Dear Ms Harman,

Thank you for your letter of 18th June.

Please find attached a briefing in response to your questions regarding children and young people with learning disabilities and/or autism.

Over the coming year, the NHS will be improving its quality assurance process for specialist inpatient, care and treatment placements. Out of area inpatients with a learning disability and/or autism will regularly be visited onsite. The host Clinical Commissioning Group will also be given new responsibilities to oversee and monitor quality of care for hospitals in their local areas.

Our approach to New Care Models in tertiary mental health services and specialised learning disability and autism services will be part of the NHS-led Provider Collaboratives over the next four years as a vehicle for rolling out Specialist Community Forensic Care. Provider Collaboratives aim to reduce admissions, minimise the need for out of area placements, reduce length of stay and improve experience and outcomes for patients and their families in the most effective way through joined up commissioning pathways for learning disability and autism.

We are also developing a new patient experience tool which will enable patients, carers, parents and advocates to provide intelligence directly to commissioners about their experiences.

I will continue to work with commissioning colleagues nationally and locally to deliver high quality care for people with a learning disability and autism.

Yours sincerely

Ray James

National Director for Learning Disability, NHS England and NHS Improvement.

NHS England and NHS Improvement
1) **Do you agree with Paul Lelliott that oversight of these institutions is a responsibility that you share with the CQC?**

The NHS has a shared responsibility to monitor quality of services and ensure safety of patients for care commissioned by the NHS. There are specific quality standards and contract monitoring arrangements set out in the contracts held with the service providers.

2) **How many patients with learning disabilities and/or autism were placed by NHS England (either by NHS England’s specialised commissioners or local Clinical Commissioning Group (CCG) commissioners) in a) Whorlton Hall and b) St. Andrew’s Northampton Adolescents Service, in each of the five years to April 2019? If this information is not collected, why isn’t it and do you have plans to do so?**

The number of adults at Whorlton Hall with a diagnosis of learning disability or autism over the last 5 years recorded in Assuring Transformation Dataset in March every year is as follows:

- March 2015 – 10*
- March 2016 – 10*
- March 2017 – 10*
- March 2018 – 10*
- March 2019 – 10*

A total of 20 individuals have been inpatients at this site at some point during these four years, but the number at any one-month end has not been above 10*.

The number of adolescents in St Andrews Healthcare with a diagnosis of learning disability or autism over the last 5 years is as follows:

- 2015 – 60*
- 2016 – 60*
- 2017 – 60*
- 2018 – 50*
- 2019 to date – 40*

All data is rounded to the nearest 0 or 5. Data is not available before 2015.

3) **What was the total cost of placements made by NHS England (either from NHS England’s specialised commissioning budget or from local CCG budgets) in a) Whorlton Hall and b) St. Andrew’s Northampton Adolescents Service in each of the five years to April 2019?**

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**Annex**

1) *Do you agree with Paul Lelliott that oversight of these institutions is a responsibility that you share with the CQC?*

The NHS has a shared responsibility to monitor quality of services and ensure safety of patients for care commissioned by the NHS. There are specific quality standards and contract monitoring arrangements set out in the contracts held with the service providers.

2) *How many patients with learning disabilities and/or autism were placed by NHS England (either by NHS England’s specialised commissioners or local Clinical Commissioning Group (CCG) commissioners) in a) Whorlton Hall and b) St. Andrew’s Northampton Adolescents Service, in each of the five years to April 2019? If this information is not collected, why isn’t it and do you have plans to do so?*

The number of adults at Whorlton Hall with a diagnosis of learning disability or autism over the last 5 years recorded in Assuring Transformation Dataset in March every year is as follows:

- March 2015 – 10*
- March 2016 – 10*
- March 2017 – 10*
- March 2018 – 10*
- March 2019 – 10*

A total of 20 individuals have been inpatients at this site at some point during these four years, but the number at any one-month end has not been above 10*.

The number of adolescents in St Andrews Healthcare with a diagnosis of learning disability or autism over the last 5 years is as follows:

- 2015 – 60*
- 2016 – 60*
- 2017 – 60*
- 2018 – 50*
- 2019 to date – 40*

All data is rounded to the nearest 0 or 5. Data is not available before 2015.

3) *What was the total cost of placements made by NHS England (either from NHS England’s specialised commissioning budget or from local CCG budgets) in a) Whorlton Hall and b) St. Andrew’s Northampton Adolescents Service in each of the five years to April 2019?*
Information is not available in the form requested and NHS England does not routinely collect this information. Estimated spend by local CCGs for inpatients with learning disability, autism or both at Whorlton Hall is £2 million for each of the 5 years since 2014/15.

The figures have been derived from the Assuring Transformation dataset which provides learning disability & autism in-patient numbers. We have therefore used this in addition to the financial modelling undertaken by the Transforming Care Programme as the basis for the estimated costs.

