

	<p align="center">Health and Well-Being Board</p> <p align="center">4 June 2015</p>
Title	Winterbourne View – Assuring Transformation
Report of	Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	Appendix 1 Summary overview of the Green Paper ‘No Voice Unheard, No Right Ignored’
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Summary

This report updates the Board on progress made in delivering the Winterbourne (Assuring Transformation) programme. It updates on the ongoing work to improve and adapt current services to meet patients’ needs in community settings and also to develop new services. A recent programme of patient Care and Treatment Reviews has created individual patient action plans and this has helped to identify blockages, solutions and prioritise commissioning activity. Wherever possible family members and representatives have been involved in these reviews.

The current position is that the number of Barnet patients who meet the criteria has reduced by four. There are now 12 patients from Barnet, this equates to prevalence of in-patient care data for London which is 11 – 12 per 1,000 people with a learning disability¹. Three patients were discharged in the final quarter of 2014/15.

There have been no new admissions since September 2014 and Barnet CCG Continuing Health Care team continues to work closely with the Integrated Community Learning Disabilities service to identify and plan appropriate support for those at risk of admission.

¹ Transforming Care for PWLD - next steps - Jan 2015 (Annex B: Prevalence data from 2013 LD National census).

A number of the patients are subject to consent orders through the Court of Protection; others are placed at specialist services providing for their complex continuing health care needs including some patients who are receiving treatment under the Mental Health Act.

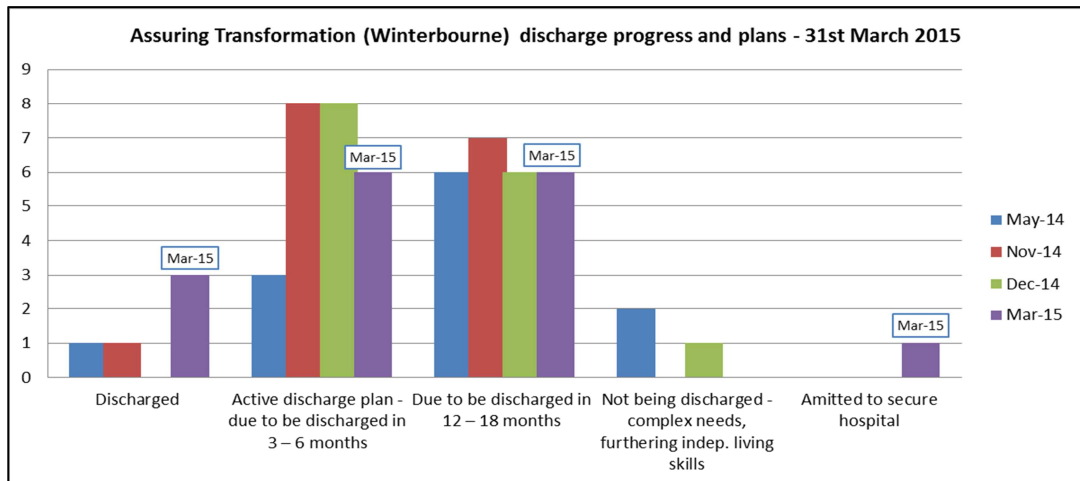
Recommendations

- 1. That the Board notes the contents of the report and appendix to the report including the progress made on patient discharges, the update on patients subject to the Winterbourne View Concordat and the current position in delivering the Assuring Transformation programme.**

