

# **Report of the Bradford District and Craven Health and Care Partnership and Bradford Metropolitan District Council to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 24 November 2022**

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**Subject: UPDATE ON HOST COMMISSIONING PROVISION IN BRADFORD DISTRICT & CRAVEN HEALTH AND CARE PARTNERSHIP**

## **Summary statement:**

This paper provides an update on the national governance arrangements for NHS host commissioning and what has been implemented in Bradford. This paper will also provide a summary of the outcomes of the National Safe and Wellbeing reviews which were conducted in Bradford during 2021/22.

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## 1.0 Summary

**1.1** The Overview and Scrutiny Committee has requested an update against arrangements in “place” in relation to the governance and assurance processes for Host Commissioning arrangements for the Bradford and Craven Health Care Partnership (HCP) and how intelligence is shared and triangulated at a West Yorkshire level, within the Integrated Care board (ICB).

**1.2** This Bradford District and Craven HCP report sets out the arrangements established in Bradford; identifying roles, responsibilities, and mechanisms in place to support this, on behalf of the West Yorkshire ICB who now has the overall statutory function for host commissioning.

**1.3** This report will also describe the Safe and Wellbeing review process that took place in 2021/22 in response to a national requirement in light of a report published by Norfolk Safeguarding Adults Board into the deaths of three young Adults: Joanna, Jon and Ben. They were all in their 30s and had learning disabilities and had been patients at Cawston Park hospital and they died within a 27 -month period (April 2018 to July 2020). Key learning from the outcomes and recommendations made from the independent panels will be provided.

## 2.0 Background

**2.1** The Long-Term Plan (2019) made a commitment to improve the quality of care within an inpatient setting for people with a learning disability, autism, or both. In February 2021 NHS England issued ‘Host Commissioner guidance:

*Quality oversight of Health Care Partnership (HCP) commissioned inpatient care for people with a diagnosed learning disability and autism. Any HCP commissioned specialist mental health inpatient unit, providing care to people with a learning disability, autism, or both, needs to have an identified host commissioner and key functions.* This applies only to people who are in receipt of inpatient care, and therefore does not apply to people who reside at home with a learning disability or autism.

**2.2** NHS Bradford District and Craven HCP as host commissioner on behalf of the WY ICB has a number of key roles namely:

- To be the main contact for local communication and quality oversight with the provider
- To be the main point of contact for placing commissioners to triangulate intelligence, enhanced by the Safe and Wellbeing process undertaken in 2021/22.
- To develop and implement robust governance arrangements to triangulate and share intelligence with Integrated Care Board partners across West Yorkshire, including local authority safeguarding teams, CQC and local providers
- To align to local, regional, and national Quality Surveillance Group (QSG) arrangements, with strong links with the local Bradford Safeguarding Adults Board (SAB).

*See section 3.0 for the responsibilities of Host, Provider and specialised commissioning*

**2.3** Over the last 20 months Bradford and Craven HCP has further developed the host commissioning model, creating strong partnership relationships, and promoting robust governance arrangements with their 5 host providers:

- Three Valleys
- Cygnet Wyke
- Cygnet Bierley
- Cygnet Adarna
- Malsis Hall

### **3.0 Host Commissioning Governance**

**3.1 Health Care Partnership (HCP)** Inpatient services commissioned HCPs are usually spot purchased (where there is an immediate need for a placement and one 'bed' is bought with care services) and this often leads to patients being admitted from across the country. Block funding of beds also takes place where a number of beds are also bought. The arrangements are clear that placing commissioners have the responsibility and oversight for those individuals whose care they commission.

**3.1.1** However, in circumstances where there is no lead commissioner NHS England proposed host commissioner responsibilities for HCPs. NHS England has advised that the host commissioner responsibility is based on the geographical location of the individual hospital ward/site and includes specialist independent hospital sites that do not have local formal NHS contractual relationships.

### **3.2 Host Commissioner arrangements and responsibilities for inpatient care commissioned for people with a learning disability, autism or both.**

#### **Arrangements:**

**3.2.1** When an out of area placement is agreed the placing commissioner is sent a letter from the host commissioners. This is to ensure that the placing commissioning organisation is aware of their responsibility to notify the host commissioner of any concerns regarding the quality and safety of patient care at the hospital, including safeguarding concerns.

**3.2.2** The host commissioner acts as a central point to receive proportionate and relevant information and intelligence. Bradford District and Craven HCP has established mechanisms for gathering intelligence, logging incidents, and triangulating concerns raised to ensure this is appropriately and proportionately shared with relevant agencies.

