
Meeting	Health and Wellbeing Board
Date	29 November 2012
Subject:	Winterbourne View- One Year On
Report of	Associate Director- Joint Commissioning (Interim)
Summary of item and decision being sought	<p>This report provides the Board with an update on Barnet's position following the serious case review on Winterbourne View Hospital commissioned by South Gloucestershire's Adult Safeguarding Board and the Department of Health's (DH) interim report outlining action for the NHS and Local Authorities.</p> <p>It also seeks comments on the draft action plan attached in Appendix B.</p>
Officer Contributors	<p>Mathew Kendall: Associate Director, Joint Commissioning (Interim)</p> <p>Temmy Fasegha: Joint Commissioner Mental Health & Learning Disability</p> <p>Alan Brackpool: Senior Commissioning Manager & Continuing Healthcare Lead</p> <p>Helen Duncan-Turnbull: Head of Integrated Learning Disability Service</p>
Reason for Report	To update the Board on actions already taken and being planned in response to the reviews following the reported abuse that took place in Winterbourne View Hospital run by Castlebeck.
Partnership flexibility being exercised	NA.
Wards Affected	All
<p>Contact for further information: Temmy Fasegha- Joint Commissioner Mental Health & Learning Disability (temmy.fasegha@barnet.gov.uk; 0208 359 2841)</p>	

1. RECOMMENDATION

- 1.1 To note the actions being taken and planned in respect of Barnet's response to the South Gloucestershire Serious Care Review and the Department of Health's interim report following the Care Quality Commission's national review of services after the reported abuse that took place in Winterbourne View Hospital run by Castlebeck Care Ltd.
- 1.2 To comment on the draft action plan to take forward the recommendations of the reviews as set out in Appendix B.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Not applicable

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Sustainable Community Strategy 2010-2020 is committed to achieving its objectives through working *"together to draw out efficiencies, provide seamless customer services; and develop a shared insight into needs and priorities, driving the commissioning of services and making difficult choices about where to prioritise them."*
- 3.2 This report focuses on the safeguards and safety of people with learning disabilities. Safeguarding is one of the key responsibilities of the HWB. The *'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'* sets a framework for joint action and partnership working across the local authorities, the NHS and other agencies.
- 3.3 The safeguarding agenda links directly with the four main themes of the Health and Wellbeing Strategy 2012-15; *'Preparing for a healthy life'*, *'Wellbeing in the community'*, *'How we live'*, and *'Care when needed'*.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Barnet's Joint Strategic Needs Assessment¹ 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 to have significant health risks and major health problems including obesity, diabetes, heart and respiratory diseases.
- 4.2 To improve health outcomes for people with learning disabilities, the CCG has agreed funding for a year long Primary Care Learning Disability Nurse role, which will be responsible for coordinating arrangements with GPs networks to ensure access to annual health checks and screening programmes. Working with primary care, the integrated Community Learning Disability Service (CLDS), acute and community services, the primary Care learning Disability Nurse will support the development of systems to track people with learning disabilities across the pathway to ensure that they have appropriate, safe and timely access to treatment and support when required. The Primary Care Learning Disability Nurse will work closely with the CLDS, Acute Liaison Nurse and community health services to improve coordination and outcomes.

