

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 21st June 2018

Title of Paper: Report into the transfer of Specialist Learning Disability Health Services from Southern Health NHS Foundation Trust to Oxford Health NHS Foundation Trust

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an overview of the transition of specialist learning disability health services from Southern Health NHS Foundation Trust to Oxford Health NHS Foundation Trust.

The item will be introduced by the co-Chairs of the Oxfordshire Transforming Care Partnership Board, Gail Hanrahan (Oxfordshire Family Support Network) and Paul Scarrott (My Life My Choice). Gail and Paul represent people with learning disabilities and their family carers and will be able to provide a view of the transition from the perspective of people who use services.

The Oxfordshire Transforming Care Board is overseeing a programme of work which will improve services for people with a learning disability and / or autism, with a particular focus on reducing admissions to hospital for people with mental health conditions and / or distress behaviour which challenges services.

Senior Responsible Officer: Sula Wiltshire, Oxfordshire CCG

Report into the transfer of Specialist Learning Disability Health Services from Southern Health NHS Foundation Trust to Oxford Health NHS Foundation Trust

1. Background

- 1.1 On the 1st July 2017, Oxford Health NHS Foundation Trust took over full management and service delivery of Oxfordshire’s specialist adult learning disability health service from Southern Health NHS Foundation Trust.
- 1.2 This report provides an overview of the transition and considers whether learning from the previous transition of the learning disability service in 2012 (from the Ridgeway Partnership to Southern Health) was taken into account and appropriate mitigation put in place to manage the risks associated with such a transition. The report does not consider the transition of the Evenlode Learning Disability Medium Secure Unit (commissioned by NHS England Specialised Commissioning) which took place simultaneously and was managed by NHSE.
- 1.3 The “Independent review into issues that may have contributed to the preventable death of Connor Sparrowhawk” (Verita, 2015) considered in detail the acquisition processes adopted by Southern Health and commissioners in 2012. The review was structured around a number of key questions which provide the framework for this report.
- 1.4 The transition of the learning disability service was initially overseen by the Learning Disability Transition Board, a chief executive level group established in 2015. In February 2016 the Board evolved into the Transforming Care Partnership Board, which oversaw the transition and continues to deliver the transformation of services as set out in the Transforming Care Plan.

2. What did Oxford Health and their commissioners know about the quality and safety of services before the acquisition?

- 2.1 In July 2016 a Programme Director was recruited by Oxford Health (with funding from Oxfordshire CCG) to prepare the Trust for the transition of the learning disability service¹. The Director played a crucial role in assessing the quality and safety of Southern Health learning disability services and ensuring that appropriate mitigations were in place pre transfer, during transfer and post transfer.

¹ The interview panel for the post included service user representatives and staff from Oxfordshire County Council, Oxfordshire CCG and Oxford Health.

- 2.2 The Programme Director devised a programme of assurance using ‘peer review’ methodology (used by Oxford Health) and information packs using CQC tools. Southern Health colleagues (led by a dedicated officer with responsibility for overseeing the service transfer) supported this process, providing significant data prior to service reviews which enabled visits to the teams to be completed successfully.
- 2.3 The peer review teams were comprised of colleagues from Oxford Health with wide ranging experience and expertise relevant to the services being reviewed, including staff with specific learning disability experience. All included the Programme Director and where possible the appointed Clinical Lead (an external psychiatrist specialising in learning disabilities and autism, also funded by Oxfordshire CCG).
- 2.4 Reports were completed for each service against the CQC five domains² and shared with Southern Health colleagues and the Oxford Health Director of Nursing. The reviews provided an assessment of capacity, workforce, staffing arrangements and any safety concerns identified by the review team. Participating Southern Health staff readily provided information verbally and through documentation as appropriate. The results were presented to the Oxford Health Board seminar on the 14th September 2016, summarised below:

Overall all service areas met the standards but with some areas identified for improvement:

- *Community learning disability teams (CLDTs)*
Some areas to improve (governance / effectiveness / leadership), but broadly safe and caring;
- *Intensive Support Team (IST)*
Intention to increase the team and its function and further develop as a service in line with best known practice;
- *Continuing Health Care (CHC) service*
Commissioning intention is to review the whole service within the wider CHC / Oxford Health context.
- *Inpatient services*
Patients were all placed out of area as there were no open local beds.

- 2.5 The reports were also shared with the multi-agency Learning Disability Transition Task and Finish Group, which had been charged with overseeing the production of due diligence information and ensuring any safety and quality concerns were identified in advance of service transfer. The Group included Oxfordshire County Council and Oxfordshire CCG commissioners.

² Are services safe, effective, caring, responsive to people’s needs and well led.

The Task and Finish Group had been constituted as a sub-group of the Learning Disability Transition Board which had been established in 2015 to oversee the transition of learning disability services. The governance arrangements for the transition are described further in 3.2.

3. What processes did Oxford Health and the commissioners put in place to assess risk and mitigate any potential reduction in quality of care?

