommendations in relation to people with LD or autism in NHS funded inpatient settings;

*1.2.1 By end of March 2013, CCGs to put in place a register of people with LD or autism funded by the NHS for their care needs.*

All Cheshire East residents who meet the criteria for the register were identified and included on this register within the required timescales. The register continues to be updated and in line with subsequent data reporting requirements, the two CCGs submit regular updates on numbers and progress towards discharge via the NHS England Area Team to the national team.

*1.2.2 By June 1st 2013, review the care of all those included on the register and agree a care plan for each individual based on their and their families’ needs.*

Both CCGs met, and continue to meet, this requirement for all clients.

*1.2.3 By June 1st 2013, all current placements will be reviewed and everyone in hospital inappropriately will move to community based support as quickly as possible, and no later than June 2014.*

In June 2014, 14 Cheshire East residents were placed in inpatient settings, eight from NHS Eastern Cheshire CCG and six from NHS South Cheshire CCG. Since June, two Eastern Cheshire and one South Cheshire patient have been discharged to community settings<sup>1</sup>.

The individuals who remain in hospital are considered to have needs that cannot currently be met in a community setting (although it is acknowledged that the decision to deem a

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<sup>1</sup> One South Cheshire patient has also been removed from the register as it transpired that he did not have a learning disability and had been included on the register due to an error in reporting which has now been resolved.

placement as appropriate may be due in part to the absence of any realistic alternatives). These patients are now required to have an independent Care and Treatment Review (CTR), unless they have a discharge date prior to 31 March 2015 and or do not give consent.

The focus of CTRs is on;

- Whether the individual feels safe in their current placement
- How their care is progressing
- What plans are in place for future care

Consent is gained via the provider with which the patient is currently resident. If a patient lacks capacity to consent then the best interests of the patient are determined as to whether a review would be beneficial. Reviews are not be undertaken if the patient does not lack capacity and declines to consent.

CTRs are being undertaken by independent panels with the purpose of reviewing the care of all of the patients who were in hospital before and up to 31 March 2014. Once this cohort of patients has been completed those patients in services as of 1 April 2014 will also be reviewed.

As a minimum each independent panel consists of a local commissioner, a clinical reviewer, an expert by experience and a local authority representative. The CCGs are working closely with NHS England to carry out the reviews as the Area Team have been tasked with providing independent clinical reviewers and experts by experience to support the CTR process. Patients and family members are supported to contribute to the review process where they wish to do so.

At the time of writing, the nine clients (three for South Cheshire CCG and 6 from Eastern Cheshire) who meet the criteria for a CTR have been contacted to ask for their consent to the process. Of the nine, one from South Cheshire CCG and to date 5 from Eastern Cheshire CCG have given this consent. All but one of these six individuals (who is from Eastern Cheshire CCG) has now had their CTR. Two further (Eastern Cheshire CCG) CTRs are planned for 23rd January although consent is still pending from one individual which will determine if a CTR will be held.

CTRs are part of the government's response to the national target of 50% patients being discharged from hospital settings into community care services not being achieved as quickly as the government would like.

The expectation nationally is that 50% of LD patients currently in receipt of hospital services as of 31 March 2014 will be discharged to a community setting before 31 March 2015. However it has been acknowledged that in order to achieve the 50% discharge target we should plan for 70% as patients may deteriorate prior to discharge and there may be difficulties with Ministry of Justice approval for some individuals including those with forensic needs and those in secure placements.

*1.2.4 By April 2014 CCGs and their local authorities will have a locally agreed joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging.*

Cheshire and Wirral Partnership NHSFT are leading on a piece of work to integrate clients who have been placed out of the local area back into their local communities, if appropriate, in a person centred way with their agreement and family involvement.

A joint commissioning plan has been drafted between the local authority and the two CCGs.

Within Cheshire East, there are currently very limited community alternatives to inpatient services; therefore this type of provision will need to be developed to meet the needs of individuals as identified through the CWP inpatient review, CTR process and ongoing care planning approaches for clients. The North West Commissioning Support Unit have been alerted to this as an area of work for the coming months and have advised the CCG that a Framework approach would be the most appropriate commissioning model.

## **2.0 Recommendation**

2.1 That the Health and Well-being Board is informed of and comments on progress that is being made in relation to both the review of individuals in inpatient settings, and the development of alternative models of care within the local area.

2.2. That the Local Adult Safeguarding Board receives quarterly updates to provide the routine monitoring of the progress of this area of work and the LASB is required to escalate any concerns that require further strategic scrutiny to the Health and Wellbeing Board.

2.3 That the Health and Well-being Board receives an annual report in January each year

## **3.0 Reasons for Recommendations**

3.1 The level of scrutiny placed on the small number of remaining inpatient placements has increased significantly. An appropriate body should monitor local progress with meeting the requirements set out by NHS England.

## **5.0 Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

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