¹ Barnet Joint Strategic Needs Assessment- 2011

5. RISK MANAGEMENT

- 5.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the council and Barnet Clinical Commissioning Group (CCG). Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is lead agency through the Barnet Multi-agency Safeguarding Adults Board. As such both members and senior officers carry a level of accountability for safeguarding practice in Barnet.
- 5.2 The action plan responds to the recommendations following the South Gloucestershire Serious Case Review and in the Department of Health's interim report and aims to provide further assurance and ensure effective arrangements are in place to safeguard and protect people with learning disabilities.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Mental Capacity Act 2005 Deprivation of Liberty Safeguards implemented in April 2009 supports the identification of residents in care homes and patients in hospitals who are being deprived of their liberty and sets out appropriate procedures that will be invoked for authorisation. Barnet safeguarding adults' procedures can be invoked to investigate poor care practice, neglect or abuse and plans can be put in place to protect people affected.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The integrated Community Learning Disability Service (CLDS) and the CCG Continuing Health Care Team are responsible for coordinating and reviewing care plans of people with learning disabilities in health and social care placements. The Council's Supply Management Team and the NHS North Central London have responsibility for coordinating contract monitoring arrangements including managing and monitoring quality of council and NHS contracted services respectively.
- 7.2 Following discussions at the Adult Social Care and Health Senior Management Team and the CCG Quality and Clinical Risk Committee, a business case and options appraisal will be developed by the Joint Commissioner. Building on the draft Integrated Commissioning Plan, the business case will identify opportunities for further pooling of health and social care budgets to enable development of cost-effective, safe, flexible and community-based step down resources to reduce and prevent the use of inpatient assessment and treatment services and other locked units.
- 7.3 As part of the Health and Social Care Act 2012, statutory responsibility for the Deprivation of Liberty Safeguards (DOLS) in hospital passes to the Council from April 2013, this is in addition to the Council's current responsibility in respect of DOLS in residential settings. Following discussions at the CCG's Quality and Clinical Risk Committee on 15 November 2012 a report is due to be presented to the CCG QIPP Board to secure recurrent contribution from the CCG to ensure the Council develops a DOLS Office to fulfil the new responsibilities for DOLS in hospital settings including roll out of training for additional Best Interest Assessors. This will enable the implementation of effective statutory supervisory oversights and DOLS in hospital and residential services commissioned by the CCG and the Council. The impact on the Council will be met from existing mental health budgets.

- 7.4 There has been an increase in the number of DOLS requests to the CCG and Council as awareness has increased. In 2011/12, twenty one DOLS applications were made to the CCG making it the highest across London CCGs while forty three DOLS application were made to the council, the second highest across London Councils.
- 7.5 Responsibility for the commissioning of Independent Mental Health Advocacy also passes to the council from April 2013. The Independent Mental Health Advocacy service commissioned by the CCG through Mind in Barnet is already included in the Section 75 Agreement for 'Voluntary Services Commissioning within a Prevention Framework', which was entered into by the Council and CCG in February 2012 and as such there is no anticipated financial impact on the Council.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The Barnet Learning Disability Partnership Board (LDPB), a multi-agency partnership arrangement bringing together people with learning disabilities and autism, family carers and professionals from the council, NHS, voluntary sector and other mainstream services has played an important role in fostering a partnership approach to keeping people safe. The actions identified in appendix A, reflects feedback and comments received from the LDPB, in particular, the need for developing better information sharing arrangements and to increase local community based services for people with complex needs.
- 8.2 The LDPB is co-chaired by a person with a learning disability in order to ensure that our priorities reflect the experiences of people with a learning disability in Barnet. The Partnership has supported the set up of the Learning Disability Parliament which is a key mechanism for engaging and consulting with people with learning disabilities in Barnet. The Board has an active carers' subgroup made up of family carers and they are represented as full members of the board.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Barnet Safeguarding Adults Board (SAB) provides an inter-agency framework for coordinating actions in respect of safeguarding with representation from the council, CCG, NHS Trusts, the voluntary sector, the police and service users. In response to the Winterbourne View, NHS London updated and strengthened the annual Learning Disability Health Self-assessment Framework. This included the requirement for local NHS Trust to complete and submit to the local SAB, a Safeguarding Assurance Framework setting out their assurance processes for ensuring that people with learning disabilities using their services are safeguarded and that reasonable adjustment are made to improve access and outcomes. The SAB was recently involved in reviewing the NHS Trust submission in respect of their implementation of the Safeguarding Assurance Framework. The Board will continue to oversee the implementation of the providers' improvement plans resulting from this process.

10. DETAILS

- 10.1 An undercover investigation broadcast by Panorama on 31st May 2011 provided harrowing evidence of the physical and emotional abuse experienced by adults with learning disabilities living in Winterbourne View Hospital, Bristol. Winterbourne View (which has now closed) was an independent sector hospital owned by Castlebeck Care Ltd.

