

HEALTH & WELLBEING BOARD

Subject Heading:

Winterbourne View Final Report – Proposed Action Plan

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report and the accompanying document attached as Appendix 1 details the findings and proposed action plan from the Winterbourne View Report.

RECOMMENDATIONS

- To note the content of the response to the final Winterbourne View Review published by the Department of Health (DoH) in December 2012
- To provide appropriate challenge to the draft outline of the Council's response to a number of the 63 action points set out in the DoH Review.

REPORT DETAIL

1. Background to Winterbourne View

- i. On the 31st May 2011, the BBC's Panorama programme revealed horrific and systematic abuse at the privately run Winterbourne View residential hospital for people with a learning disability. This unit was administered by Castlebeck Ltd and situated in Hambrook, near Bristol.

- II. The disclosures which were made during the programme of maltreatment led to the closure of Winterbourne View and criminal proceedings against 11 staff members. A programme of inspections by the Care Quality Commission (CQC) of care services for people with a learning disability was undertaken as a direct consequence.
- III. The Department of Health (DoH) also commissioned a large scale review of the issues raised by this affair. The interim report was published last summer and after some delay, the final report was published in December 2012.
- IV. The Community Learning Disability Service (CLDS) has outlined its key actions in response to the 63 listed by the DoH some of which are listed within the body of this report. A proposed action plan which sets out a list of comprehensive actions is attached as appendix A.
- V. A number of services and institutes will implement numerous actions following on from the Winterbourne Review to ensure that the recommendations are met.

2. London Borough of Havering

- I. From April 2013 Directors, management and leaders of organisations providing NHS or local authority funded services are required to provide assurance that systems and processes are in place to ensure they deliver high quality and appropriate care. For the LBH, this assurance is being undertaken by both the Safeguarding Adults Board and by bringing reports to this Board.
- II. From April 2013 - Health and care commissioners should use contracts to hold providers to account for the quality and safety of the services they provide. There are already systems in place across health and social care to monitor services. Where the Local Authority has concerns, the Quality Team undertakes both announced and unannounced visits. A range of enforcement action will then be undertaken including informing the Care Quality Commission.
- III. By 1 June 2013 - Health and care commissioners, working with service providers, people who use services and families, will review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based around their and their family's needs and agreed outcomes.
- IV. All LD clients residing in residential placements funded by the local authority (both in and out of borough) have been reviewed post Winterbourne. The CLDT are also working with four clients who are in private hospital provision or assessment and treatment units. These four people all have allocated workers and are being regularly reviewed. Even if there is no current plan for discharge, contact is maintained and progress monitored.
- V. No later than 1 June 2014 - Health and care commissioners should put plans into action as soon as possible and all individuals should be receiving personalised care and support in appropriate community settings no later than 1 June 2014.
- VI. By April 2014 - CCGs and local authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. This could potentially be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) processes.

3. Care Quality Commission (CQC)

- i. From June 2012 - CQC will continue to make unannounced inspections of providers of learning disability and mental health services. NELFT is undertaking its own programme of unannounced visits.

- ii. CQC will take enforcement action against providers who do not operate effective processes to ensure they have sufficient numbers of properly trained staff. Where LBH is made aware by the CQC that enforcement action is required, the LA will ensure that all residents residing in particular provisions are reviewed. Decisions will be made about continuation of placement via safeguarding processes, including any mental capacity considerations.
- iii. From April 2013 - CQC will take action to ensure the model of care is included as part of inspection and registration of relevant services. CQC will set out the new operation of its regulatory model, in response to consultation, in spring 2013.
- iv. From April 2013 - CQC will share the information, data and details they have about providers with the relevant CCGs and local authorities.
- v. From April 2013 - CQC will assess whether providers are delivering care consistent with the statement of purpose made at the time of registration.

4. Governance

- i. In order to ensure a joined up approach to the 63 recommendations from the Winterbourne View Review, a robust approach is required from all organisations involved with care of people with Learning Disabilities. By working in partnership with the CCG, Health and Wellbeing Board and safeguarding teams we can ensure people in Havering have services of the highest quality, which promote their health and wellbeing.
- ii. The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally. This should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014. The full document is attached as appendix 2.
- iii. This document follows on from a recent letter from Norman Lamb; Minister of State regarding the role of Health and Wellbeing Boards (HWBB). The stocktake will provide a local assurance tool for the HWBB. Letter attached as appendix 3
- iv. 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 their HWBB, but responses need to be developed with local partners, including CCGs, and shared with HWBBs.

