
Meeting	Health and Well-Being Board
Date	19 th September 2013
Subject	Quality & Safeguarding: learning from the Winterbourne View Stocktake
Report of	Adults and Communities Director
Summary of item and decision being sought	In July 2013, every local area was required to undertake a stocktake on progress made locally in response to the Winterbourne View Concordat, published by the Department of Health in December 2012. This required a number of actions from local health and social care economies. This report provides the Board with an update on the local action and learning points in response to the stocktake and Concordat.

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Reason for Report	To update the Board on the learning from the stocktake exercise that took place in July 2013, and the actions that have taken place or are planned as a result of the stocktake.
Partnership flexibility being exercised	N/A
Enclosures	Appendix A – Barnet’s systems for monitoring care quality Appendix B – Winterbourne View background paper 1 Barnet Stocktake Appendix C – Winterbourne View background paper 2 Letter from the LGA & NHS England Appendix D – Winterbourne View background paper 3 Ministerial letter to HWBBs re Winterbourne View
Wards Affected	All
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1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board notes the local learning of the stocktake exercise following the letter from the minister for care services dated 31 May 2013, which called for Health and Wellbeing Boards to take a leadership role with respect of local delivery against the Winterbourne View Concordat.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board - Winterbourne View One Year On – Thursday 29 November 2012.
- 2.2 Health and Well-Being Board - Winterbourne View - Update report - 27 June 2013

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

- 3.1 This report focuses on the safeguards and safety of people with learning disabilities. Safeguarding is one of the key responsibilities of the Health and Well-Being Board. 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.
- 3.2 The adult safeguarding agenda links directly with the main themes of the Health and Well-Being Strategy 2012-15, especially '*Wellbeing in the community*', '*How we live*', and '*Care when needed*'.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Barnet's 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 to have significant health risks and major health problems including obesity, diabetes, heart and respiratory diseases. The number of young people with complex disabilities in the local population is rising, meaning that safeguards and quality assurance of care services for this group of people will remain highly important.

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, NHS Barnet Clinical Commissioning Group (CCG) and care providers. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is the lead agency and is responsible for the co-ordination of the multi-agency safeguarding board.
- 5.2 Barnet's Health and Well-Being Board has a key leadership role to play in ensuring that the commitments made in the Winterbourne View Concordat are achieved.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Adult safeguarding law has developed piecemeal and currently to great extent is policy and guidance led. Powers and duties to provide care or treatment or deal with the finances of those who lack capacity or who are mentally ill are contained in the Mental Capacity Act 2005, the Mental Health Act 1983 and the High Court's inherent jurisdiction.

6.2 Powers of intervention or prevention are contained in:

- National Assistance Act 1948
- Environmental/public health legislation
- Police powers of entry

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

7.1 The Integrated Community Learning Disability Service (CLDS), comprising health and social care professionals from the Council's Adults and Communities delivery unit, Central London Community Health Trust and Barnet, Enfield and Haringey Mental Health Trust; and the NHS Barnet CCG Continuing Health Care Team are responsible for coordinating and reviewing care plans of people with learning disabilities in social care and health placements. The Adults and Communities Supply Management Team and the NHS North and East London Commissioning Support Unit have responsibility for co-ordinating contract monitoring arrangements including quality monitoring of Council and NHS contracted services respectively.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Barnet Learning Disability Partnership Board (LDPB), a multi-agency partnership bringing together people with learning disabilities (LD) and autism, family carers and professionals from the Council, NHS, voluntary sector and other services has played an important role in fostering a partnership approach to keeping people safe and in the development of learning disability commissioning priorities. The LDPB is co-chaired by a person with a learning disability. Five members of the LDPB are people with learning disabilities. 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. MPs of the Barnet LD parliament have an open invitation to attend the LDPB as participant observers. The Board has active sub-groups of both family carers and people with learning disabilities who are full members of the board. The LDPB has taken an active interest in the Winterbourne View agenda and has scrutinised reports on this.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Barnet Safeguarding Adults Board (BSAB) 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. The Adult and Communities Director, in her role of Director of Adult Social Services, involves Health and Well-Being Board partner organisations in completing aspects of the review of local progress on meeting the Concordat where this is relevant / necessary.

9.2 The BSAB has taken a close interest in issues arising from Winterbourne View and has received regular reports on the numbers of people with learning disabilities placed in hospital settings. The Board hosted a learning event for local service users, providers and commissioners on Winterbourne View, with the author of the

Winterbourne View Serious Case Review as the key speaker. The BSAB has reviewed local provision to establish if care settings such as Winterbourne view exist locally. The Board scrutinises local NHS care quality and safeguarding activity in all settings relating to people with learning disabilities.

10. DETAILS

10.1 The Local Stocktake, June 2013

10.1.1 Local areas were required to complete a stocktake of progress to deliver the Winterbourne View Concordat in June 2013. The stocktake drew heavily on Barnet's Winterbourne View action plan, which has previously been presented to the Board.

