

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Health and Wellbeing Board
<b>Date:</b>	4 November 2014
<b>Title:</b>	Winterbourne View Report
<b>Reference:</b>	6237
<b>Report From:</b>	Director of Adult Services

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#### 1. Executive Summary

1.1 In May 2011 BBC Panorama transmitted “Undercover Care: the Abuse Exposed,” which showed unmanaged Winterbourne view hospital staff mistreating and assaulting adults with learning disabilities. In December 2012 the Department of Health published its final report on the abuse that took place at the Winterbourne View Hospital. The report identified 63 actions to be completed by health and social care in relation to the findings of the investigation.

1.2 This paper seeks to update the Health and Wellbeing Board on the progress of Hampshire Adult Services and the Clinical Commissioning Groups (CCGs) in terms of changes to commissioning of services. These actions are in response to the events at Winterbourne View, the subsequent Serious Case Review (2012) the Winterbourne View concordat (2012) and the Winterbourne View Joint Improvement Programme (2013). The work has been undertaken by the five Hampshire CCGs in partnership with Hampshire County Council.

1.3 The key aspects of the Winterbourne view improvement plan include: Moving people on from hospital to community settings, and planning in partnership across organisations to develop improved services for people with complex needs. This will reduce the need for future admissions to inpatient assessment and treatment units and secure hospitals, through the provision of quality person centred services.

1.4 Another key aspect is that local authorities and CCGs should develop joint and collaborative commissioning arrangements, with pooled budgets where possible. There is a consensus in Hampshire that further integration of Adult Services and health is part of improving patient experience. The more concerted focus on integration facilitated through the Better Care Fund

presents the opportunity to take a joined up approach across health, public health, primary, community and social care. Learning Disability services are identified in phase 2 of the Better Care Fund Strategic Plan commencing in 2016.

- 1.5 The Winterbourne View implementation plan also included recommendations with regard to safeguarding issues and a multi -agency action plan addressing these issues was separately developed in September 2012, overseen by the Hampshire Safeguarding Adults Board (HSAB) and delivery monitored by the HSAB Quality Assurance Subgroup. These actions are outside the scope of this report which focuses upon the commissioning actions. However, significant progress has been made with 27 out of 28 actions achieved.
- 1.6 The local Winterbourne View Improvement Plan was completed and submitted on behalf of the Hampshire CCGs in July 2013 by the Vulnerable Adults Team and Hampshire Adult Services and signed by Councillor Keith Manns, the then Chair of the Hampshire Health and Wellbeing Board and Andrew Smith, Chief Executive of Hampshire County Council, please see **Appendix I**.

## **2 Contextual Information**

- 2.1 Adult Services supports approximately 3000 people with learning disabilities in the community. The CCG commission individual placements for approximately 300 people of which 150 are joint funded with Hampshire County Council. The joint funded people and most of the Health funded individuals live in the community and not in hospital.
- 2.2 The closure of most long-stay hospitals in the 1980s and 1990s, and the recent closure of NHS campuses, means most people with learning disabilities, including those with behaviours that challenge now live in the community with support. Evidence shows that community-based housing enables greater independence, inclusion and choice and that challenging behaviour lessens with the right support.
- 2.3 However some people with learning disabilities and challenging behaviour still live (for short or longer periods) in NHS funded hospital settings. Winterbourne View helped highlight that those left in these hospitals are potentially at high risk of abuse and that there should be a range of actions to strengthen safeguarding and commissioning of this group of people with learning disabilities and complex needs.
- 2.4 The CCG currently fund 19 in-patient placements, with 3 Fareham & Gosport CCG patients, 1 North East Hants patient, 5 North Hampshire patients, 2 South East Hampshire patients and 8 West Hampshire CCG patients. This cohort of people does change with new admissions managed through NHS England as an alternative to custodial services, and also due to people being discharged from hospital as soon as possible after admission. Of the cohort identified as in hospital in April 2014, 11 people have discharge plans with an approximate date of discharge within the next 12 months. Another 8 people

are identified as currently being in an appropriate environment in hospital, given that they require ongoing treatment and are not yet ready for discharge.

