

Report to:	Health and Wellbeing Board
Relevant Officer:	Karen Smith, Director of Adult Services, Blackpool Council
Relevant Cabinet Member:	Councillor Kath Rowson , Cabinet Member for Adult Social Care
Date of Meeting:	28 th January 2015

WINTERBOURNE VIEW CONCORDAT UPDATE

1.0 Purpose of the report:

1.1 To update on progress towards achieving the objectives set out in the Winterbourne View Concordat since the previous report made on 18 December 2013.

To provide an update on work being undertaken nationally to transform commissioning of services for people with learning disabilities.

2.0 Recommendation(s):

2.1 To accept the update and consider the next steps.

3.0 Reasons for recommendation(s):

3.1 Health and Wellbeing Boards have a key leadership role to play in ensuring that the commitments made in the Winterbourne View Concordat are achieved.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None, it is a key role of the Board to ensure that the commitments made in the Winterbourne View Concordat are achieved.

4.0 Council Priority:

4.1 The relevant Council Priorities are

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 The history of learning disability services, and of services for those with Autism, nationally over the last decades has been littered with a series of scandals, the most recent being Winterbourne View 2011.

5.2 In December 2012, the Department of Health published the Winterbourne View Concordat, a programme of action designed to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. A number of partners including NHS England, the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) made a commitment to working collaboratively with Clinical Commissioning Groups and Local Authorities to achieve the Concordat by **1 June 2014**.

5.3 The key actions required by the Concordat were as follows:

Create a register of people placed outside local area in hospital/private hospital settings by 31st March 2013.

Undertake a review of those people by 31 May 2013.

Develop plans to move people to appropriate local placements.

Transfer people to community based settings by 1 June 2014.

To put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour

5.4 Local progress

To complete this work locally a Winterbourne View Project Group was set up consisting of representatives from the local authority, Blackpool Clinical Commissioning Group, specialist providers and housing associations. The group established links with Lancashire and Staffordshire Commissioning Support Unit on work being undertaken regionally in relation to Winterbourne; reporting on progress to the Learning Disability Partnership Board (for which Winterbourne is a standing item) and presenting an annual update to Health and Wellbeing Board and Blackpool Clinical Commissioning Group Governing Body.

5.5 A register has been completed which provides key information on each individual falling under the Winterbourne criteria. In Blackpool there are seven individuals, of these:

Five are currently placed within Calderstones

One is in a specialist Learning Disability and Autism provision.

One is in a general acute bed and is due to be moved to a rehab placement in mid-January.

5.6 All have an assigned Case Worker and are appropriately placed and safe.

5.7 Following a market mapping exercise, a number of gaps in local provision were identified. In relation to Winterbourne the three main areas of concern in Blackpool are:

Having the right service provision in place to bring people back in to the area when their placement ceases at Calderstones or other admission

Stopping packages of care breaking down in the community by having a range of appropriately skilled providers within the market

Ensuring crisis provision is available for service users with a learning disability

5.8 To address these gaps work is currently underway to:

Improve the accommodation mix and offer specialist placements within the community. The current mix of properties is not suitable. More modern ways of providing a housing stock for people with a learning disability are available and being explored. Having appropriate housing may see a saving on care packages and improve outcomes for the service user.

Develop a specialist provider framework capable of meeting the needs of people with challenging behaviour and complex needs

Develop additional crisis support. Options are currently being explored

5.9 The Commissioner for Learning Disabilities within the local authority is leading on these areas of work in collaboration with the Head of Commissioning, Blackpool Clinical Commissioning Group and the Community Learning Disability Team. Wider partners including specialist providers will be involved at key stages in the process.

5.10 For the seven individuals on the Winterbourne Register,

Initial plans are in place to identify suitable placements locally, including a jointly commissioned package with Blackpool Clinical Commissioning Group for two individuals. One of these individuals requires a further period of specialist intervention within a rehabilitation framework and it has been agreed that transfer to a placement will take place in mid-January.

The remaining five are currently appropriately placed and are requiring ongoing treatment in either a low or medium secure setting. It is expected that once the gaps in provision are filled the remaining four will be supported into appropriate accommodation within 12-18 months.

Given the complex needs of the people involved significant risks of placement breakdown, delays and further hospital admissions remain, but every effort will be made to ensure a smooth and successful transition. Families/carers are involved in all aspects of the process.

5.11 At the time of the previous report to the Health and Wellbeing Board, it was expected that significant progress would have been made on shifting resources from hospital to community settings. However, the focus so far has been on the individual service users, future service design and commissioning. This position is mirrored in the majority of localities across the country. Nonetheless it should be recognised that a significant amount of work is underway or planned and good progress has been made locally to achieve the objectives set out in the Concordat.

5.12 **The National picture**

Following a series of reviews during 2013/14 undertaken by NHS England on progress in delivering the objectives of the Concordat it became clear that the ambition to move inpatients from their current hospital settings including those inappropriately placed in hospital to community-based support by 1 June 2014 would not be achieved and a more complex process than first anticipated. The number of people admitted to inpatient care in the year between September 2013 and September 2014 was actually greater than those discharged.