- 10.2 The programme garnered immediate and overwhelming media, public and political reaction, compelling action to be taken at all levels. It prompted a Serious Case Review into Winterbourne View commissioned by South Gloucestershire Adults Safeguarding Board. Nationally, in response to the programme, the Minister for Care Services set up a review to establish the facts and bring forward actions to improve care and outcomes for people with learning disabilities or autism and behaviour problem that challenge services and providers.
- 10.3 A letter issued by the Department of Health (DH) in February 2012 reminded health bodies and local authorities of the minimum actions expected to drive up local standards. This was subsequently followed up by a further letter in June 2012 asking CCG's and Local Authorities to work together to assure themselves that they are continuing to take all actions needed to improve outcomes for people with learning disabilities in line with the interim report and in preparation for the outcomes of the final report into the events at Winterbourne View.
- 10.4 The [DH interim report](#) issued in June 2012:
- Sets out the strategic direction, outcomes and how the DH and the NHS Commissioning Board will measure progress;
 - Seeks to ensure that commissioners, providers and the workforce are clear about their roles and accountabilities, and understand good models of care;
 - Creates the framework within which local action should take place;
 - Sets out proposed actions at a national level to drive good practice and focus on improving outcomes for individuals with learning disabilities or autism and behaviour which challenges.
- 10.5 The [South Gloucestershire Serious Case Review](#) report published in August 2012 made 43 recommendations of which most notably included:
- A call for greater investment in community-based care in order to reduce the need for in-patient admissions at assessment, treatment and rehabilitation units such as Winterbourne View Hospital
 - A call for notifications of concern, including safeguarding alerts, hospital admissions and police attendances to be better coordinated and shared amongst safeguarding organisations to allow earlier identification of potential problems and earlier action to be taken.

Implications for Barnet

- 10.6 As an immediate response to the BBC Panorama broadcast, the council and the NHS carried out an audit to identify if there were any Barnet residents in any service run by Castlebeck Care Ltd, the organisation that ran Winterbourne View Hospital. The audit identified that Barnet did not have any service users placed in any of their services.
- 10.7 NHS London through NHS NCL put in place an 'Enhanced Assurance Framework' to ensure that proactive arrangements are in place to coordinate information sharing in respect of safeguarding concerns and to ascertain reviews and monitoring of all placements in hospital settings. The outcome of the audit was reported to NHS London in November 2011 and July 2012. It found that NHS Barnet CCG placed 11 people in locked wards including Assessment and Treatment Units. A further 8 people are in the Harperbury Hospital Specialist Residential Unit and are part of the NHS Campus cohort reflected in the Section 75 Agreement for the Campus Reprovision Pooled Budget. An update on the current NHS Barnet CCG placements including Continuing Health Care can be found in Appendix A.

- 10.8 In November 2011, the council hosted a workshop bringing together health and social care staff to review and consider the implication of Winterbourne Views on practice to help inform service development. This resulted in the development of the multi-disciplinary Move On Team in the CLDS.
- 10.9 In April 2012, the then Head of Strategic Commissioning Team presented a report to the Safeguarding Adults Partnership Board on the outcome of audits of health and social care placements with particular focus on out of area placements. Following discussions about the South Gloucestershire Serious Case Review report in October, the Board has requested a further report on Winterbourne View to be presented in January 2013. This will also take account of the recommendations set out in the final report of the Department of Health.
- 10.10 In July 2012 the Safeguarding Overview and Scrutiny Committee received a position statement which set out the overarching approach to promoting and monitoring quality in care homes, with particular reference to safeguarding, and proposals for strengthening the approach in partnership with other statutory organisations in particular between social care and primary care.
- 10.11 Work is currently being undertaken with key staff in the council and CCG to complete a more comprehensive review against the recommendations from the serious case review and interim DH report. The initial findings and action plan, which is attached in Appendix B was presented to the council's Senior Management Team and the CCG's Quality and Clinical Risk Committee earlier this month.
- 10.12 Some of the actions identified from this exercise are already reflected in the draft Integrated Commissioning Plan, the council's 2012/13 Adult Social Care Business Plan and the draft CCG 2012/13/14 Commissioning Intentions for Learning Disabilities
- 10.13 Although the review is centred on Learning Disability services, there is relevance in using this as an opportunity to apply a whole system approach to service change. There are key findings and recommendations that will affect national policy which equally apply to other care groups across the service. Any transformational change programme will take this into account to ensure high quality, equitable services for the people of Barnet.