**3.2.3** Quarterly virtual meetings are well established with the providers to maintain oversight of the contract arrangements and to discuss emerging concerns and to seek assurance about actions to mitigate risk and improve care delivery.

**3.2.4** Clinical face to face visits resumed in 2022, using a methodology to standardise monitoring of host commissioner arrangements. The visits are led by a learning disability nurse, accompanied by a general health nurse, to maintain regular oversight of both learning disability and physical health needs.

**3.2.5** A Memorandum of Agreement to guide the process and identify responsibilities has been developed and agreed by all relevant host providers.

### **Responsibilities for Bradford as the Host Commissioner:**

**3.2.6** Be the point of contact for commissioners and for the Care Quality Commission (CQC) for issues relating to quality and safety for units where inpatient care is delivered

**3.2.7** Ensure that placing commissioners are aware of the key contact in the host HCP should they become aware of issues of concern

**3.2.8** Establish a mechanism for sharing intelligence between commissioners who are placing individuals (or considering placing individuals) with a learning disability, autism or both within the service

**3.2.9** Ensure there is an interface with the relevant local authority adult social care safeguarding service, and also with the local safeguarding adult board (SAB) and with local partners so that any identified actual or potential safeguarding concerns are raised with the host local authority and dealt with as appropriate

**3.2.10** Work with colleagues in contracting and quality teams and be the key point of contact with the provider for issues relating to quality and safety, including those that impact multiple commissioners

**3.2.11** Work with the provider and with colleagues in contracting and quality teams to develop actions that will deliver required quality improvements, and seek assurance that necessary improvements have been made

**3.2.12** Work in conjunction with local, regional and national quality surveillance group (QSG) arrangements, taking a lead role in co-ordinating the response required if there are serious and/or multiple concerns identified.

**3.2.13** Ensure the QSG has strong and formal links with the local SAB, so that concerns discussed at QSG can also be discussed with SAB chairs.

**3.2.14** If Bradford were to transfer a person with a learning disability or autism out of the area, then the 'out of area place' would then assume the responsibilities of host commissioner

### **3.3 Placing Commissioner responsibilities for inpatient care commissioned for people with a learning disability, autism, or both**

**3.3.1** Be responsible for commissioning and overseeing of the individual's placement and pathway of care back into the community.

**3.3.2** Be responsible for undertaking regular commissioning reviews of the individual, including new commissioning oversight visits.

**3.3.3** Required to undertake visits to individuals in a mental health and learning disability inpatient unit for whom they have commissioned the care, at least every eight weeks for adults to conduct a well-being review. These visits offer an additional, regular quality oversight of the care that each person is receiving in hospital; to provide an opportunity for the person to speak directly to their commissioner of care to raise any concerns or issues.

**3.3.4** Responsible for the completion of CETR's (Care, Education and Treatment Reviews, every 6 months and annually for secure services); CPA (Care Programme Approach) and Section 117 aftercare meetings, to ensure statutory requirements and oversight is maintained.

**3.3.5** Responsible for individual's care plans and discharge planning arrangements.

**3.3.6** If Bradford were to transfer a person with a learning disability or autism out of the area, then Bradford would then assume the 'placing' commissioner responsibilities.

**3.4 NHS England Specialist Commissioning responsibilities for any specialist mental health inpatient unit which provides care commissioned by HCP's to people with a learning disability, autism, or both.**

**3.4.1** NHS England has a role and responsibility in the specialised commissioning of mental health beds and has agreed to be the host commissioner for the beds they commission within Bradford.

**3.4.2** They have an assigned case manager and that person also contract manages the service.

**3.4.3** Has a commitment to attend the Quality Partnership Meetings which are held bi-monthly to contribute to and share intelligence.

**3.5 Bradford Care Trust Arrangements**

**3.5.1** Currently there are no formal agreements regarding host commissioning input to Bradford District Care Trust, but the host commissioner conducts joint visits with the Bradford placing commissioner to review placed individuals and provide assurance locally.

**3.5.2** Monthly Quality Oversight meetings are held between the Senior Head of Patient Safety and the team and the Deputy Director of Nursing at Bradford District Care Trust; where issues relating to host commissioning can be escalated & discussed.