Governance and Service User Engagement

- 3.1 Prior to December 2016 the commissioning of specialist learning disability health services was the responsibility of Oxfordshire County Council, who held the contract with Southern Health. Oxfordshire Clinical Commissioning Group assumed the role of lead commissioner on 1st December 2016, the date on which the Southern Health contract formally transferred (novated) from the Council to the CCG.
- 3.2 Oversight of the transition of learning disability health services was initially provided by the Learning Disability Transition Board, a chief executive level group with representation from:
- Oxfordshire County Council (as commissioner of adult learning disability health services to end November 2016);
 - Oxfordshire Clinical Commissioning Group (as commissioner of adult learning disability health services from 1st December 2016);
 - Southern Health NHS Foundation Trust;
 - Oxford Health NHS Foundation Trust (as preferred provider);
 - Oxfordshire Family Support Network (representing family carers); and
 - My Life My Choice (representing people with learning disabilities).

Ian Winter CBE, formally Programme Lead for the Winterbourne View Joint Improvement Programme, was recruited to be the independent Chair of the Board in 2015. His appointment was intended to provide additional assurance for people with learning disabilities and family carers to ensure the views and interests of service users – including quality of care – would be central to the process of transition.

The Board evolved to become the Oxfordshire Transforming Care Partnership Board in February 2016. The Board's remit was to deliver Oxfordshire's Transforming Care Plan

(including the transition of learning disability health services), the local response to the national Building the Right Support strategy³.

- 3.3 Oxfordshire CCG appointed a Senior Commissioning Manager to support the transition of the service and the development of the Oxfordshire Transforming Care Plan in January 2016. The post-holder worked alongside both the incumbent and intended provider and commissioners in the local authority to ensure a managed transfer of commissioning responsibilities was achieved.
- 3.4 The novation of the contract was overseen by the Learning Disability Transition Task & Finish Group. The service review process undertaken by Oxford Health and reported to the Group informed the CCG Board's decision to novate the contract, ensuring ownership and oversight at Board level.

Procurement

- 3.5 Oxfordshire CCG used a "Most Capable Provider" (MCP) process to assess Oxford Health's capability to both deliver the services provided by Southern Health at the point of transfer and to develop and implement a revised model of service in line with the Oxfordshire Transforming Care Plan and the national Building the Right Support strategy.
- 3.6 The MCP process sought to assess risk and mitigate any potential reduction in quality of care during and post transfer. It evaluated provider capability in the following areas:
- I. Delivery of integrated healthcare that supports the health and well-being of people with learning disabilities (with or without autism), enabling them to develop capacity and capability to self-manage their care where possible;*
 - II. An evidence based service delivery model which works now and over time to deliver integrated healthcare and which can be developed to deliver outcomes and quality performance in line with the Oxfordshire Transforming Care Plan;*
 - III. A patient/user/carer focus that will inform both the design, implementation and future development of the care model and the individual experience of people who fall within scope of that model;*
 - IV. A workforce sufficient to deliver the outcomes and quality expectations of commissioners over the length of the contract;*

³ The Oxfordshire Transforming Care Plan is the local plan to deliver the national Building the Right Support strategy, which aims to reduce reliance on inpatient beds and improve the provision of community services for people with learning disabilities and / or autism who display behaviour that challenges, including mental illness.

V. *A governance structure that provides leadership to support delivery in such a way that ensures the integrity of the service model across specialist and mainstream health services, in terms of patient/user accountability and management of business and clinical/quality risks;*

VI. *Robust implementation timescales and mobilisation and risk management.*

Oxfordshire CCG also stated that it was seeking assurance around the ability of Oxford Health to support those elements of the Oxfordshire Transforming Care Plan that were not within the current contract:

- The development of pathways for people with autistic spectrum conditions;
- The delivery of an all age approach to the care of people with learning disability and/or autism;
- The development of pathways aligned to secure beds commissioned by NHS England;
- To develop the capability of the wider health system to meet the needs of people with learning disability and/or autism in mainstream settings.

3.7 Service user and family carer representatives from Oxfordshire Family Support Network and My Life My Choice were integral to the evaluation of the bid, both as members of the evaluation panel and in contributing to the development of the questions. The Oxford Health bid presentation was to an audience of people with learning disabilities and family carers, many of whose questions were related to patient safety.

3.8 The recommendation of the panel was for Oxfordshire CCG to enter into a contract with Oxford Health for provision of learning disability health services.

Service Transfer

3.9 The operational aspects of the transfer were managed through the Learning Disability Transition Project Board established by Oxfordshire CCG, with representation from Oxford Health and Southern Health. The Board was led by the CCG's Head of Mental Health & Joint Commissioning, placing accountability for the operational aspects of the service transfer with the commissioner.

3.10 At the outset of the project outlines were created which described the membership and reporting arrangements, purpose and scope, key products and the approach to managing quality, change and risk for each of five workstreams:

- Finance and Estates
- People (staff and HR)

- IM&T (information management and technology)
- Communications
- Enablers (legal, regulatory and contracts)

3.11 The transfer was supported by a dedicated full time project manager post within Oxford Health, funded by Oxfordshire CCG. This provided dedicated resource to manage the pre and post transitional phases of the project. Reporting by the project manager ensured the CCG could monitor progress and react quickly to any risks and issues which might have compromised patient safety.