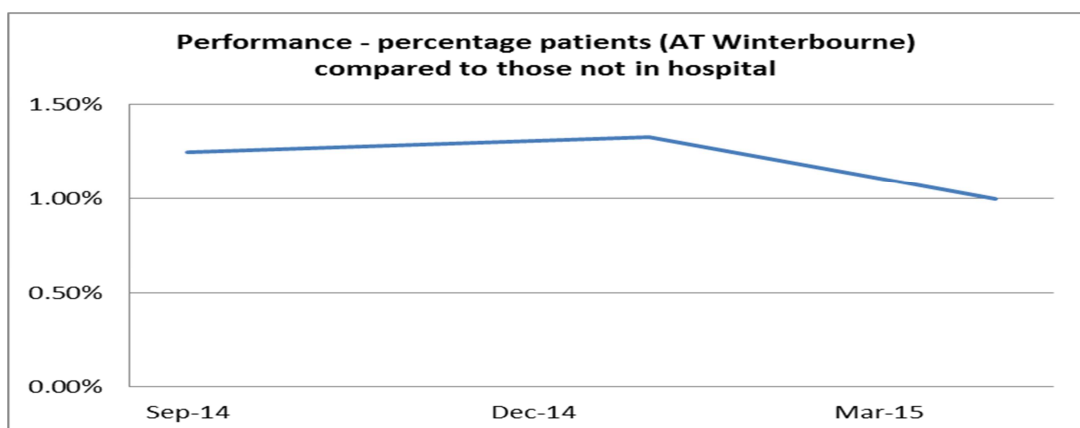
1. WHY THIS REPORT IS NEEDED

- 1.1 In December 2012 the Department of Health (DoH) published the Winterbourne View Concordat, a programme of action designed to transform services for people with learning disabilities or autism and mental health conditions. The recently published Green paper 'No Voice Unheard, No Right Ignored' (DoH)² is in response to the issues and challenges identified through the programme (see appendix 1 for a summary). This consultation for people with learning disabilities, autism and mental health conditions seek views on a range of possible options for changes to the law to enable them to live independently.
- 1.2 There are active discharge plans in place for many of the remaining patients. Commissioners and care co-ordinators are working closely with providers to develop solutions which are in the patients' best interests. Person centred care plans for each individual include actions to improve the quality of the current service provided as well as preparation for discharge and transition. All patients have access to advocacy and to social workers.
- 1.3 We are also working closely with family members and working collaboratively across the Council, the CCG and current and potential care and support and housing service providers. Commissioners have also met with the Care Quality Commission as part of their inspections of services.
- 1.4 The Court of Protection orders have meant that certain actions are required before we can prepare patients for discharge. An application to the Court will be prepared to provide for a deprivation of liberty authorisation and, if required, to determine whether it is in the best interest for each individual patient to move. Whilst progress to discharge is being made for many of the patients the Winterbourne View Concordat cannot be applied to all cases equally and that where people remain this is considered to be in their best interests. Families have been consulted on the options and alternatives, where possible.
- 1.5 The table below shows progress since May 2014 up to end of March 2015 and the current proposed discharge timescales.

² Summary at Appendix 1



1.6 Patient discharges during the last period have resulted in improved performance as shown in graph below³.



1.7 Detailed Care and Treatment Reviews (CTRs) have recently been undertaken for all of the patients. For the majority the reviews identified that their care and support needs could be met within an appropriate community setting. The reviews have also resulted in a set of recommendations for the service providers, care co-ordinators and commissioners and individual patient action plans.

1.6 Priority themes from the CTRs were:

- Providers to review training for care teams and staff and monitor outcomes and impact on service quality and patient experience

³ Calculation based on current cohort (12) divided by all adults with a learning disability in Barnet 6,830 – source national data and prevalence rates (PANSI and POPPI - 2014).

- Providers to produce updated, comprehensive operationalised plans and individualised plans including risk assessments, communication passports and person centred plans including showing clearly how Positive Behaviour Support is embedded within their organisations
- Work with care co-ordinators and other stakeholders and advocates to continue to improve engagement and communication with family members, carers and appointed representatives in decision-making, discharge planning and particularly to look at the range of alternatives and options available
- Providers to offer and engage in a variety of activities to improve patients' experiences and quality of life, to identify patients' preferences more clearly and have a broader view of goals and aspirations through effective person centred planning
- Providers to adopt appropriate methods and assessment tools to understand function of behaviours of patients
- A lack of rights based advocacy – although advocacy is in place there were difficulties because of communication barriers and understanding of complex needs and behaviours that challenge.

1.7 These themes now form action plans for the individual providers and feed into the overarching Winterbourne action plan. Where necessary the Official solicitor will be informed and may make representations

2. REASONS FOR RECOMMENDATIONS

2.1 The Concordat and Transforming Care - Next Steps⁴ recommend that Health and Well-Being boards provide support and have oversight of Winterbourne activity.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 Commissioners are working closely with NHS England to review progress, and the themes emerging from the CTRs. The provider focused action plans and the recommendations for each individual are reported to NHS England and are updated fortnightly. In addition fortnightly telephone conferences are held by NHS England to update and inform on progress. Information on our cohort of patients is now updated live and submitted monthly via a new data capture platform to the Health and Social Care Information Centre which enables real time reporting.

4.2 The Winterbourne View (WBV) Steering Group meets monthly to monitor progress against care plans and will be ensuring scrutiny of each placement and individual action and transition plans. The Winterbourne action plan is being reviewed and reframed to reflect current priorities and actions from Transforming Care - Next Steps.

⁴ Jointly produced by DoH, ADASS, CQC, HEE and the LGA in response to Sir Stephen Bubb report to NHS England

- 4.3 Priorities identified so far are the procurement of specialist providers; commissioners are working with existing approved providers to increase the amount of specialist accommodation and support services. The plan includes new housing provision, identifying new support providers and working with existing providers to develop their services to meet the high levels of needs of the cohort.
- 4.4 As plans to discharge the current cohort of patients' progress, we are considering how best we can identify those at risk of admission and how care pathways and services are working with people to prevent and avoid crisis. The WBV programme is linked closely to the review of the Integrated Community Learning Disability service and the Section 75 agreement which will make recommendations on the future of community provision and how the service will respond to meet the increasing complexity of need.
- 4.5 As well as addressing individual actions for patients, the cross cutting issues identified are being addressed by providers with the support of the CCG and Council and our commissioning plans are being updated. We are working closely with the London Commissioning Network⁵ to ensure joint regional working and to share information on specialist services and best practice.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The programme supports the core principles of opportunity and fairness set out in the Council's Corporate Plan 2015/20 and its intention that health and social care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The costs of care for the cohort are met by Barnet CCG and through a Section 75 funding agreement with the Council. There are currently no additional resource implications within this budget. Short term specialist support to progress the discharge plans has been agreed to be funded within the existing budget. The cost of the complex continuing health care placements is closely monitored by the CCG.
- 5.2.2 The Integrated Community Learning Disability Service (CLDS) which comprises health and social care professionals from the Adults & Communities Delivery Unit, Central London Community Health Trust and Barnet, Enfield & Haringey Mental Health Trust and Barnet CCG Continuing Health Care Team co-ordinate and review care plans. The care and treatment reviews have been led by Commissioners from the Joint Commissioning Team.