**3.6 Transition from Children's services to Adult Services**

**3.6.1** There are differences, legally, for children's services and this is based on education. There is a transition lead for children with a diagnosed learning disability or autism. A child will receive care in the community (which usually starts at 14 years of age) to ensure a transfer to adult services is supported. For inpatient services the following process would be activated:

- If an 18-year-old is transferred from a Children's and Adolescents Mental Health Service (CAMHS) into adult services, they would be admitted as an adult into the service.
- If a young person (under 18) was admitted to an adult ward, in the situation where there were no CAMHS beds (this is something that can happen occasionally), then the Care Quality Commission (CQC) would be informed that a child is on an adult ward.
- CAMHS for people with a learning disability or autism, who require an inpatient bed, is managed by NHS England. There is a high demand for these beds.

**3.6.2** An example of this would be if a young person under the age of 18 was admitted into an adult inpatient service, they would be placed in a separate area of the adult inpatient ward, and a risk assessment would be undertaken to understand the risks to the individual in this environment. This is easier to do in a learning disability assessment and treatment unit as there are often areas for long term segregation that lend itself to supporting someone who may be at risk. Pressure would be then placed on the 'placing' commissioners to identify an appropriate CAMHS bed for the individual young person as soon as is practically possible.

**3.6.3** If a young person over the age of 18 was placed into adults in patient services via the host commissioner route the following oversight would be in place:

- A pre-admission Care Education and Treatment Review (CETR) would be undertaken to ensure that the individual's identified needs have been considered and can be met.
- For learning disability and autism, the person would require a special educational needs care plan as there is a requirement that a young person has access to education until aged 25 years.

## **4.0 Intelligence Sharing Arrangements**

**4.1 Local Quality Partnership meetings** are held bi-monthly to triangulate intelligence, with the following system partners: Local Authority Safeguarding Adult Teams, HCP, Care Quality Commission (CQC) and NHS England (NHSE).

**4.1.1** The purpose of this group is to support the Bradford system and safeguard patients by providing assurance that mechanisms are in place to identify, manage and escalate concerns/issues affecting people with learning disability and autism in inpatient settings within our geographical patch.

**4.1.2** These meetings discuss a surveillance report, which is sent to host providers to complete in advance of the meeting with all known intelligence and appropriate and proportionate responses agreed as required, including a review of the level of surveillance indicated (Routine or Enhanced).

**4.1.3** A database has been developed to capture all concerns sent into the host commissioner Inbox which are reviewed and discussed weekly by the team.

**4.2 National Host Commissioning Forum** is held bi-monthly as a webinar, and is chaired by NHS England's Head of Quality, who reports to NHS England's Learning Disability and Autisms Quality Improvement Steering Group.

**4.2.1** The forum is focused on facilitating supportive discussion and engagement amongst commissioners particularly when there are national issues relating to safeguarding and quality associated concerns with individuals and providers, such as Cawston Park, Norfolk

**4.2.2** The forum also provides a platform to share intelligence and best practice ideas relating to both NHS and independent sector providers.

### **4.3 Consideration by committees and programmes at 'place' and the ICS**

**4.3.1** Host commissioning is a national NHS requirement, and the Integrated Care System (ICS) has agreed a West Yorkshire approach and Bradford has taken on the role and has arrangements in place with the providers (independent sector hospitals for LD/ND/MH) to maintain a clear line of sight and accountability for overseeing quality and safety in these services on a strategic level rather than on an individual placement level.

**4.3.2** There are local and regional system oversight mechanisms in place of the host commissioning service through:

- The local Bradford District & Craven System Quality Committee & the Regional West Yorkshire Integrated Care Board (ICB) Quality Committee.

**4.3.3** These meetings form part of the West Yorkshire Integrated Care System, which is for a range of stakeholders from the health and care system. There is a standardised key focus on the following four core purposes:

- improving population health and healthcare.
- tackling unequal outcomes and access.
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.
- Learning and development discussions

**4.3.4** West Yorkshire Mental Health, Learning Disability & Autism collaborative. In West Yorkshire our specialist Mental Health, Learning Disability and Autism NHS Trusts are (Bradford District Care NHS Foundation Trust; Leeds & York Partnership NHS Foundation Trust; Leeds Community Healthcare NHS Trust and Southwest Yorkshire Partnership NHS Foundation Trust). They have all agreed to work together to deliver the best possible care, experience, and outcomes for people within the available resources.

## **5.0 Safe and Wellbeing Review Process**

**5.1** As part of the NHS response to the Safeguarding Adults Review (SAR) concerning the deaths at Cawston Park, a national review, confirmed by the National Director for Mental Health was undertaken to check the safety and wellbeing of all people with a learning disability and autism, who are being cared for in a mental health inpatient setting. This includes people whose care is being funded by ICBs, specialised commissioning and provider collaborative commissioning. The WY ICS process was led by the Director of Quality and Nursing for Bradford. All reviews are now complete.

