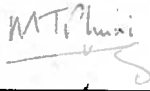
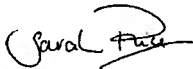
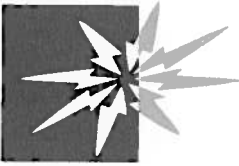


Haringey Council

Report for:	Health and Wellbeing Board on 9th July 2013	Item Number:	
Title:	Joint Strategic Plan (Winterbourne View Concordat Delivery Plan) and Achievement of Care Reviews		
Report Authorised by:	Mun Thong Phung, Director of Adult and Housing Services; and Sarah Price, Chief Operating Officer, Haringey CCG.  		
Lead Officer:	Beverley Tarka, Acting Deputy Director, Adult and Community Services; and Tristan Brice LD/MH Commissioner, Haringey CCG.		
Ward(s) affected: All	Report for: Non-key decision		

1. Describe the issue under consideration
 - 1.1 Following the presentation of the Haringey Winterbourne Review Joint Action Plan to the shadow Health and Wellbeing Board in February of this year, this report provides a summary update to the Health and Wellbeing Board on the implementation and progress of the Plan, against targets set by the Department of Health's Winterbourne View Review Concordat Programme of Action. The Health and Wellbeing Board are asked to approve the latest version of the Haringey Winterbourne Review Joint Action Plan as set out at Appendix 1 to this report.
2. Cabinet Member Introduction
 - 2.1 Haringey CCG, in collaboration with Haringey Council, has developed a joint work plan in response to the Winterbourne View Review (Appendix 1), which was presented and agreed at the shadow Health and Wellbeing Board in February of this year. This is overseen and monitored by the Winterbourne View Project Board, made up of senior management and clinical representatives from Haringey's Clinical Commissioning Group (CCG), the Local Authority, the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Whittington Health.



2.2 The Department of Health has supported the establishment of an NHS England and Local Government Association led Winterbourne View Joint Improvement Board, who have requested for a stock take report detailing the progress that Haringey has made to date against objectives set out. This report is attached as Appendix 2 and will be submitted to the Winterbourne View Joint Improvement Board (5th July 2013).

3. Recommendations

3.1 That members of the Health and Wellbeing Board approve Haringey's Joint Response to the Winterbourne View Concordat as set out at Appendix 1.

4. Alternative options considered

There are no alternative options. The DH concordant made it a requirement to carry out these actions.

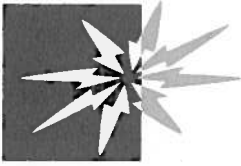
5. Background information

5.1 On 31st May 2011, an undercover investigation by the BBC's Panorama programme revealed criminal abuse by staff of patients at Winterbourne View Hospital near Bristol. This resulted in the closure of Winterbourne View and the placement of the remaining residents in other settings. The police launched their own investigations, with 11 criminal convictions, and the Care Quality Commission (CQC) inspected all hospitals and homes operated by Winterbourne View's owners (Castlebeck Care) and conducted a wider "health check", inspecting 150 learning disability services across England.

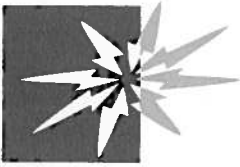
5.2 In addition, the Government set up its own Review, led by the Department of Health (DH) to investigate the failings surrounding Winterbourne View, understand what lessons we should be learning to prevent similar abuse and explore and recommend wider action to improve quality of care for vulnerable groups. An interim report was published in June 2012, followed by the full Government response to Winterbourne View in December 2012.

5.3 A Concordat between commissioners and providers of health care and Local Government agencies was developed by the Department of Health following the Winterbourne Review. The Concordat is a commitment to change and improve services delivered to people with learning difficulties associated with challenging behaviour.

5.4 The document sets out its vision for a whole systems change by stating: 'all parts of the system – commissioner, providers, the workforce, regulators government, all agencies, councils and providers, the NHS and the police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.'

