

## **Lewisham Clinical Commissioning Group and NHS England London Region response to the Care Plus Partnership Learning Review**

Care Plus Partnership was a CCG funded organisation providing care and treatment to adults with acquired brain injury that went into voluntary administration in February 2016. Between June 2014 to February 2016 there were significant and sustained concerns regarding the quality of care being delivered to patients residing in Care Plus Partnership services. This was coupled with high volumes of safeguarding alerts. These concerns resulted in interventions by several agencies including commissioners, regulators, London Fire Brigade and Local Authority safeguarding adults' service. In August 2015 Care Plus Partnership was subject to the Risk Summit Process jointly co-ordinated by NHS England London Region and Lewisham Clinical Commissioning Group (LCCG) which they remained under until their closure in February 2016.

Following the closure of Care Plus Partnership agencies involved recognised the need to learn from this complex situation in order to inform future responses and provision for people with acquired brain injury, recognising their complex needs and vulnerabilities. In response to this need NHS England London Region and LCCG jointly commissioned a Learning Review which has now concluded. The Learning Review has made a number of recommendations in regard to the following:

- Commissioning Services for People with Neuro-behavioural needs and Acquired Brain Injury
- Monitoring the Quality of Care: Identifying and responding to early signs of poor care
- Managing Organisational Failures and Abuse

LCCG and NHS England London Region welcome the findings of the review and will fully support the implementation of the learning which can apply to the wider commissioning system.

### **8.1 Acting on learning and Recommendations**

8.1.1 LCCG has already made changes that are relevant to the circumstances of this review, some as a direct consequence of the learning. These changes include (but not limited to) the following:

8.1.2 LCCG will support NHS England in its request for evidence of safeguarding adults at risk.

- LCCG will continue to encourage interface working with independent and non-independent providers and will use the new Health Safeguarding forum for this purpose; this is held three times a year. This will be used for both learning and assurance
- LCCG will complete the Safeguarding Adults at Risk Audit Tool 2017 – 2018 developed by the London Chairs of Safeguarding Adults Board (SAB) and NHSE England London in order to self-assess and comply with all requests from the LSAB to monitor its practices in safeguarding
- LCCG will annually encourage independent and commissioned services to complete the Safeguarding Adults at Risk Audit Tool 2017 – 2018 developed by the London Chairs of Safeguarding Adults Board (SAB) and NHSE England London in order to self-assess and identify areas of good practice, common areas for improvement and encourage working relationships with LSAB
- LCCG will support NHS England in developing a working group to progress a nationally agreed service specification for Acquired Brain Injured service users and will sit as a member on nominated working group. Lewisham CCG will sit on NHSE Quality Surveillance groups as requested
- LCCG has restructured their CHC provision improving communications with agencies they commission to deliver this function. This has improved governance and overall quality of reviews of fully funded patients. Having a team as part of the CCG has also supported on-going dialogue with providers to support improvement plans

## **Response to Recommendations**

### **Recommendation 1**

**NHS England London Region and London Borough CCGs, working with experts by experience, should review the care pathway for people with ABI and neuro-behavioural needs.**

**The review should examine whether centralised or collaborative commissioning would deliver improved outcomes, specifically:**

- Improved strategic planning to commission care and support services across the care pathway.**
- Enhanced potential to develop the market of providers – commissioning at scale to develop a wider range of services to meet individualised care needs.**
- Pooled clinical expertise to inform commissioning, procurement, placement monitoring and clinical reviews.**
- Increased ability to identify and act on emerging concerns through having a single point of contact for gathering data and intelligence about providers.**
- Capacity and expertise to intervene and support failing providers to improve.**

Learning for the Transforming Care programme could be usefully applied within this field of work.

**LCCG Response:**

- 1.1 LCCG will develop services for clients shaped by service users and carers, supporting the ethos of care being delivered nearer to home in non-institutionalised settings placing the client at the centre, promoting independence and recovery.
- 1.2 LCCG will ensure client and treatment reviews are designed to support individual patients and their families/friends to have a voice and that they are at the heart of the process, and meet with them to understand the individual as a central part of the review using advocacy resources as necessary.
- 1.3 LCCG via the Provider Concerns Process is sharing Safeguarding Adult Concerns and outcomes and recommendations of Enquiries conducted by the local authority with local Commissioning Groups of Southwark, Greenwich and Bromley.
- 1.4 LCCG will continue to work with Lewisham LA to redevelop tools to ensure an on-going robust review of all safeguarding, complaints and incidents and to ensure the participation of all commissioners of high risk services as a standard approach. (Joint working with LB and CCG's and joint commissioning). This will be in the Multi Agency Quality Assurance Improvement Group (MAAIG) chaired by LA.
- 1.5 LCCG will create a dashboard of risk assessment outputs on providers to enable and inform above as a standard approach. (Joint working LB and CCG and joint commissioning) in conjunction with MAQAIG.
- 1.6 LCCG will continue to support the LSAB in any development work requested and produce an annual safeguarding report.
- 1.7 LCCG will ensure assessment checks are carried out by experts within the field of placement i.e. ABI or any other speciality and be professionally curious to the standards delivered using stakeholder feedback. Monitoring includes service specification, pre placement checks, monitoring and clinical review. The function of the LCCG Care Homes Clinical Compliance Nurse will also additionally support contract monitoring.

