

# HEALTH AND WELLBEING BOARD

16 JULY 2013

<b>Title: Progress on Winterbourne View Concordat</b>	
<b>Report of the Corporate Director of Adult &amp; Community Services</b>	
<b>Open</b>	<b>For Decision</b>
<b>Wards Affected: ALL</b>	<b>Key Decision: NO</b>
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<b>Sponsor:</b> Anne Bristow, Corporate Director of Adult & Community Services	
<b>Summary:</b> <p>In December 2012 the government published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. Following the report all relevant statutory and non-statutory (50 in total) agencies / organisations designed and signed up to a 'concordat' which outlines key actions and their commitments in response to Winterbourne which will have an impact on Barking and Dagenham.</p> <p>This report provides an update on the Borough's progress against the actions that we have had to have met by July 2013.</p>	
<b>Recommendation(s)</b> The Health and Wellbeing Board is recommended to:	
<ul style="list-style-type: none"><li>(i) Note the progress that the Borough has made in achieving the actions set out in the Winterbourne View Concordat.</li><li>(ii) Note the Winterbourne View 'stocktake' document which has been produced for the Winterbourne View Joint Improvement Programme.</li><li>(iii) Agree the outline proposal for a local plan and commit to representatives from relevant organisations participating in local working group.</li><li>(iv) Note the identified risks and mitigation plans.</li></ul>	
<b>Reason(s)</b> To ensure an appropriate and 'whole systems' approach is taken to addressing the findings of the Winterbourne View Concordat by the Health and Wellbeing Board	

## **1 Introduction**

1.1 This report provides an overview of the findings of the government's Winterbourne View Report and distils the programme of actions set out in the accompanying Concordat. Copies of the full Report and Concordat can be accessed at:

<http://www.dh.gov.uk/health/2012/12/final-winterbourne/>

1.2 The programme of action includes:

- by spring 2013, the Department of Health will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisations provide;
- by June 2013, all current placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and no later than June 2014;
- by April 2014, each area will have a 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, in line with best practice;
- as a consequence, there will be a dramatic reduction in hospital placements for this group of people;
- the Care Quality Commission will strengthen inspections and regulation of hospitals and care homes for this group of people, including unannounced inspections involving people who use services and their families;
- A new NHS and local government-led joint improvement team will be created to lead and support this transformation.

1.3 This programme is backed by a concordat signed by more than 50 partners, setting out what changes they will deliver and by when. These concordat's key actions and commitments have also been localised to what this will mean for Barking and Dagenham.

## **2 Findings of the Winterbourne View Report**

2.1 The final report into the events at Winterbourne View Hospital states that staff routinely mistreated and abused patients, and management allowed a culture of abuse to flourish. The warning signs were not picked up by managers at the hospital, the parent company, by commissioners, regulators or adult safeguarding despite multiple opportunities. The report also reveals weaknesses in the system's ability to hold the leaders of care organisations to account.

- 2.2 The report highlighted that many people are in hospital who do not need to be, alongside a widespread failure to design, commission and provide services which give people the support they need close to home, and which are in line with well established best practice. In addition, it finds there was a failure to assess the quality of care or outcomes being delivered for the very high cost of places at Winterbourne View and other hospitals.
- 2.3 The report confirms that CQC's inspections of nearly 150 other hospitals and care homes have not found abuse and neglect like that at Winterbourne View. However, many of the people in Winterbourne View should not have been there in the first place, and in this regard the story is the same across England. Many people are in hospitals that do not need to be there, and many stay there for far too long – sometimes for years. The report also exposes that the main reason given for referrals to hospitals was 'management of a crisis', which suggests an intrinsic lack of planning for crises or local responsive services for people with this type of support need.
- 2.4 "The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people"
- 2.5 Whilst the organisational accountability for actions arising from the Winterbourne View Concordat is established in the concordat document, nonetheless it will be important at a local level to ensure that clear individual accountability on behalf of member agencies is established. With the safeguarding boards also having a role, it is important to ensure that there is clear governance around the action planning.
- 2.6 London Borough of Barking & Dagenham have established an action plan that identifies the issues to be addressed. At the discussion at the Safeguarding Adults Board, Sharon Morrow confirmed that a submission was being made to NHS London and that it would be handed over to CCG by the end of March 2013. The CCG planned regular reporting and monitoring through the Quality and Safety Committee.
- 2.7 Whilst the predominant concern in the Winterbourne View report concerns adults, it has important links with issues around transition of children into adult services, and therefore the Children's Trust and Local Safeguarding Children's Board will continue to have a role, and to input into the plans and commentaries on progress that are produced.