Next Steps

- 10.14 To summarise, there are no serious implications for Barnet but the following steps are being taken as detailed below:

Barnet Integrated Community Learning Disability Service (CLDS) and Continuing Health Care Team

- 10.14.1 The Council and CCG entered into a S75 Agreement for the provision of an integrated and specialist community Learning Disability Service to provide multi-disciplinary support and care coordination for people with learning disabilities. Significant progress is being made to develop an integrated service structure which was informed by a needs assessment of current service users and by the findings of the Barnet Joint Strategic needs Assessment.
- 10.14.2 Development of the integrated service within a multi-disciplinary framework takes account of the demographic and financial challenges Barnet faces with an expected increase in the number of people with learning disabilities who have complex, profound and multiple needs. This also includes consideration of the skills and professional mix of workforce and partnerships required to better meet

these challenges. The proposed structure is currently out for consultation, which ends on 1 February 2013.

- 10.14.3 Specialist placements are also monitored by the Barnet Learning Disability Service (CLDS) via multi-disciplinary approach, providing active case management and clinical oversight. These arrangements are being enhanced by CLDS to include wider service quality, safeguarding and effectiveness of treatment and care planning issues.
- 10.14.4 A multi-disciplinary 'Move on Team' funded through s256 has been set up in the service to take a more active role in the reviewing and step-down planning arrangements for Barnet placements out-of-area services.
- 10.14.5 In October, commissioners in Hertfordshire County Council convened a meeting to discuss future plans for the NHS Campus clients in the Specialist Residential Units in Harperbury Hospital. The meeting was to consider options for the people who have been subject of a Consent Order following a Court of Protection ruling in summer 2011. Of the 8 Barnet placements, 6 are subject of Consent Orders and a further 2 are sectioned under the Mental Health Act. Following legal advice received at the meeting, the CLDS is now undertaking a multi-disciplinary review of all 8 Barnet placements. The review will inform decisions regarding move on options from Harperbury. The CLDS had successfully moved on 2 other Barnet NHS Campus clients from Harperbury Hospital in February and August.

Acute Liaison Nurses and Primary Care Nurse

- 10.14.6 Two Acute Liaison Nurses are funded by NHS Barnet CCG and NHS Enfield CCG to support people with learning disability using local acute hospital services at the Royal Free, Barnet General, Chase Farm and North Middlesex hospitals. Highly valued by self-advocates and their carers, the acute liaison nurses help with the planning of hospital admissions and discharges including liaising with relevant CLDS and other community services to prevent delayed discharges. They ensure that reasonable adjustments are made by acute hospital staff and also provide training to ward and hospital staff raising awareness and understanding of learning disabilities and use of deprivation of liberty safeguards.
- 10.14.7 Self-advocates and their carers in the Barnet Learning Disability Partnership Board have requested that similar liaison arrangements are put in place in Edgware Community and Finchley Memorial hospitals. Work is underway to scope the use of volunteers in both hospital sites to improve sign posting support for people with learning disabilities using both hospitals.
- 10.14.8 To support the implementation of the NCL Primary Care Strategy, NHS Barnet CCG has agreed the recruitment of a Primary Care Learning Disability Nurse. This fixed term role will be responsible for coordinating arrangements with GPs networks and will support the development of systems to track people with learning disabilities across the pathway to ensure that they have appropriate, safe and timely access to treatment and support when required. The Primary Care Learning Disability Nurse will work closely with the CLDS, Acute Liaison Nurse, and community health services to improve coordination and outcomes.