10.1.2 Barnet has taken these issues very seriously, evidenced by our taking action on it well before the publication of the Concordat, and this put us in a good position to respond to the requirements of the Concordat. In Barnet, there are currently 77 people on the LD register of people in receipt of NHS funded packages, of which 17 are in hospital settings and therefore fall within the scope of the Concordat. 1 of these is in an Assessment and Treatment Unit. Of these 17 people, all 17 people have been reviewed and 13 people have move-on plans in place. Move-on plans for the other remaining four people are currently being developed subject to individual clinical need. It is anticipated that all of the 17 people mentioned above will be moved by the national deadline of June 2014.

10.1.3 Barnet is fully committed to delivering the requirements of the Concordat because it had been aware of the issues and was monitoring this group of users for some time before the stocktake was required and so started from a solid base. Part of the learning from the Winterbourne View scandal is that health and social care commissioners need to ensure that their systems for monitoring care quality are robust. This relates to individual care plans, care providers and the wider care system. Barnet has established quality monitoring roles of the specific care and contracting teams in relation to this client group. It has also set out expectations for the Safeguarding Board and the multi-agency safeguarding procedures in keeping people safe. These are set out in more detail in Appendix A.

10.1.4 In addition, the stocktake has provided Barnet with a number of learning points that are now being taking forward to ensure the requirements of the Concordat are delivered as effectively as possible by the Borough.

10.2 Headline learning from the Stocktake

10.2.1 The Stocktake multi-disciplinary reviews of people with LD and autism who are in receipt of NHS funded packages of care in hospital settings were carried out by the Move-On Team and the CCG Continuing Health Care Team in partnership. Going forward, we should consider options for closer working between the integrated learning disability service and the CCG continuing healthcare team, as the group of users concerned in this stocktake are covered by both teams. This should include consideration of pooled budgets and efficiencies.

10.2.2 The stocktake also highlighted the need for the development of local care and support options for younger adults with complex needs. This is relevant to people placed in NHS settings but also the growing number of younger adults with complex needs. A scoping exercise will be carried out by children's services, adult social care and the CCG to develop project proposals for planning for the future for young

people with complex needs who are likely to require service interventions as they become adults. This work is being led by the Head of Service, Inclusion and Skills in Children Services and will involve the joint commissioners for Mental Health and Learning Disability and Children and Adolescent Mental Health. The scoping exercise is due to be undertaken by the end of autumn 2013.

10.3 Confidential Inquiry & 2012/13 Joint Health and Social Care Self-assessment Framework

10.3.1 The 2012/13 Learning Disability Joint Health and Social Care Self-assessment Framework (SAF) was launched in June. This was followed by the publication of two Department of Health reports into the findings of the confidential review into premature deaths of people with learning disabilities, '*Six Lives- Progress Report on Healthcare for People with Learning Disabilities*' and '*Government response to the Confidential Inquiry into premature deaths of people with learning disabilities*'. The 2012/13 SAF has been updated to provide further assurance about how health and care services are ensuring the safety of people with learning disabilities.

10.3.2 All local areas are required to complete the SAF and involve people and their carers as well as stakeholders in the evaluation process. Focus groups have been taking place since July to get local people's views. An event hosted by the Barnet Learning Disability Partnership Board is due to take place on 4 October 2013. The completed SAF is due for submission on 30 November 2013. This work is led by the Joint Commissioner for learning disabilities.

11. **BACKGROUND PAPERS**

11.1 Barnet Winterbourne View stocktake.

11.2 Letter from the LGA & NHS England to Local Authority Chief Executives, 'Winterbourne View Joint Improvement Programme- Local Stocktake'.

11.3 Letter from Norman Lamb MP, Minister of State for Care and Support, to Chairs to Health & Well-Being Boards, Council Leaders and Chief Executives, and Chairs and Chief Operating Officers of CCGs, 'Delivery of the Winterbourne View Concordat and review commitments'.

Legal – LC
CFO- JH

Appendix A: Barnet's systems for monitoring care quality

The integrated Learning Disability team includes social care, community health and mental health professionals to provide full multi-disciplinary support to this group of people. The dedicated Move-On team, funded from Council invest to save monies, has been working since spring 2012 with a remit to support people with Learning Disabilities move back into Borough and into more independent living. Progress reports have been presented to the Adults and Community Delivery Unit's Senior Management Team regularly and the CCG Clinical Risk and Quality Committee, a sub-committee of the CCG board which on behalf of the Board has overview functions in respect of safety, safeguarding and quality.

Barnet also already has a joint commissioner for learning disabilities, to maintain strategic oversight over this programme of work.

The Safeguarding Adults Board has been monitoring learning disabilities placements since the Winterbourne view scandal became public and the joint commissioner maintains a register of NHS funded placements. This focus should continue to provide assurance to all partners.

In addition it should be noted that the Council has an established working relationship with the Care Quality Commission to identify and act in situations where there are concerns about social care providers locally and there are local multi-agency systems for raising concerns about providers. The Council's quality and purchasing team undertakes unannounced monitoring visits of contracted social care providers and there is a programme of unannounced CQC inspections nationally. In addition, NHS England is establishing regional Quality Surveillance Groups which will review both qualitative and quantitative data on health care providers, in order to facilitate early action where there are quality concerns. NHS Barnet CCG has a quality and safety programme which includes requiring providers to demonstrate their response to the Francis Inquiry.