**NHS England London Region Response:**

- NHS England London Region Specialist Commissioning is currently undertaking a review of the tier 1 specialist neuro-rehabilitation services in London. The findings of the report will be considered in the review.

- The NHS England Quality Risk Profile Tool should be utilised by Clinical Commissioning Groups to identify and act on emerging concerns regarding health commissioned services. This tool should be utilised alongside the London Multiagency Policy and Procedures for Safeguarding Adults provider concerns process when appropriate.

**Recommendation 2**

**National quality standards for neuro-behavioural and ABI community rehabilitation should be developed:**

- i) Service specifications**
- ii) Pre-placement checks**
- iii) Monitoring framework**
- iv) Enhanced standards for clinical reviews**

**LCCG Response:**

2.1 LCCG will encourage the providers to reduce the length of stay for all people inpatient settings ensuring better quality of care for people who are both inpatients and in community settings and that all expected discharge dates and discharge plans (goal setting) are put in place at the point of admission and reviewed regularly.

2.2 LCCG will ensure that Advocacy services are available to clients/families/friends and in their review ensures staffs support clients to access such services.

2.3 Advocacy services to be an integral part of care planning and review and development  
LCCG of culture of a 'right to challenge'

**NHS England London Region Response:**

NHS England has produced a detailed commissioning guidance for rehabilitation in April 2016. The guidance is aimed at commissioners, services users, providers and clinicians to develop and improve rehabilitation services that respond to local needs.

<https://www.england.nhs.uk/ourwork/qual-clin-lead/ahp/improving-rehabilitation/>

This guidance includes a service and benchmarking tool which can be utilised to assist with pre-placement checks and monitoring of services.

**Recommendation 3**

**The current work led by NHS England in developing a Quality Risk Profile care homes tool, should take account of learning from this review. The tool could be usefully applied as an evidence base to inform risk assessment and decision making by the multi-agency partnership within care homes and small independent hospitals:**

- i) Within local partner information sharing meetings between NHS commissioners; Local Authorities and CQC
- ii) To aid decision making in triggering safeguarding adults organisational abuse enquiries.
- iii) To support clear communication and improvement planning with providers.

**LCCG Response:**

- 3.1 LCCG will review their local website to ensure that the process of escalation of provider concerns is clearly described along with named LCCG safeguarding designates and local authority details to facilitate whistle blowing.
- 3.2 LCCG will work with all agencies and CQC in relation to provider concerns and support referral to regulators as required and providers are compliant with current DBS guidance and samples in relation to contract monitoring.
- 3.3 At the point of closure the LCCG will monitor transfer of care to ensure that clients are safeguarded to ensure human rights and advocacy are embedded in process.
- 3.4 LCCG contributes to section 42 enquiries where the adult's care is funded by Continuing Health Care and independent providers.

**NHS England London Region Response:**

The learning from the review has contributed to the development of the NHS England Quality Risk Profile Tool. This tool is being launched nationally by the end of March 2017.

**Recommendation 4**

**GP practices need to have clear routes to escalate emerging concerns about quality of care in settings such as care homes and small independent hospitals and sufficient knowledge of safeguarding adults to know when and how to raise a safeguarding notification.**

**NHS England and CCGs as co-commissioners of GP's should assure the enhanced contracts and monitoring of the enhanced contracts are fit for this purpose.**

**LCCG Response:**

- 4.1 LCCG will continue to progress the training strategy for general practices and the LCCG and encourage the attendance at the new Health Safeguarding forum along with other agencies to ensure clinicians and multi agencies know clear routes to escalate emerging concerns about quality of care in settings such as care homes and small independent hospitals and sufficient knowledge of safeguarding adults to know when and how to raise a safeguarding notification.
- 4.2 LCCGs as co-commissioners of GP's will ensure that the enhanced contracts and monitoring of

the enhanced contract is fit for this purpose and includes safeguarding.