### 3 Progress Update

- 3.1 The borough has met the key actions required in Winterbourne View concordat. An outline of these key actions and how these have been met by the borough are set out below.
- 3.2 **Concordat Action:** “by the 1<sup>st</sup> June 2013 Reviews of all Barking and Dagenham residents placed in a inpatient setting”.
- 3.3 **Update:** There are currently six Barking and Dagenham residents/ patients placed in a inpatient settings / Assessment Treatment Unit. We can confirm that all of six patients were reviewed by the Community Learning Disability Team by the June 1<sup>st</sup> deadline required in the Winterbourne View Concordat. In completing the reviews, and to ensure best practice was followed, local practioners followed the framework for reviews designed by the Winterbourne View Joint Improvement Programme (Local Government Association and NHS Commissioning Board). This also ensured that the patients and their families had the information, advice and advocacy support that was needed for them to understand and have the opportunity to express their views.
- 3.4 The outcome of the reviews showed that that four of the six patients were not yet suitable or ready to move back into the community. It is also important to note that these four individuals were placed in the inpatient settings due to serious offences that they had committed. The two patients assessed as being suitable to move back to a less secure setting have comprehensive plans in place to ensure that this is achieved safely by the 1<sup>st</sup> June 2014.
- 3.5 **Concordat Action:** Establishment of Lead Commissioner Responsibilities
- 3.6 **Update:** The concordat also required that a lead commissioner was named who would be responsible for individuals in inpatient services. The Clinical Commissioning Group is reviewing the register of patients transferred from the former PCT to ensure that commissioning responsibilities comply with the national guidance issued on this.
- 3.7 **Concordat Action:** *By the 1<sup>st</sup> April All CCGs to develop local registers of all people with challenging behaviour in NHS funded care.*
- 3.8 **Update:** As well as reviewing the care and support of all the patients in inpatient services, NHS Barking and Dagenham were required to develop and hand over to Barking and Dagenham Clinical Commissioning Group a local register of the people who are in an inpatient setting. This is now in place and is being used to track the progress and quality of the reviews of those patients. This tracker is ‘live’ and a local procedure has been put in place to ensure it is both updated and shared between the Local Authority, CCG and Commissioning Support Unit (CSU) to ensure everyone placed in a inpatient setting is tracked.
- 3.9 **Concordat Action:** *“From April 2013 Directors, management and leaders of organisations providing NHS or local authority funded services to ensure that*

*systems and processes are in place to provide assurance that essential requirements are being met and that they have governance systems in place to ensure they deliver high quality and appropriate care.”*

3.10 **Update:** The borough has in place strong governance and monitoring arrangements that will ensure we meet all the actions set out in the concordat. Responsibility for ensuring the delivery of the plans, informed by the Winterbourne View concordat, has been delegated to the Learning Disability sub-group with responsibility for delivery resting with the lead Commissioners. The group’s role is to ensure that the key actions set out in the concordat are met. Winterbourne View will remain a standing agenda item at each of the sub group meetings which will then inform updates to the Health and Wellbeing Board. The sub group has, as core members of the group, representation from Healthwatch, family carers, service users, provider representative and Carers of Barking and Dagenham.

3.11 **Concordat Action:** *“From the 1<sup>st</sup> April Health and care commissioners should use contracts to hold providers to account for the quality and safety of the services they provide”*

3.12 **Update:** When making placements individual placements our Community Learning Disability Team always make placements based on individuals outcomes and needs which form part of the contract. Local Authority Adult commissioning have robust and comprehensive contracts in place for all larger block commissioned providers where they are required to submit quarterly contract performance information. As part of the local authorities contract monitoring and service review processes, all providers are subject to announced and unannounced visits and we undertake a comprehensive annual review which involves, as part of the process, consulting with both service users and family carers.

#### **4 Winterbourne View Stock take and Strategic Assessment Framework**

4.1 The Winterbourne View Joint Improvement Programme asked local areas to complete a stock take of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings by the 1st June 2014.

4.2 The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. A copy of our completed stocktake is found at Appendix 1.

4.3 While this stocktake is specific to Winterbourne View, it has been designed to also feed directly into the CCG Assurance requirements and the joint Health and Social Care Joint Strategic Assessment Framework (SAF) which the completion of has now begun.