5. Workforce Development

- i. From April 2013 - Health Education England (HEE) will take on the duty for education and training across the health and care workforce. HEE will work with the Department of Health, providers, clinical leaders and other partners to improve skills and capability to respond to the needs of people with complex needs. LBH workforce development team will link with HEE to assist in developing a course for Health and Social Care staff to meet this recommendation.

6. Department of Health

- i. As part of the review, the Department of Health have a range of actions which are discussed further in the attached action plan, appendix A. Updates will be brought to the Board where their reviews require local action.

7. Services and institutes

- i. The College of Social Work will produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions.

- ii. The British Psychological Society will provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings which NELFT will hold responsibility for.
- iii. The Royal College of Speech and Language Therapists has produced a report relating to good practice standards for commissioners and providers which promotes reasonable adjustments required to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospitals and residential settings.
- iv. Skills for Health and Skills for Care will develop national minimum training standards and a code of conduct for healthcare support workers and adult social care workers. When published, we will ensure that actions are taken forward through our workforce development teams.
- v. Skills for Care will develop a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour.
- vi. From March 2013, the NHSCB will work with ADASS to develop practical resources for commissioners of services for people with learning disabilities, including:
 - model service specifications;
 - new NHS contract schedules for specialist learning disability services;
 - models for rewarding best practice through the NHS; commissioning for Quality and Innovation (CQUIN) framework; and
 - A joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.
- vii. From 1 April 2013 - The NHSCB will ensure that all CCGs develop local registers of all people with challenging behaviour in NHS-funded care.
- viii. From April 2013 - the strong presumption will be in favour of pooled budget arrangements with local commissioners, offering justification where this is not done. The NHSCB, ADASS and ADCS will promote and facilitate joint commissioning arrangements. Locally, this work is underway across the LA and the CCG.
- ix. The NHSCB will ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism receive safe, appropriate and high quality care. The presumption should always be for services to be local and that people remain in their communities.
- x. From April 2013 - The NHSCB and ADASS will implement a joint health and social care self-assessment
- xi. framework to monitor progress of key health and social care inequalities from April 2013.
- xii. By summer 2013 - Provider organisations will set out a pledge or code model based on shared principles,
- xiii. along the lines of the Think Local Act Personal (TLAP) Making it Real principles.

IMPLICATIONS AND RISKS

Financial implications and risks:

The resource implications arising from implementing the proposed action plan will be managed within existing Adult Social Care and Commissioning budgets.

The financial implications and risks arising from implementing pooled budget arrangements will be considered once this work is sufficiently progressed.

There are no direct implications arising from the HWB noting the contents of this report and the responses to the action points.

Caroline May - Strategic Finance Business Partner (Children, Adults and Housing Directorate & Public Health)

Legal implications and risks:

There are no legal implications in noting the content of the Review and the draft response of the Council.

Stephen Doye - Legal Manager (Litigation)

Human Resources implications and risks:

The outcomes and action points from the Winterbourne View Report will have a direct impact on the Council's workforce, and for that of providers and partner organisations delivering services to adults with learning disabilities from the Havering community either on behalf of, or in conjunction with, the Council. Adult Social Care will have lead responsibilities for various workforce-related actions from the report.

Adult Social Care aims to launch its new 3-year Workforce Development Strategy and Plan this summer. It will be essential to ensure that the relevant workforce implications from this report are captured within the new Plan, and that the framework of the Strategy supports what is required to deliver on the specific workforce actions coming out of the Winterbourne View Report, as set out in the report action plan.

Eve Anderson – Strategic HR Business Partner (Children's, Adults & Housing and Public Health)

Equalities implications and risks:

LBH has a legal duty of care towards service users and is also bound by the relevant Disability Legislation in terms of making reasonable adjustments to its services.

The local authority needs to ensure that the rights and duties contained in the Mental Capacity legislation are applied and that advocacy services are available.

BACKGROUND PAPERS

<https://www.gov.uk/government/publications/winterbourne-view-hospital-interim-report-improving-care-of-vulnerable-people-with-learning-disabilities>

Whilst not technically background papers the following reports were considered:

The South Gloucestershire Safeguarding Adults Board - DR. Margaret Flynn, which was published in July 2012.

<http://www.rcslt.org/searchresults?cx=011969068685854286987%3Afturkm82seq&cof=FORID%3A11&q=LEARNING+DISABILITIES>

http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10171/4013688/ARTICLE-TEMPLATE

