

REPORT TO THE HEALTH AND WELLBEING BOARD

Winterbourne View Review Concordat and Joint Improvement Programme

1. Purpose of Report

To brief the Health and Wellbeing Board on the requirements of the Winterbourne View Concordat.

2. Recommendations

2.1. The HW Board considers its role and responsibilities in relation to the Winterbourne View Concordat and makes explicit how it intends to take this commitment forward.

2.2. The Head of Joint Commissioning for Disabilities leads on the completion of the stocktake in partnership with other suggested CCG and LA colleagues:

- **CCG quality and safety rep**
- **finance colleagues - LA and CCG**
- **Childrens Commissioner**
- **HWB Board facilitator/rep**
- **Adult LD services rep**
- **Adult Safeguarding Board rep**

2.3. The HW Board supports the completion of the stocktake and the involvement of required personnel and arrangements for sign off of the completed document.

2.4. The stocktake implications are considered by the HW Board at a future meeting

3. Introduction/background

3.1. The Winterbourne View Review Concordat (DH 2012) reiterates the Government's Mandate to the NHS Commissioning Board that:

“The NHS Commissioning Board’s objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.”

key actions are:

3.2. "Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014:

The NHS Commissioning Board (NHSCB) will:

- ensure that all Primary Care Trusts develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;
- make clear to Clinical Commissioning Groups (CCGs) in their handover and legacy arrangements what is expected of them, including:
 - in maintaining the local register from 1 April 2013; and
 - reviewing individuals' care with the Local Authority and identifying who should be the first point of contact for each individual.

3.3. Health and care commissioners will:

- by 1 June 2013, working together and with service providers, people who use services and families review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes;
- put these plans into action as soon as possible, so that all individuals receive personalised care and support in appropriate community settings no later than 1 June 2014;
- ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.

3.4. ▪ Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

- This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.
- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.

3.5. ▪ There will be national leadership and support for local change. The Local Government Association and NHSCB will establish a joint improvement programme to provide leadership and support to transform services locally. They will involve key partners including the Department of Health (DH), The Society of Local Authority Chief Executives and Senior Managers (SOLACE), the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) and the Care Quality Commission (CQC) and will closely involve service providers, people with learning disabilities and autism and their families in their work. The programme will be operating within three months, with the Board and leadership arrangements in place by the end of December 2012. DH will provide funding to support this work.

3.6. ▪ Planning will start from childhood.

- DH will work with the Department for Education (DfE) to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;
- DH and DfE will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England.

3.7. ■ Improving the quality and safety of care:

- DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness;
- All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults;
- Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

3.8. ■ Accountability and corporate responsibility for the quality of care will be strengthened: DH will immediately examine how corporate bodies and their Boards of Directors can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps.

3.9. ■ Regulation and inspection of providers will be tightened: CQC will use existing powers to seek assurance that providers have regard to national guidance and good models of care. CQC will continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital parts of the team when relevant and appropriate to do so.

3.10. ■ Progress in transforming care and redesigning services will be monitored and reported:

- The Learning Disability Programme Board, chaired by the Minister for Care and Support, will lead delivery of the programme of change by measuring progress against milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;

- The Department of Health will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved." (Concordat DH 2012)

4. Requirements/Expectations of HW Board

4.1. Norman Lamb has recently written to Chairs of HW Boards, Council Leaders and Chief Execs and Chairs and COO of CCGs to stress the local leadership role HW Boards can play in delivering the commitments of the concordat.

He specifically highlights the objective that from April 2013 health and social care commissioners will :

"put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

- This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.
- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done" (Concordat, DH 2012)

4.2. He also suggests that HW boards will take an active interest in how far the other concordat commitments have been achieved.

4.3. His letter also refers to the newly established NHS England and Local Government Association led Winterbourne View Joint Improvement Board.

4.4. A letter was received on 31st may 2013 from the Joint Improvement Board seeking the completion of a stocktake of progress by 5th July 2013. The stocktake template is attached at appendix A. It requires that the stocktake is developed with local partners and shared with the HWB board. The final submission requires sign off by the chair of the HWB Board, the LA CE and a CCG representative.