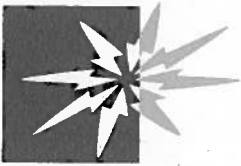


- 5.5 Given the extent of the failures of the health and social care system revealed in the Government's Winterbourne View Report, there was need for local commissioning organisations to take stock of the current commissioning arrangements for people with learning disabilities. Haringey Council and Haringey CCG needs to assure themselves that its commissioning and contracting framework for Learning Disabilities is robust and meets with the expectations and requirements outlined in the Winterbourne View Report, the Concordat and the NHS Mandate.
- 5.6 The Winterbourne View Report, the Concordat and the Circular from Sir David Nicholson outline the immediate steps that the local authority and Haringey CCG need to take as commissioning organisations.
- 5.7 Step one required all CCGs to put in place a register for people with learning disabilities or autism funded by the NHS for their care needs, and submit this to NHS England by the end of March 2013. Haringey CCG met this deadline. The register identified that 81 clients are fully funded by Haringey CCG, and 38 clients are jointly funded by the CCG and the Local Authority.
- 5.8 Step two requires all CCGs to have reviewed the care of all people with a learning disability or autism in inpatient beds, and agree a personal care plan for each individual based on their and their families' needs and agreed outcomes. The review needs to include a personalised care plan, evidence of engagement and agreement with families and carers, discharge plan (Including estimated discharge date), named care co-ordinator, an identified lead CCG, date of comprehensive physical health check and identified independent advocacy to support move on. All 26 clients were assessed by the deadline of May 31st 2013.
- 5.9 Step three requires all CCGs to facilitate the transition of clients inappropriately placed in hospital to move to community-based support as quickly as possible, but no later than 1st June 2014. For the 26 clients reviewed thus far, two clients transitioned back to the community in April 2013, 9 clients have estimated discharge dates (May - December 2013) and 15 clients require further treatment in the current setting before commencing the transition process. All clients will be regularly reviewed. Appendix 3 gives a summary of estimated discharge dates for clients.
- 5.10 Clinical and operational personnel are being drawn from Haringey Learning Disabilities Partnership and the NHS Continuing Health Care team to support the process. The Haringey Learning Disability Partnership was established in October 2003 pursuant to Section 75 of the National Health Service Act 2006. This has been a partnership between the Local Authority and the NHS for the provision of LD services. The current Section 75 agreement ceases end of June 2013. The future Section 75 will include processes for monitoring admissions into inpatient hospitals and facilitating timely discharge.



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- 5.11 As people are being moved back to their local community, there is ongoing assessment of the resources needed to provide accommodation, clinical and other holistic opportunities.
- 5.12 A reflective learning workshop is planned for September 2013 and will engage individuals, families and all stakeholders, including multi-agency safeguarding representatives.
- 5.13 Winterbourne is a standing agenda item on the Haringey Learning Disabilities Partnership Board with carers, self advocates, voluntary sector, police representative, CCG and local authority officers represented on the Board. Meetings are held bi-monthly. Winterbourne is a standing agenda item at the Learning Disabilities Executive, of which Haringey CCG is a partner.
- 5.14 In response to a request for a stock take report detailing the progress that Haringey has made to date against the Winterbourne concordant targets a report will be submitted to the Winterbourne View Joint Improvement Board on the 5th July 2013.
- 5.15 Highlights of this report are as follows:
- 5.15.1 Local arrangements for the joint delivery of this programme between the Local Authority and Haringey CCG have been developed and agreed by the Health and Well Being Board;
- 5.15.2 Strong governance arrangements are in place with the joint action plan a standing agenda item at HLDP Board, HLDP executive, as well as regular briefings to Cabinet and elected Members. Update reports are presented to the Safeguarding Adults Member Panel and the Multi-agency Safeguarding Adults Board. An update on implementing the recommendations of the Concordat was presented to the CCG Quality Committee in April 2013;
- 5.15.3 Following a comprehensive review of all NHS funded LD clients, it was identified that 26 clients fulfilled the Winterbourne View Review criteria. All 26 clients have received a comprehensive review of their current needs;
- 5.15.4 An assessment pathway and protocols for care management and safeguarding has been developed;
- 5.15.5 Other key partners, such as Housing, are working with us to develop innovative commissioning practice, thus for example through a protocol arrangement with Homes for Haringey (Arm's Length Management Organisation) ALMO, the Learning Disability Partnership has acquired four houses and maisonettes which are being re-developed. This arrangement has been negotiated with and is part of the Council's response to Winterbourne;