### 3. Finance

- 3.1. Expenditure for learning disabilities services across Adult Services and the five Hampshire CCGs is circa £132 million per annum; £100m for social care and £32m for health.

### 4. Performance

- 4.1. **Reducing the number of people with learning disabilities in hospital:** A key action for the 5 CCGs, NHS England (Specialist Commissioning) and Hampshire County Council in response to Winterbourne View is to significantly reduce the number of people with learning disabilities in inpatient beds (this includes secure units and assessment and treatment units) and to ensure that once discharged, people are sustainably supported in their community.
- 4.2 Since April 2013 the 5 Hampshire CCGs have a dedicated Learning Disability Specialist Nurse to manage those individuals currently in hospital and to facilitate the discharge planning and working with providers to provide person centred support and this has meant that Hampshire have been successful in moving people onto alternative community settings compared to other non-Hampshire CCGs and Local Authorities.
- 4.3 From 1 June 2014 Hampshire County Council have identified a dedicated Care Manager (Social Services) to work alongside the Learning Disability Specialist Nurse to enable closer joined up working for all individuals and facilitate early discharge to the community .
- 4.4 This joint approach is overseen by the Winterbourne operational group and enables shared awareness and action regarding people with learning disabilities who are currently the responsibility of the NHS, (for example people in locked rehabilitation, people subject to Continuing Healthcare and people in secure accommodation funded by NHS England Specialist Commissioning). This is important for both organisations in order to ensure effective joint strategic planning and to manage costs, as a number of people do return to social care or joint funding
- 4.5 All individuals have been reviewed and a plan has been agreed with their families. For those people who are ready for discharge (having completed their treatment), person centred discharge planning is being undertaken involving the person, family, independent advocacy and health & social care colleagues. Some discharges are taking longer as bespoke building projects are being undertaken. This will avoid second moves or readmission to hospital.
- 4.6 **Planning in partnership:** The Local Authority and the 5 CCGs have co-produced a new Learning Disability Plan with the Learning Disability

Partnership Board. Hampshire Learning Disability Plan was recently launched and was produced by people with a learning disability and their families. In this plan, all relevant health and social care organisations have made promises in relation to Winterbourne View which they are accountable for fulfilling. Regular progress reports are made to this Partnership Board as well as Safeguarding Boards in Hampshire.

- 4.7 Adult Services and the CCGs have worked in partnership to coordinate their market development with new aligned procurement frameworks for LD support providers are now in place. The Adult Services procurement framework has the potential capacity to allow for procurement of health commissioned services to be ready for future joint commissioning.
- 4.8 Hampshire Adult Services and the CCG have consulted with people with learning disabilities and their families on what good support means. They have done so through the Learning Disability Plan and the Learning Disability Partnership Board. They have incorporated this, alongside other quality measures in the new procurement framework requirements for domiciliary care and supported living. This will be implemented from the 1 April 2015.
- 4.9 All Learning Disability Community Teams are now co- located, with social workers and multi- disciplinary teams employed by Southern Health working in the same building. There are plans for further integration of learning disability commissioning in line with phase 2 of the Better Care Fund.
- 4.10 A well established Joint Health & Social care planning process is in place for people in transition from children to adult services. At the same time partnership work on the new Special Educational Need (SEN) reforms, implemented in September 2014 has assisted integration through the development of Education and Healthcare Plans.
- 4.11 **Prevention of hospital admission:** The 5 Hampshire CCGs have commissioned an Intensive Support Team in order to work with Individuals, Carers/Families and Support Providers to undertake intensive work to help people where their mental health may be deteriorating in order to minimise the need for people to have to be admitted to In-patient settings.
- 4.12 Hampshire County Council have recently undergone a transformation of their own provider services and changed some of the respite models include West Street in Havant which now offers crisis care people with challenging behaviour.
- 4.13 There is currently opportunity to consider joint strategic commissioning of new housing environments to create new Extra Care style core and cluster services for people with complex needs. These modern environments will assist in the prevention and management of challenging behaviour and would be developed to reduce crisis and hospital admission.