Contracting & Monitoring

- 10.14.9 In its current consultation on the structure of the Adults and Communities Delivery Unit the council is proposing to create an 'Integrated Quality in Care Home Team' which will enhance capacity to undertake quality monitoring audits and visits of providers. The team will also:
- Undertake provider workforce development;
 - Provide project management linking My Home Life, with all of the other safeguarding and quality interventions taking place;
 - Work with providers to co-produce a performance toolkit and embedding a sector led approach to improved quality.
- 10.14.10 Management of NHS contracts is via the NHS North Central London that coordinates monitoring meetings and actions with involvement of local commissioners and CCG representatives. The contract meetings which take place at least once every two months focuses on performance and quality. Outcomes and findings from these meetings are escalated as appropriate through NCL and the local borough presence. From April 2013, responsibilities for the management of NHS contracts will pass to the NHS North and East London Commissioning Support Unit.

Safeguarding Practice and Board level responsibility

- 10.14.11 All health and social care partners on the Barnet SAB have established agency safeguarding boards/committees to drive developments of internal systems and safeguarding practice and monitoring uptake of training. Each Health Trust on the Barnet Safeguarding Adults Board provide regular updates to the Board outlining their progress and future work planned in respect of meeting their statutory safeguarding responsibilities to the Board.
- 10.14.12 A review of safeguarding alerts in hospital and police involvement to ensure better co-ordinated and shared approaches by all safeguarding organisations is now in place. They also report on a number of domains including, outcomes of patient experience surveys, their implementation of 'dignity in care' standards and the Mental Capacity Act.
- 10.14.13 In light of Winterbourne View, the DH updated and enhanced the reporting requirements and improved the 2011/12 Learning Disability Health Self-assessment Framework standards. Local NHS Trusts were required to submit Safeguarding Adults Assessment Framework (SAAF) to the relevant SAB. The Board will continue to oversee the implementation of the providers' improvement plans resulting from the SAAF.

Commissioning

- 10.14.14 The DH interim report recommended that specialist assessment and treatment services should be regarded as 'high risk services'. Accordingly they require more than the standard approach to inspection and quality assurance, with frequent, more thorough, unannounced inspections and exacting safeguarding investigations. Commissioning and contracting will need to take this into account in delivering against a compliance and quality assurance framework fit for the future. Whilst CQC will change their approach to assuring compliance against the essential standards, commissioners will locally apply a stringent reviewing cycle to monitor the effectiveness of services, outcomes for individuals and safeguarding practices. This is being incorporated as part of the transactional work plans of CLDS and the NHS Continuing Health Care Team.

- 10.14.15 The report also makes specific recommendations for Clinical Commissioning Groups (CCG) and Local Authorities in terms of their future commissioning priorities, and the need to take steps to reduce the number of people needing to use in-patient services by investing in intensive community support and enhancing the capacity of mainstream services. Work is currently underway to develop a 'Complex Care Pathway as part of the draft Integrated Commissioning Plan. This will include consideration for development of appropriate community services to prevent and/or reduce the need for these types of services. It will also include mapping of the NHS and council's investment with a view of identifying opportunities for joint planning and commissioning of services in order to achieve better outcomes and financial efficiencies. This work will also link into the market position statement currently being developed by the council.
- 10.14.16 Further work will be finalised to ensure contractual documents and service specifications for all people with Learning Disabilities placed in Assessment and Treatment units and the specialist residential placements highlight clear expectations around safeguarding, use of the Mental Health Capacity Act and DOLS.
- 10.14.17 Reports on progress with the implementation of the action plan will be presented to the Barnet SAB and the CCG Quality and Clinical Risk Committee. The action plan will be updated to take account of any additional recommendations that may result from the publication of the Department of Health's final report on Winterbourne Views.

11 BACKGROUND PAPERS

11.1 None.

Legal –HP
CFO – MGC