**NHS England London Region Response:**

NHS England have commissioned six enhanced health in care home vanguards offering older people better, joined up health, care and rehabilitation services across the country. Each care home vanguard implements the enhanced health in care homes (EHCH) care model. Further details regarding the enhanced health in care homes (EHCH) care model can be found: <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/>

The principles of the enhanced health in care homes (EHCH) care model can be utilised when commissioning care services.

**The Principles of a successful enhanced health in care homes care model**

The EHCH vanguards have identified the following conditions which are critical for success:

- Person-centred change

Putting the needs of the resident or person with care needs at the centre of any changes  
Supporting carers and families as well as those with care needs

- Co-production

Working and integrating with local government, the community and the voluntary and care homes sectors to co-design and co-deliver the model of care  
Acknowledging the value of the care home sector in supporting the NHS and the significant level of healthcare that is delivered in care homes by social care staff  
Adopting a whole-system approach, breaking down organisational barriers between health, social care and the voluntary sector

- Quality

A focus on quality as the driving factor for change  
Using clinical evidence to support as well as drive change

- Leadership

Strong leadership and a joint shared vision for better care  
Recognising the cultural differences between organisations and different types of commissioner and provider and focussing on the shared care aims despite differences in language and process.

The principles of establishing a successful EHCH care model apply equally to all people living in care homes and those who require support to live independently in the community or who are at risk of losing their independence.

In the London region the Sutton Homes of Care vanguard sees partners from across health and care working together with care homes and local communities to provide high quality, value for money services that enhance the health and wellbeing of care home residents. Further information regarding the Sutton Care Homes vanguard can be found:

<http://www.suttonccg.nhs.uk/vanguard/Pages/default.aspx>

**Recommendation 5**

NHSE England London Region should review the findings from their recent ‘deep dive’ audit of CCGs’ safeguarding arrangements. NHS England London Region should consider their audit findings against learning from this review, specifically to be assured of the following:

- i) That CCGs have resilient and clearly identified communication points to receive information about quality and safeguarding concerns and robust processes to escalate those concerns to relevant individuals and services.
- ii) That CCGs are contributing to section 42 enquiries where the adult’s care is funded by Continuing Health Care and that these duties are effectively discharged where the CHC functions are commissioned from other bodies such as CSUs or NHS Trusts.

**NHS England London Region Response:**

NHS England London Region is hosting a workshop where standards will be formulated regarding assurance processes required for independent providers.

**Recommendation 6**

The circumstances of ‘John’ referred to in this review, indicates a need for further review of his care and treatment. There is wider learning in understanding agencies’ roles in protecting his rights to least restrictive care.

**LCCG Response:**

6.1 GP practices need to have clear routes to escalate emerging concerns about quality of care in settings such as care homes and small independent hospitals and sufficient knowledge of safeguarding adults to know when and how to raise a safeguarding notification. LCCG has developed and published a recommended training strategy for primary care to raise the awareness of adult safeguarding.

6.2 Additionally LCCG are in the process of reconfiguring the intranet and internet LCCG web site to raise awareness of the processes to follow to safeguarding vulnerable groups of people in Lewisham.

6.3 CCGs as co-commissioners of GP’s and LCCG will assure themselves that the enhanced contracts and monitoring of contracts are fit for purpose.

6.4 LCCG are utilising the Pan London Mental Capacity Act (MCA) Commissioner toolkit to implement MCA assurance and compliance within its commissioned services.

**NHS England London Region Response:**

NHS England commissioned the development of a Pan London Mental Capacity Act (MCA)

Commissioner toolkit. The toolkit aims to support commissioners to implement MCA assurance and compliance within their commissioned services. The toolkit can be found <http://www.scie.org.uk/mca-directory/mca-tailored-for-you/health/pan-london-commissioner-toolkit/>

**Recommendation 7**

**Multi-agency Safeguarding Adults procedures should reference the use of NHS Risk Summit guidance, making clear how this methodology could be used in responding to organisational abuse enquiries. The guidance should set out the governance and reporting requirements to reflect the statutory accountability of the Local Authority as defined by the Care Act 2014.**

**The National Quality Board should be provided with the findings from this review. The National Quality Board may wish to revise the NHS Risk Summit guidance to reflect the legislative changes of the Care Act 2014, including the statutory responsibilities of the Local Authority and how this must be taken into account if the risk summit is used as a mechanism to manage a safeguarding adult enquiry.**

**NHS England London Region Response:**

The National Quality Board is currently reviewing the NHS Risk Summit guidance and the functioning of Quality Surveillance Groups across all NHS England Regions. The interface of NHS Risk Summit process and the Safeguarding Adults process are being considered as part of this review. The findings of the review have been shared with the National Quality Board and NHS England at a National Level.