- 4.14 A needs analysis and life story work is being carried out in partnership families and people who are in inpatients units. This will provide crucial information on what should be in place across services to prevent admission and is informing the strategic planning across services.

## **5. Consultation and Equalities**

- 5.1 No consultation is required with regard to the improvements identified in this report other than the Learning Disability Plan, which was consulted upon in the December- March 2014.
- 5.2 The Hampshire Winterbourne View Joint improvement programme aims to improve the health & well-being of people with a learning disability with complex needs and behaviour that challenges services. This programme supports people aged eighteen to end of life and of any gender who have a learning disability with high support needs who are either in an inpatient setting or are at risk of being admitted to an in-patient unit. The programme plans to work with young people and families in transition (14 – 18 years old). There is no reduction in the resources or services offered to these people, rather, it improves outcomes for people through person centred service planning and the improved quality of support provided. There is no negative impact on other groups of people as a result of this improvement programme.

## **6. Other Key Issues**

- 6.1 A register is in place of all people with a learning disability who are living in hospitals (or other inpatient settings). For those who are in hospital settings, independent advocacy is now available to all Hampshire patients in response to Winterbourne View.

## **7. Future direction**

- 7.1. Work will continue across all key areas of improvement identified in this report.
- 7.2. Hampshire Adult Services and the Hampshire CCGs are submitting a bid to be an early adopter site for the new Integrated Personalised Commissioning (IPC) Initiative announced in September 2014, which is led by NHS England, the Local Government Association (LGA), Think Local Act Personal (TLAP) and the Association of Directors of Adult Social Services (ADASS). This will enable Hampshire to build a new personalised commissioning approach for people with complex needs at risk of hospital admission or institutional care (for example residential care). This initiative includes offering personal integrated budgets, working with young people in transition and pooling budgets. The outcome of this bid will be known by the end of December 2014
- 7.3. **Joint Commissioning:** If Adult Services and the CCGs are successful in their bid to the Integrated Personalised Commissioning Initiative they would receive specialist support from the LGA and NHS England around shared

financial models. This will compliment the implementation of the Better Care Fund and place Learning disability services in a strong position to integrate services further as part of the phase 2 role plans (2016-19).

## **8. Recommendation**

- 8.1. To request that the Health and Wellbeing Board endorse that there has been considerable progress against the key milestones of the Winterbourne View Concordat, and work continues to facilitate discharge for individuals to local services and prevent admission. This work has been supported through strong joint working and leadership across Adult Services and CCGs.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	No

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>		<u>Date</u>
The Winterbourne View Serious Case Review		<b>2012</b>
The Winterbourne View concordat		2012
The Winterbourne Joint Improvement Programme		<b>2013</b>

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

#### **Due regard in this context involves having due regard in particular to:**

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

The Hampshire Winterbourne View Joint improvement programme aims to improve the health & well-being of people with a learning disability with complex needs and behaviour that challenges services. This programme supports people aged eighteen to end of life and of any gender who have a learning disability with high support needs who are either in an inpatient setting or are at risk of being admitted to an in-patient unit. The programme plans to work with young people and families in transition (14 – 18 years old). There is no reduction in the resources or services offered to these people, rather, it improves outcomes for people through person centred service planning and the improved quality of support provided. There is no negative impact on other groups of people as a result of this improvement programme

### **2. Impact on Crime and Disorder:**

2.1. N/A

### **3. Climate Change:**

How does what is being proposed impact on our carbon footprint / energy consumption?