### **5.2 Bradford Safe and Wellbeing Process**

- Using the NHS England Safe and Wellbeing national sitrep template the host commissioner and placing commissioner worked together to gather intelligence to obtain robust oversight of all out of area placements for learning disability and autistic residents.
- The quality oversight of this process was undertaken remotely by the host commissioner, and focused on the quality review, in particular intelligence for the

whole site, relating to the care of people with learning disabilities and assurance around restrictive practice, use of the Mental Capacity Act (2005), compliance with monitoring of health needs and the training needs for staff.

- Whilst the placing commissioner completed individual residents care and treatment reviews face to face, in the respective geographical areas that they were placed.
- The intelligence was collated and reported to NHS England and West Yorkshire safe and wellbeing scrutiny and challenge panels led by the Senior Head of Patient Safety, supported by the host and placing commissioner.
- 8 multiagency independent panels were held for 59 individuals (commissioned by HCP's, provider collaboratives, NHSE specialist commissioners in March 2022) and these were chaired by a Director of Quality and Nursing from the WY ICS.
- The team completed the panel feedback proformas jointly to ensure a comprehensive collation of intelligence was included. This included a pen picture for each individual and a summary of the hospital site, to provide background information and context. Imperative to this process was input from the service user and their significant others.
- To support the scrutiny panels, themes and trends were collated for Bradford patients, providing additional context for delayed discharges or extended hospital detentions.
- Feedback from the panel was positive and the themes identified at place were reflective across the system.
- The approach highlighted good joint working mechanisms in place locally between host and placing commissioners, and evidenced positive professional relationships with the individual, their families, and the provider.
- The outcome from the panel identified that the care of individuals was safe and due to the relationships established, there was confidence that any risk indicators identified would be addressed promptly.

### **5.3 Gaps identified from the 'Safe and Wellbeing' independent panels**

- Lack of access for people in locked rehab/forensic hospitals for Annual Health Checks
- Lack of attention to physical health needs, weight, holistic health management, complex physical health, and long-term conditions.
- Lack of access to therapeutic activity/social or functional development / activity, particularly for people with autism.

#### **5.3.1 Recommendations from the independent panels**

- Apply a standardized approach to improved provision of physical health checks and therapeutic activity
- Develop future delivery of the Safe and Wellbeing assurance process
- Strengthen processes for the collation and triangulation of host commissioner quality surveillance and case management activity across West Yorkshire
- Review the West Yorkshire host commissioning approach to develop a standardised approach for all patients and all learning disability hospitals
- Review West Yorkshire host commissioning and provider collaborative responsibilities



- Review lead commissioner and host commissioning arrangements for the West Yorkshire learning disability assessment and treatment service
- Review the role of the quality oversight group to support mental health /learning disability locked rehab placements in area, or with admissions commissioned within West Yorkshire.

## **6.0 Affecting change and influencing decision making**

**6.1.** As a direct result of the 'Safe and Wellbeing' review process at Bradford, the professional and working relationships between the quality and personalised care team has realigned and strengthened, resulting in greater intelligence sharing and wider oversight of individual care needs.

**6.1.1** Due to the resilient working relationships between host and placing commissioners at Bradford, the scrutiny panel was assured that due to early identification of any themes, trends or risks, the team were able to influence quality patient care and effective discharge planning.

**6.2** The scrutiny panels advised that due to the relationships established with providers, service users and families, they were assured that any risk indicators identified would be acted up on and addressed promptly.

**6.3** There is confidence that due to robust relationships forged with service users and families, that their voices are heard and therefore have greater influence in the care planning and delivery, in line with the individual's needs.

**6.4** The established host commissioning oversight mechanisms in place at Bradford provide an opportunity to share good practice regionally and nationally; as well as the ability to influence strategic decision making regarding the host commissioning service.

## **7. Options**

Not Applicable

## **8. Contribution to corporate priorities**

Not Applicable

## **9. Recommendations**

9.1 Members are asked to consider and comment on the information provided within the report.

9.2 Members are asked to receive assurance against the Host Commissioning process in Bradford and Craven

## **10. Background documents**

10.1 Host Commissioners Safe and Wellbeing Reviews Process Criteria

## **11. Not for publication documents**

None

## **12. Appendices**

None