3.12 The CCG also made a small amount of additional funding available which could be deployed quickly to mitigate key risks, for example resourcing data conversion work that was critical to the safe and effective transfer of digital patient records between Southern and Oxford Health's different case management software platforms (RiO and CareNotes).

4. Did Oxford Health have appropriate leadership and quality systems to take forward and manage services after acquisition and to address known quality issues identified before acquisition?

Leadership

4.1 Executive responsibility for the transition was assigned to the Director of Nursing and Chief Operating Officer, with additional expertise provided by the interim Clinical Lead. Both the Director of Nursing and the Chief Operating Officer had previous experience of running services for people with a learning disability, which they declared throughout the process.

4.2 Throughout the transition process weekly calls took place between the Programme Director and the Head of Learning Disability at NHS Improvement, to provide support and challenge to the process and the models being worked up.

4.3 The Programme Director has remained in post since transition and is now the Service Director for Learning Disabilities. The postholder is also the Trust's lead for autism across the organisation. The majority of senior operational and clinical staff transferred to Oxford Health and remain with the service.

Staffing

4.4 A total of 127 staff transitioned from Southern Health to Oxford Health. Each member of staff was provided with an induction pack which addressed key areas such as

Safeguarding, Incident Reporting, Complaints, Care Notes (the Trust's case management software) and the Learning Disability Community Team Referral Recording Process.

4.5 A bespoke induction was put in place to address the needs of all of the teams, especially given the nuanced differences in policy, practice and culture identified in the quality reviews.

4.6 Emails from the Chief Executive and Programme Director were sent to all staff to welcome them and a newsletter was produced at intervals. Yammer (online networking) groups were set up to share and learn together and a 'meet and greet' between the adult Senior Management Team and the learning disability teams took place in the first month post transfer.

Business Transfer Agreement (BTA)

4.7 A critical element of the transfer process was the Business Transfer Agreement (BTA) negotiated between Oxford Health and Southern Health. The BTA proved critical as a process and offered assurance and indemnities to Oxford Health which were called upon post transfer. It covered a number of key areas including historical sub-contracts (including the provision of out of area spot purchased inpatient beds), cleaning and maintenance contracts and medical equipment.

The amount of work required in securing the detail for the BTA was considerable, but was considered a valuable investment by both Oxford Health and Southern Health.

Mobilisation

4.8 Post transfer, mobilisation plans were put in place which focused on the first 100 days and post 100 days. Both of these plans were developed as working documents to record 'live' dates encompassing both transitional and wider learning disability strategy and transformational work. The four risk themes of Enablers, Money and Buildings, IM&T and People were identified.

Risks remaining open at the point of transfer were either appropriately closed or transferred to the service based risk register and actively managed.

Following transfer the Trust's Executive were given weekly updates against the mobilisation plan during the first 100 days following service transfer.

5. Did commissioners ensure that the transition to a different provider addressed known safety and quality concerns?

5.1 Oxfordshire CCG made a significant investment in the learning disability service during the contract negotiation, increasing the contract value by 28%. This was principally to enable Oxford Health to mitigate specific risks identified during the due diligence and procurement processes described above.

5.2 The service is subject to Oxford Health's corporate quality systems with ongoing contract management incorporated into existing arrangements for the Trust's mental health and community services contracts. This ensures equity and consistency of process and evidence of how well the service is embedded within the Trust.

5.3 Since the transfer the CCG's Senior Commissioning Manager for learning disability has been in regular contact with the Oxford Health Programme Director to discuss any risks, issues and service development. Patient complaints and serious incidents are monitored alongside business as usual contract monitoring returns and regular updates to Contract and Quality Review Meetings.

6. Conclusion

- Significant joined up work was completed by system partners to support Oxford Health to understand and corroborate evidence in regards to the quality and safety of services;
- Oxfordshire CCG took Oxford Health through an assurance process which enabled both parties to gain a shared understanding of the services, their immediate quality and safety and assurance in regards to the capability of the Trust to transition the services, with direct reference to the 2015 Verita report;
- Additional leadership and management resource was agreed by Oxfordshire CCG and Oxford Health and put in place to ensure safe transition and transformation;
- Oxford Health local leadership remained and has continued to be an active part of this process post transition;
- Additional external oversight of Oxford Health was provided by NHS Improvement and welcomed by the Trust;
- Board to Board discussion between Oxford Health and Southern Health close to transition proved useful and informed further actions and the indemnities within the Business Transfer Agreement;

- Additional internal contract arrangements that enabled better contract management (including quality assurance) of out of area inpatient placements was put into place at the time of transfer following joint work between Oxford and Southern Health;
- Taking responsibility for delivering the transfer of the service allowed the CCG to closely monitor progress and manage risks and issues;
- Oxfordshire CCG provision of targeted resources in advance of and during transfer (funding posts and providing a small budget for unforeseen transition costs) made a significant contribution to the successful transfer of services;
- The Verita framework provided a useful objective measure to ensure safe transition of a service for some of our most vulnerable adults.