

## **Committee: Health and Wellbeing Board**

**Date: 1 October 2013**

Agenda item: 9

Wards: All

### **Subject: Winterbourne View Update**

Lead officer: Simon Williams

Lead member: Linda Kirby

Forward Plan reference number:

Contact officer: Jonathan Brown

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#### **Recommendations:**

- A. Health and Wellbeing Board to confirm that recent Winterbourne View stocktake has been shared with them
  - B. Further update of progress against Winterbourne View action plan to be submitted to Health and Wellbeing Board in early 2014
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#### 1. Purpose of report and executive summary

To update the Health and Wellbeing Board on action undertaken against the Winterbourne View action plan published in the wake of the findings of abuse within a registered hospital setting for people with learning disabilities.

LBM and Merton CCG have submitted a recent stocktake of action thus far. This stocktake is attached for the HWB's information.

#### 2. Background

'Transforming Care', The Department of Health's 2012 response to the Winterbourne View scandal outlined along with a Joint Improvement Plan, actions that must be taken by Local Authorities, Clinical Commissioning Groups and other partners to ensure that people with learning disabilities who currently live in hospital settings have their care needs reviewed and are supported to move to community placements where appropriate.

'Transforming Care' also places a requirement on Local Authorities and Clinical Commissioning Groups to have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging. It is expected that this action will reduce the need for hospital placements in the future.

#### 3. Details

LB Merton has responsibility for the care management of 3 people with learning disabilities whose current placements are considered to be in-patient hospital settings.

All 3 individuals live in such settings due to the nature and intensity of their challenging behaviour. These behaviours mean that re-provision of their accommodation, care and support within community placements in this area is complex to achieve.

#### 4. Alternative options

Community placements will be actively considered for all 3 individuals. This will involve joint work within LBM and with the CCG to consider the risks present for all individuals within their current placements and also the assessed risk of them living in alternative community based placements, both to themselves and to others.

As above in point 3, the nature of their behaviour means that identifying alternative placements in the community where their complex needs can be met safely and effectively is challenging.

In addition evidence of the previous local hospital closure programme indicates that such resettlement/ re-provision work requires a realistic timeframe to achieve good outcomes for those involved.

#### 5. Consultation undertaken or proposed

Reviews of current care arrangements have been undertaken with all 3 individuals and their informal support networks. Further consultation and planning will be put in place following internal discussion and consideration with the CCG of required action.

#### 6. Timetable

The Winterbourne View action plan requires a move to alternative community based placements for people who do not need to be in hospital settings by June 2014.

As above in points 3 and 4, this timescale is challenging in view of the complexity of the levels of need exhibited by the three involved individuals.

#### 7. Financial, resource and property implications

The support and care packages for 2 of the individuals are currently funded through Continuing Care monies, the third from LBM's Adult Social Care budget. Due to the level of their needs and the nature of their challenging behaviour, there is no doubt that they will require on-going support in the form of residential care or supported living based care and support.

If it is identified that the 3 individuals should indeed move to community settings, the financial implications of this will need to be carefully considered with the aim of identifying value for money, cost effective community based alternatives.

It has been identified as part of the Winterbourne View Stocktake that further action is required in relation to the identification of specialist housing and capital monies that may be required to meet the needs of such individuals in community settings.

8. Legal and statutory implications

The needs of the three affected individuals will need to continue to be met within appropriate provision which takes into account the nature and intensity of their challenging behaviour and does not put them or others at inappropriate levels of risk.

9. Human rights, equalities and community cohesion implications

These elements are intrinsic to the reviews already carried out with the individuals affected by this work and to the consideration of future placements appropriate to the level of their need and the assessment of risk to themselves and others.

10. Crime and Disorder implications

None.

11. Risk management and health and safety implications

Risk assessments will be completed which will evaluate the health and safety implications and risk management considerations of the three individuals leaving their current care settings and being accommodated within alternative care and support environments.

These risk assessments will need to include an appraisal of risks not only to the three people directly involved in such potential moves, but to others who may subsequently be affected by the challenging behaviour of these individuals in potential community placements.

12. Appendices – the following documents are to be published with this report and form part of the report

- Winterbourne View Stocktake completed by officers from the LBM and Merton CCG to provide an update of action against the requirements of the Winterbourne View Joint Improvement Programme.

13. Background papers

As above.