5.3 Legal and Constitutional References

- 5.3.1 The Care Act 2014 places the Safeguarding Adults Boards on a statutory footing and strengthens accountability, information sharing and a framework

⁵ Hosted by the London Social Care Partnership - LGA

for action to protect adults from abuse. The Care Act also strengthens the voice of people who use services and their carers in their care and support arrangements. Under the Care Act, people have a right to a choice of accommodation providing it is suitable to meet their needs.

5.3.2 The Care Act places new duties on Local Authorities to promote an efficient and effective market for adult social care and support as a whole in relation to both diversity and quality of services. This means collaborating closely with other relevant partners, including people with care and support needs and their families and carers. This should stimulate a diverse range of high quality services.

5.3.3 Powers and duties to provide care and treatment of those who lack capacity or who are mentally ill are set out in the Mental Capacity Act 2005, the mental Health Act 1983 and jurisdiction of the High Court.

5.3.4 There are currently in place, for some individuals, Orders from the Court of Protection which require the CCG and/or local authority to notify the Official Solicitor in advance of any decision to move the patient and we are complying with that Order

5.3.5 The Council's Constitution (Responsibility for Functions) section sets out the Terms of Reference of the Health and Well-Being Board which includes the following responsibilities:

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

(9) Specific responsibilities for:

- Overseeing public health
- Developing further health and social care integration

5.4 **Risk Management**

5.4.1 Individual action plans are being developed to progress discharge, for some of the residents there are health risks which need to be carefully considered due to their age and physical frailty.

5.4.2 There is a risk that as patient moves begin to take place from some services and beds close that the service will become unsustainable and service costs will increase. Planning is being undertaken to mitigate this potential risk with NHS England, commissioners from Hertfordshire and other London authorities and the provider to ensure that the service can continue to operate.

5.4.3 The Green paper (No Voice Unheard, No Right Ignored) has signalled a reduction in Assessment and Treatment beds for people with Learning Disabilities and Autism, community services and interventions need to be

sufficiently robust to meet complex needs. Accommodation and service gaps have been identified – there are few local providers who specialise in services to meet the needs of people with learning disabilities who have specific multiple needs including visual impairment, Autistic Spectrum Disorder and severe challenging behaviour. The action plan includes work to investigate and stimulate this section of the market working closely with regional health and CCG colleagues. A summary of the main issues in the Green paper is attached at appendix 1.

5.5 Equalities and Diversity

5.5.1 Impact assessments are undertaken for each patient as part of their person centred planning process and service designs.

5.5.2 The Joint Strategic Needs Assessment shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and have significant health risks and major health problems. The number of young people with complex disabilities and needs is increasing meaning that safeguards and quality assurance of care services for this group of people will remain a priority.

5.6 Consultation and Engagement

5.6.3 Family members, carers and representatives have been closely involved in the individual patient CTRs and care coordinators continue to ensure that this involvement continues as individual plans are developed. This is a key theme of the action plans.

5.6.4 Consultation on the Green paper closes at the end of May; commissioning responses are being co-ordinated by the London Learning Disabilities commissioners' network (through the LGA). Locally we will be working through the Learning Disability Partnership Board with people with Learning Disabilities and Autism, their family members and carers and local providers to consider the proposals.

6. BACKGROUND PAPERS

6.1 Health and Well-Being Board – Winterbourne View One Year On 29th November 2012

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=6568&Ver=4>

6.2 Health and Well-Being Board – Winterbourne View Update 27th June 2013
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7557&Ver=4>

6.3 Health and Well-Being Board – Quality & Safeguarding: learning from Winterbourne View Stocktake – 19th November 2013
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7558&Ver=4>

6.4 Health and Well Being Board – Winterbourne View Concordat - local progress update - 20th March 2014

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4>

- 6.5 Barnet CCG Board - Winterbourne View Concordat - local progress update – May 2014
- 6.6 Barnet CCG Board - Winterbourne View Concordat - local progress update – November 2014
- 6.7 Barnet CCG Clinical Quality and Risk Committee – updates, January 2014, January 2015 & April 2015.
- 6.8 Green Paper- No Voice Unheard, No Right Ignored - March 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409816/Document.pdf