5.13 This led to the creation of a new Transforming Care Assurance Board set up by the Department of Health, jointly chaired by the Care Minister, Norman Lamb, and Gavin Harding (National Forum of People with Learning Disabilities). And a multi-organisation Transforming Care Programme Board developed by NHS England to focus on immediate actions as well as future service models. The Board's key ambition is *to support the transfer 50% of people who were inpatients at 1 April 2014, to the most appropriate setting.*

- 5.14 To ensure this ambition is realised across the North of England, NHS England Lancashire, has launched a new process for all inpatients known as Care and Treatment Reviews (CTRs). The purpose of such a review is to review the experience of the inpatient and promote discharge to a community setting wherever possible, or transfer to a less-restrictive environment unless clinically indicated otherwise. In relation to Blackpool, Care and Treatment Reviews have been completed for all eligible inpatients.
- 5.15 Alongside this, NHS England commissioned Sir Stephen Bubb, Chief Executive of the Association of Chief Executives of Voluntary Organisations (ACEVO), to lead a review to explore how a new national commissioning framework might be delivered locally, to develop the appropriate community provision required to move people out of inappropriate institutional care.
- 5.16 The Bubb report (**Winterbourne View – A Time for Change**) was published in November 2014 and is appended to this paper; the report sets out a roadmap for action. The top-line recommendations are:
- To urgently close inappropriate in-patient care institutions;
 - A Charter of Rights for people with learning disabilities and/or autism and their families;
 - To give people with learning disabilities and their families a ‘right to challenge’ decisions and the right to request a personal budget;
 - A requirement for local decision-makers to follow a mandatory framework that sets out who is responsible, for which services and how they will be held to account, including improved data collection and publication;
 - Improved training and education for NHS, local government and provider staff;
 - To start a social investment fund to build capacity in community-based services, to enable them to provide alternative support and empowering people with learning disabilities by giving them the rights they deserve in determining their care.
- 5.17 **Implications and Next steps**
- Delivering the Transforming Care agenda and taking forward the recommendations laid out in the Bubb report will impose new health and social care commissioning arrangements across the country. It must be emphasized that a significant scale of work, resource and commitment is required by Clinical Commissioning Groups and local Authorities given the pace expected nationally. It is expected that:
- Clinical Commissioning Groups and local authorities will work in partnership with each other and with NHS England to ensure the maximum positive impact is achieved on the lives of people with learning disabilities and/or autism. This may mean a move towards pooled budget arrangements.

- Clinical Commissioning Groups and local authorities will develop a community based model of care, with system wide changes in both principles and practice to support this.
- Clinical Commissioning Groups and local authorities will ensure there is equity in funding arrangements and removal of barriers to success such as lack of access to personal budgets, innovation and good quality support planning.
- In the long term, health and social care spend will not be less than it currently is, it will however be spent differently in a more self and family-directed way with a greater focus on outcomes.

Some of the investment linked to hospital closures and shift to community support may attract national transitional funding but this is not yet confirmed.

- 5.18 To deliver the wider Learning Disability agenda and ensure success of Transforming Care in Lancashire, a Learning Disability Commissioners Network for Lancashire and South Cumbria was set up in November 2014. A key responsibility of this group will be to consider the development of a strategic framework to provide the governance and future model of care for people with a learning disability and discussions are in progress. Blackpool is represented on this group through the Commissioner for Learning Disabilities, the Head of Commissioning, Blackpool Clinical Commissioning Groups and the Community Learning Disability Team Manager.
- 5.19 In Blackpool, a significant amount of groundwork has been undertaken to understand the needs of and transform the way we commission services for people with learning disabilities. Strategic Commissioners have carried out work to understand the future demand the Concordat will place on services, including gap analysis, market stimulation and the requirement for service redesign. Partnership working, commissioning and funding arrangements are also in place to support this.
- 5.20 The Council has established Integrated Community Learning Disability Team which includes Psychology Services and there are strong links between the team and Strategic Commissioners across the local authority and Blackpool Clinical Commissioning Groups. This team is linked into work taking place regionally; working collaboratively where appropriate.
- 5.21 Whilst plans are not yet transformational in terms of having implemented alternative provision for inpatients, the Council is developing a shared commissioning strategy for adults and children's health and social care which will be in place by April 2015 and a new specialist provider framework will be established by Summer 2015 to ensure the local market is capable of managing people with more complex needs and challenging behaviour in the community.

5.22 Does the information submitted include any exempt information? No

5.23 **List of Appendices:**

Appendix 4a: Winterbourne View a time for change

6.0 Legal considerations:

6.1 To meet the requirements of the Concordat, the Council and Clinical Commissioning Group must work within the legal requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005.

7.0 Human Resources considerations:

7.1 The Integrated Community Learning Disability Team (CLDT), (comprising of health and social care professionals from the local authority's Adults Social Care Team, Psychology services, Blackpool Teaching Hospitals Community Health and Blackpool Clinical Commissioning Group) is responsible for co-ordinating and reviewing care plans of people with learning disabilities in social care and health placements. The Contracting and Commissioning Team within the Local Authority are responsible for coordinating contract monitoring arrangements including quality monitoring of local authority and NHS contracted services respectively.

8.0 Equalities considerations:

8.1 A Lancashire wide Joint Strategic Needs Assessment report highlighted that people with learning disabilities are one of the most excluded groups in the community:

- Nearly half live in the most deprived areas of Lancashire
- Fewer than 15% Lancashire are in employment across Lancashire and in Blackpool this figure is considerably lower.
- The housing needs of people with learning disabilities are considerable and will increase.
- People with learning disabilities experience much poorer health outcomes across a range of conditions including respiratory diseases, sensory impairment, gastrointestinal cancer, anxiety and depression, dementia and challenging behaviour
- Prevalence and need is increasing whilst available budgets have been decreasing and are likely to continue to decrease.
- This has major implications for how services are delivered and will require a different approach to commissioning and developing co-produced services.

9.0 Financial considerations:

9.1 The care packages for the seven individuals within the Concordat cohort are fully funded by Blackpool Clinical Commissioning Group as in NHS hospitals.

10.0 Risk management considerations:

10.1 Safeguarding and protecting the most vulnerable is a key underpinning theme in the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2013-15. The Board therefore has a key leadership role to play in ensuring that the commitments made in the Winterbourne View Concordat are achieved. 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 Local Authority, Blackpool 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.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None