In terms of spend on learning disability services only at St. Andrews, please see figures below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>£6,618,102</td>
</tr>
<tr>
<td>2015/16</td>
<td>£9,810,939</td>
</tr>
<tr>
<td>2016/17</td>
<td>£10,898,906</td>
</tr>
<tr>
<td>2017/18</td>
<td>£10,189,297</td>
</tr>
<tr>
<td>2018/19</td>
<td>£12,214,740</td>
</tr>
</tbody>
</table>

4) What steps did NHS England specialised commissioners take to assure themselves that the care and treatment they were funding at a) Whorlton Hall and b) St. Andrew’s Northampton Adolescents Service was safe and appropriate?

NHS England did not commission or fund the care of any individuals at Whorlton Hall.

For care and treatment commissioned at St. Andrews by NHS England there are a range of measures in place to provide assurance on the quality of services, including:

- Every individual patient is allocated a case manager from their home area.
- The case manager is required to be physically present to review each person at least every 8 weeks in line with national procedures.
- Case managers may also attend additional ward rounds and will maintain general oversight and meetings with patients and family carers as appropriate.
- Children and Young people typically have a repeat CETR every 3 months
- Senior case managers – provide supervision and oversight to case managers and support escalation discussions of individual patients where concerns exist.
- Contract and quality meetings - Specialised commissioning teams hold regular meetings with the provider to review the contractual and quality requirements are being met. This includes adherence to the service specification, local quality requirements and completion of data returns.
• Concerns are escalated and further levels of assurance and risk management put in place if needed. Commissioners also work closely with CQC and NHSI to triangulate data and concerns, responding with an appropriate level of intervention.
• A national annual assessment process takes place including the review of quality dashboards, self-assessment procedures and commissioner intelligence.

5) **What steps would you expect local CCG commissioners to have taken to assure themselves that the care and treatment they were funding at these institutions was safe and appropriate?**

Each care placement commissioned by a CCG is unique and bespoke to the individual in receipt of the care. It is expected that the CCGs, via the commissioning of the individual placements, set out a contract with the Provider which determines the appropriate care arrangements for the individual, including quality outcome and experience expectations. The monitoring of the delivery of the care package and expected outcomes should be undertaken by the CCG routinely, including as part of the required safeguarding reviews, CTRs and CETRs.

6) **The CQC’s unpublished 2015 inspection report on Whorlton Hall stated that external agencies, such as commissioners, did not often attend multi-disciplinary team meetings. On how many occasions in each of the last five years to April 2019 did NHS specialised commissioners attend multi-disciplinary review meetings for patients whose care they commissioned at a) Whorlton Hall and b) St. Andrew’s Northampton Adolescents Service?**

We do not hold this information in relation to Whorlton Hall. NHS England was not a commissioner of these services.

In relation to St. Andrews, NHS England commissioners in Midlands region attended approximately 422 Multi-Disciplinary meetings for patients in St Andrews Adolescents Service.

It should be noted every young person placed at St Andrew’s Child and Adolescent Unit is allocated a case manager. The role of the case manager is to oversee the care and treatment of the individual within the unit and support plans for transfer or discharge. Case managers attend a range of meetings to support the individual in their pathway including multi-disciplinary review meetings, Care programme Approach (CPA) meetings, Care, Education and Treatment Reviews (CETRs) as well as occasional professional meetings. All case managers hold individual records of attendance at meetings in the patient database which can be reviewed on a case by case basis. Case managers are required to visit individuals every 8 weeks and liaise with families and carers.
7) **Would you expect local CCG commissioners to have attended these meetings in relation to care placements they had commissioned?**

It would be expected that local CCG commissioners would attend these meetings relating to CETRs, CPA meetings, as well as proactive quality monitoring of services via walkarounds and visits and in response to any specific safeguarding concerns.

**Improving Quality Assurance - Going Forward**

Work is already in progress to improve the quality assurance processes to support all commissioners in ensuring high quality placements.

A series of regional workshops are being arranged for both specialist and clinical commissioning groups to share best practice and to support development of an enhanced quality assurance framework for providers of services to people with a learning disability and/or autism. This includes specific frameworks for the review of the use of restrictive practices.

The workshops will be held in July – dates below:

- Monday 8th July (Leeds) – **North**
- Tuesday 16th July (Birmingham) – **Midlands and East**
- Wednesday 17th July (London) - **London**
- Thursday 18th July (London) – **South**

Specialised commissioning is scoping a new commissioner patient experience tool which will enable patients, carers, parents and advocates to provide intelligence directly to commissioners about their experiences of services.

In addition, the development of a new peer review process will commence shortly which can be enacted when concerns are raised by patients/carers or advocates to support the quality monitoring of providers. This will be piloted across CAMHS including the independent sector. The review will be undertaken by the Quality Surveillance Team (formerly the National Peer Review Programme).

There is also a new joint agreement between CQC and NHS E/I on escalation of concerns arising from the thematic review of the use of restraint, prolonged seclusion and segregation. The CQC will follow their usual procedures for acting on and escalating concerns, but will immediately escalate the concern with the National Senior Point of Contact within NHS England/Improvement who will alert the relevant NHS England/Improvement regional team.