## **5 Next Steps**

- 5.1 Both the CCG and the Local Authority continue to be jointly committed to ensuring our responsibilities and the actions set out in the Concordat remain a high priority for the borough.
- 5.2 A key action is the development of our local joint strategic plan where the strong presumption is for this to be delivered through pooled budget arrangements. This plan should inform the CCGs commissioning intentions for 14/15 so will be progressed over the summer. It is intended that the plan will cover the following areas:
- Local Concordat
  - Challenging behaviour – a definition
  - Vision and Values
  - Understanding Local population demands and needs
  - Consultation
  - Current Service provision / Market Position
  - Current spend / costs to the borough on services for people with CB
  - Workforce Skills
  - Safeguarding
  - Delivery Plan and Commissioning Intentions
  - Governance Arrangements
  - Monitoring, Evaluation and Review
  - Equality and Diversity
- 5.3 There are a number of workstreams that will feed into the writing of the plan including workforce analysis, needs analysis, review of current provision, and consultation. To ensure the project is completed within both the agreed internal and external timescales it is proposed a small working group is set up which reports to the Learning Disability sub-group. If we go by the proposal in WV the plan is the responsibility of commissioners in Health and Care so these will need to project manage it and have specialists / subject matter experts in Challenging Behaviour who sit on the group. We will also aim to recruit a family carer of someone with challenging behaviour to sit on the group. We will ensure that they are a key member of the group and will oversee the completion of the plan along with being able to, if willing, support the group in completing the consultations / focus groups.
- 5.4 A draft proposal and outline for this plan is to be submitted at the next learning disability sub-group in August for agreement on its structure. Discussions will also be held, alongside the development of this local joint strategic plan, around S75 agreements and pooled budgets arrangements between the Local Authority and CCG. It is expected that Health and Wellbeing Board members will oversee the plan, whilst the delivery of it will be the responsibility of the learning Disability

Partnership Board. Updates on the implementation and delivery of this plan will be regularly brought to the health and wellbeing board.

## **6 Mandatory Implications**

### **6.1 Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment (JSNA) has a strong overall analysis of needs of people with a learning disability as well as a detailed safeguarding element within it. There is general agreement that cross-sector working in the borough with involvement from the NHS, employment, housing and other bodies, in addition to the Council's children's services and adult and community services is good

### **6.2 Health and Wellbeing Strategy**

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, public health, and adult social care with the children and young people's plan. The strategy is based on eight strategic themes that cover the breadth of the frameworks in which learning disability is picked up as a key issue. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures for people with learning disabilities are mapped across the life course against the four priority areas.

### **6.3 Integration**

Responsibility for ensuring the delivery of the things set out the concordat rests with both the NHS and the Local Authority and there is commitment on both sides to enable this to happen. The local action plan will be fully integrated and will include actions for both health and social care.

### **6.4 Financial**

(Implications completed by Dawn Calvert, Group Manager Finance, Adult & Community Services and Children's Services)

There are no quantifiable costs attached to the programme of action identified in response to the Winterbourne View Concordat or the stocktake. The delivery of the both programmes, including any subsequent additions, must be accommodated within the current resources of the accountable bodies identified within the plan.

## 6.5 Legal

(Implications completed by Lucinda Bell, Solicitor Social Care and Education)

The Health and Wellbeing Board is under a duty<sup>1</sup> to encourage integrated working. This includes:

- a duty to encourage those arranging for the provision of health or social care services in their area to work in an integrated manner; and
- a duty in particular to provide advice, assistance, and so on, to encourage the making of arrangements under section 75 of the NHTA 2006.

## 7 Risk Management

7.1 The following potential risks and mitigations have been identified:

Identified Potential Risk	Mitigation / Action
Completion of joint local strategic plan by 1 <sup>st</sup> deadline	Sign off the structure plan and work required to complete it will be presented at August's learning disability sub-group.  The LD Sub-group will continue to monitor and review progress against the completion of the plan.  LD sub-group will continue to report up to the HWBB on progress against all actions in the concordat.
S75 / Pooled budget arrangements	Discussions are due to begin shortly between the Local Authority and CCG  Monitoring and progress will be reported to the LD sub-group and the HWBB.
Move of people back to the local community by 1 <sup>st</sup> June 2014 deadline	Comprehensive plans are already in place by the CLDT to support the patients identified to less restrictive settings  The LD sub group will continue to monitor progress and report up to the HWBB

<sup>1</sup> Section 195(1) and (2), Health and Social Care Act 2012



## **8 Non-mandatory Implications**

- 8.1 Crime and disorder: Some of the individuals in our AT&U's may present a risk of offending so risk management will need to be considered as part of the review process
- 8.2 Safeguarding: Barking and Dagenham will be bringing back to borough vulnerable service users who may have spent significant periods in patient services;
- 8.3 Property/assets: Barking and Dagenham will need to ensure suitable accommodation is in place as a form of prevention and for people who are coming back from out of borough.
- 8.4 Service User and Carer impact: Barking and Dagenham will have to work in close partnership with the carers and five service users in Assessment and Treatment Units (AT&U's) as part of the review process, in particular those who have been identified as suitable to return back to borough.
- 8.5 Staffing issues: Barking and Dagenham will need to ensure, in preparation for bringing individuals back into borough and as part of our local strategic plan, it has both a skilled and competent workforce in place to support and care for people with learning disabilities and who have behaviour which challenges.

## **9 Background Papers Used in the Preparation of the Report:**

- Winterbourne View Final Report and Concordat
- Winterbourne View Review good practice examples
- Mansell Report – Services for people with learning disabilities and challenging behaviour or mental health needs (rev) 2007
- Challenging Behaviour: a unified approach
- South Gloucestershire Safeguarding Adults Board Serious Case Review

## **10 List of appendices**

- APPENDIX 1: Winterbourne View Stocktake