- 5.15.6 Section 75 arrangements between CCG commissioners and the Local Authority are being reviewed and renewed in order to ensure efficient use of funds;
- 5.15.7 A multi-disciplinary project team reports to the Winterbourne View Board;
- 5.15.8 A communication and consultation plan has been developed. This is focused on involving families, individuals and advocates in every stage of the process. As well as face to face meetings, questionnaires have been developed to capture people's experience of past and current practice; and
- 5.15.9 A health hub website is in development and a reflective learning workshop with families planned for September 2013.

6. Comments of the Chief Finance Officer and financial implications

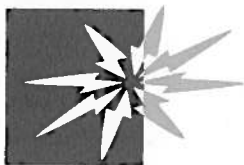
- 6.1 The costs of the action taken to date have been met within Health and Council budgets including the LD Pooled Budget. Funding has been identified within the HRA capital programme for the property costs of the development of the new Supported Living Schemes and from the Community Capacity Grant for project management and other associated costs.
- 6.2 The costs of the current hospital placements are fully met by Health and the transfer of clients into community settings creates a financial risk to the Council unless agreement is reached over appropriate funding for these new placements. NHS England has said that local bodies should agree a "financial strategy in the medium term that is built on current cost, future investment and potential for savings." This needs to be developed in Haringey as a matter of urgency.
- 6.3 In addition to the cost of the placements there will be an impact on other Council and Health services for these clients. The new arrangements and ways of working should be reflected in the revision of the section 75 budget to ensure that appropriate funding is allocated to meet client needs.

7. Head of Legal Services and legal implications

- 7.1 The Head of Legal Services has been consulted on this report. There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

- 8.1 This report addresses the needs of people with learning disability or autism to ensure that the lessons learned from the Winterbourne View investigations and reviews are used to improve outcomes for these, some of the most vulnerable groups in our society. Learning disability is a category of disability, and as such, is one of the characteristics protected by section 4 of the Equality Act 2010. This means that in addition to its safeguarding duty to people with learning disability or



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autism, the Council has a public sector equality duty to ensure among other things, that due regard is given to their needs and to ensure that they do not suffer undue detriment as a result of their disability.

9. Head of Procurement Comments

9.1 Not applicable.

10. Policy Implication

10.1 The following section lists the links that set the policy context relevant to this paper.

10.2 Department of Health (2012). Transforming care: A national response to Winterbourne View Hospital.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf.pdf

10.3 Department of Health (2012). DH Winterbourne View Review Concordat: Programme of Action.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

10.4 Department of Health (2012). Transforming Care: A National Response to Winterbourne View Hospital
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127331/Letter-on-the-national-response-to-Winterbourne-View-Hospital.pdf.pdf

10.5 The **Health and Wellbeing Strategy** is Haringey's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

10.6 The relevant priorities in the Strategy that refer to the content of this report are priorities 2 & 3:

A reduced gap in life expectancy

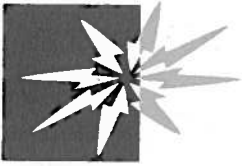
- Support people with long term conditions (LTC)

Improved mental health and wellbeing

- Promote the emotional wellbeing of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health needs

11. Reasons for Decision

11.1 Not applicable.



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12. Use of Appendices

- 12.1 Appendix 1: Winterbourne View Response Joint Action Plan
- 12.2 Appendix 2: Winterbourne View Joint Improvement Programme: Stock Take
- 12.3 Appendix 3: Progress of Reviews and Estimated Discharge Dates

13. Local Government (Access to Information) Act 1985

- 13.1 See Section 10 above.