APPENDICES

Appendix A - Stocktake template

Officer Contact: Jane Wood, Head of Joint Commissioning - Disabilities

Telephone No: 772285

Date: 06.06.13

APPENDIX 1

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

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 Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the [LGA website](#)

May 2013

Winterbourne View Local Stocktake June 2013	
1. Models of partnership	Assessment of current position evidence of work and issues arising
Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p> <p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p> <p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.</p> <p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p> <p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p> <p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p> <p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>Good practice example (please tick and attach)</p>

<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>			
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>			
<p>3. Case management for individuals</p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>			
<p>4. Current Review Programme</p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p> <p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p> <p>4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual</p>			

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p> <p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>		
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>		
<p>5. Safeguarding</p> <p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p>		
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> <p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p> <p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p> <p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p> <p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>		
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>		

<p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p> <p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>		
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>		
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p>		

<p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>		
<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>		
<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>		
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name.....

Organisation.....

Contact.....

From Norman Lamb MP
Minister of State for Care and Support



To: Chairs, Health and Wellbeing Boards
Cc: Council Leaders and Chief Executives
Chairs and Chief Operating Officers, GGCs

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 4850

Dear Colleague,

Delivery of the Winterbourne View Concordat and review commitments

I am writing to you at the start of your taking on your statutory functions to stress the pivotal local leadership role that Health and Wellbeing Boards can play in delivering the commitments made in the Winterbourne View Concordat¹ which represents a commitment by over 50 organisations across the sector – including the Local Government Association, NHS England, the NHS Confederation, Royal Colleges and third sector organisations – to reform how care is provided to people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. There is widespread agreement across the sector that the care of this group of vulnerable people requires fundamental change.

The abuse of people at Winterbourne View hospital was horrifying. For too long and in too many cases this group of people received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up in hospital unnecessarily and they are staying there for too long.

NHS England, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services and the Association of Directors of Children's Services each committed to working collaboratively with CCGs and Local Authorities to achieve a number of objectives by 1 June 2014, including that from April 2013, health and care commissioners will set out:

“a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

This could 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) process;

- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.*
- We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.*

Health and wellbeing boards have an opportunity through their role in agreeing the CCG and Local Authority Joint Plans to challenge the level of ambition in the plan and ensure that the right clinical and managerial leadership and infrastructure is in place to deliver the co-produced plan.

Health and wellbeing boards will, no doubt, also want to take an active interest in how far the other commitments in the Concordat, particularly those relating to care reviews having been completed by June 2013, have been achieved, as well as satisfying themselves that commissioners are working across the health and social care system to provide care and support which does not require people to live in inappropriate institutional settings.

It will only be through creative local joint commissioning and pooled budgets working with people who use services, their families, advocacy organisations and carers and other stakeholders (including providers) that we will deliver more joined-up services from the NHS and local councils in the future and see real change for this very vulnerable group.

Health and wellbeing boards are well placed to agree when a pooled budget will be established (if not already) and how it will promote the delivery of integrated care – care that is coordinated and personalised around the needs of individuals; which is closer to home and which will lead to a dramatic reduction in the number of inpatient placements and the closure of some large in-patient settings.

The Department of Health has supported the establishment of an NHS England and Local Government Association-led Winterbourne View Joint Improvement Board. This Board will be working closely with a range of partners to develop and implement a sector-led improvement programme working with local health and social care communities to deliver real and lasting change in the support and

care for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. It will shortly be in touch with you separately to take stock of progress in your area so that any appropriate level of support can be arranged.

Due to the very public nature of these failures in care, I am sure that you will want to ensure that your health and wellbeing board is able to provide transparent public information and assurance on progress locally.

Further information about the work of the improvement programme, including a recently issued framework for conducting reviews of care locally, is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via
Chris.Bull@local.gov.uk

Yours sincerely,



NORMAN LAMB

We hope to publish progress around the country in meeting the commitments made in the Concordat in the Summer.

Thanks so much for your work on this incredibly important issue!