### Winterbourne View Joint Improvement Programme

#### **Initial Stocktake of Progress against Key Winterbourne View Concordat Commitment**

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

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.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB. 24

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

**The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to [Sarah.Brown@local.gov.uk](mailto:Sarah.Brown@local.gov.uk)**

An easy read version is available on the [LGA website](#)

May 2013

Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>Local joint arrangement is through One Merton Group (OMG) which includes reps from LA, CCG, Public Health and voluntary sector. Multi-agency Safeguarding board also in place (VAST).</p>	<p>✓ documents available on request</p>	
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning &amp; providers).</p>	<p>We are working with Ability Housing to provide housing for people whose behaviour challenges (Mansell project) with Richmond and Croydon. Action plan in progress.</p>	<p>✓</p>	
<p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.</p>	<p>Yes.</p>		
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangements) monitoring and reporting on progress.</p>	<p>Yes.</p>		
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>Via the One Merton Group.</p>		
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>Yes, progress being reported to local boards such as HWB, VAST (Safeguarding Board) and CCG Quality Committee and Senior Management Team in ASC.</p>		
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>We would be concerned at the prospect of other boroughs moving people into supported living in our area.</p>		

1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Specialist housing and capital required to meet such needs.		Yes.
<b>2. Understanding the money</b>			
2.1 Are the costs of current services understood across the partnership.	Yes (however see 2.2)		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	No, further clarity required in relation to funding sources because of historic distribution of funds.		Yes.
2.3 Do you currently use S75 arrangements that are sufficient & robust.	We no longer have a section 75 agreement as Learning Disability revenue transfer from health to social services took place in 2011 under Section 256 agreement.		

<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>No.</p> <p>n/a</p> <p>n/a</p> <p>Requires development.</p>		
<p><b>3. Case management for individuals</b></p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>Yes.</p> <p>Yes.</p> <p>Review programme completed. Current gap in re-provision capacity (see 1.9)</p> <p>Yes.</p> <p>Yes. Individuals have advocacy support.</p>		<p>Yes.</p> <p>Yes.</p>

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<b>4. Current Review Programme</b>			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes. Arrangements are in place to support them and their families.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	No, further guidance is required as lack of clarity currently in relation to NHS funding responsibilities.		Yes.
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes, local Healthwatch coming on line in due course.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Yes.		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Yes. Case worker identified as first point of contact as part of this register.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Advocacy routinely available as required.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	All reviews monitored and require manager sign off as part of QA and safeguarding process. Good practice is developed through the community team's engagement with national networks and voluntary sector projects. Further support welcomed.		Yes.
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes, reviews are detailed and clear.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes.		



<p><b>5. Safeguarding</b></p> <p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p> <p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.</p> <p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p> <p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p> <p><b>20</b> Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p> <p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>Yes, via VAST and engagement with local authority safeguarding teams as required.</p> <p>Currently through Contract management, review and Information Governance processes.</p> <p>No units in our locality.</p> <p>Standing item on the VAST Safeguarding Board agenda. (<i>CCG to clarify re: Children safeguarding board</i>).</p> <p>Yes</p> <p>Information relating to people in such settings is fed back following regular reviews. Learning opportunities provided to staff involved in working with people whose behaviour is challenging from the Community LD Team.</p> <p>There has not been any discussion as yet with our Community Safety Partnership. This will be arranged.</p> <p>Yes.</p>	
<p><b>6. Commissioning arrangements</b></p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>All reviews/ initial assessments completed. This is a very high risk group and reprovision in relation to</p>	

6.2 Are these being jointly reviewed, developed and delivered.	housing and support is complex to achieve locally. Yes.	
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Yes.	
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	As in 6.1, reprovision is complex, but there is a significant focus on reducing any such future placements	
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	We have agreed this within our local partnership, but as above are unclear re: responsibilities of Specialist Commissioning Teams. See 6.1 in relation to current in-patients	Yes.
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	No.	Yes.

<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p>	<p>Yes.</p> <p>Partnership process in place to deliver local joint commissioning plans (led by public health)</p> <p>We are fully committed to the Winterbourne View Joint Improvement Programme and its targets. However, due to the complexity of the individuals involved and the challenges around reprovision, we are not confident that the target of 1 June 2014 will be achieved. Experience of previous local hosp closure programme indicated that this work takes time to achieve good outcomes. A realistic timeframe is essential.</p> <p>Health responsibilities, funding etc as 6.1.</p>	<p>Yes.</p> <p>Yes</p> <p>Yes</p>
<p><b>7. Developing local teams and services</b></p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>See 6.1</p> <p>Yes, as advocates present at reviews.</p> <p>Yes, where appropriate.</p>	

<p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b></p>			
<p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p>	<p>This is an area that requires further development.</p>		<p>Yes.</p>
<p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA,)</p>	<p>The Borough and the CCG have opened discussions about this and have identified that it is an area that requires further work.</p>		<p>Yes.</p>
<p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Yes.</p>		
<p><b>9. Understanding the population who need/receive services</b></p>			
<p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p>	<p>Yes.</p>		
<p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Yes.</p>		

<p><b>10. Children and adults transition planning</b></p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Transition process is currently under review</p> <p>Transition process is currently under review</p>	<p>Yes.</p> <p>Yes, there is currently an identified gap in relation to severe challenging behaviour.</p> <p>We have a Behaviour Support Service within the community LD team, which has a remit to enable people whose behaviour challenges to remain at home. This team provides training to service providers and family members to support them to manage such behaviours.</p>	<p>Yes</p>
<p><b>11. Current and future market requirements and capacity</b></p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>			

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Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5 July 2013<sup>th</sup>

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Signed by: 

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