N/A

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

N/A



## Winterbourne View Joint Improvement Programme

### Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

#### Hampshire County Council and Hampshire CCGs

1. Models of partnership	Response
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	<p>The Winterbourne View Joint Improvement Programme is being carried out within a broader piece of work to achieve integrated commissioning in Hampshire between the Local Authority (LA) and the five CCG's through Hampshire Health and Wellbeing Board (HHWB) to support the delivery of Hampshire's Health and Wellbeing Strategy (JHWS). The HHWB has established a sub-group, the Integrated Commissioning Group (ICG) and has tasked the ICG to oversee the further integration of learning disability commissioning and operational delivery. Membership of the ICG includes senior officers from local authority and CCG's and wider stakeholder members such as the voluntary sector.</p>
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	
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.	
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	

<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 &amp; Safeguarding Boards.</p>	<p>The HHWB has now ratified a proposal to fully integrate commissioning of learning disability services in a three stage process.</p>
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>This is a full programme managed project with three key stages.</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>Immediate agreement on an integrated work plan with a fully aligned team.</p> <p>Integration of budgets for an identified cohort of people with complex needs, currently funded by either the LA or the CCG's or jointly by both agencies</p> <p>Full integration of budgets, including personal health budgets, for people with a learning disability in Hampshire.</p> <p>In addition, developing the procurement function including market development is a key priority for both agencies.</p> <p>There is a well-established joint process to address areas requiring resolution; joint resolution meetings and an integrated panel which considers individual support needs where placements are joint funded. There is a strong commitment from the partner agencies, and the HWB to achieve this quickly, to enable the range of benefits it offers and reduce disincentives to person centred planning. Hampshire has a commitment to joint commissioning learning disabilities services across health and social care. There are a range of issues and opportunities that need to be addressed to enable this to</p>

	<p>successfully take place, with minimum financial and reputational risk to the agencies involved. Sharing of national practice, and practical guidance around issues to be considered, would be of real benefit, in what is an extremely complex area of work.</p> <p>With regards to the current review process: both the Local Authority and CCG's have established mechanisms for assuring themselves of who they commission services for, which includes maintaining local registers for the CCG's. For further details on review please refer to sections 3 and 4.</p> <p><b>Other Key Partnerships</b></p> <p>There are a number of other partnerships key to delivering the Concordat Commitments.</p> <p><b>CCG's, Primary care and NHS England.</b></p> <p><b>Local Safeguarding Boards.</b></p> <p><b>The Hampshire Learning Disability Quality Group (formerly the LD Partnership Board).</b></p> <p>In 2012 the Partnership Board was re-developed, with service user and carer groups, to create a robust service user led governance mechanism of all key agencies responsible for delivery of services to people with a learning disability. The Board reports to the HWB.</p> <p>This Quality Group is made up of 10 people with learning disability, 5 family carers, a CCG rep and a LA rep. Each service user member is supported by an independent advocate.</p> <p>The Quality Group is co-chaired by the Executive Member for Adult Social Care and an elected board member with a learning disability. The members all represent a constituency and consult widely with a network of self-advocacy groups, carers groups etc on</p>
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	<p>key themes. Senior officers from key agencies then report to the Board on questions/issues raised through the board members.</p> <p>The Quality Group members voted on key themes for consideration over a two year cycle, and this provides the theme for each Board. The service users and carers then pull together a report that outlines the outcomes of the consultation and the key outcomes required in that area. The key areas that have been considered are:</p> <ul style="list-style-type: none"> <li>Personalisation and self-directed support</li> <li>Health</li> <li>Services for people with complex needs</li> <li>Quality of support</li> <li>Safeguarding</li> <li>Advocacy</li> <li>Transport</li> </ul> <p>The outcomes of these reports are being used as the basis for the Hampshire Learning Disability Plan which, with appropriate demographic data, will inform the integrated commissioning process.</p> <p>The Quality Group structure is allowing real co-production in the development of services and the way we meaningfully engage with people in Hampshire and is being driven by people with a learning disability. This includes the re-development of Self Directed Support in Hampshire, using a process called Thinking &amp; Acting Differently to enable development in a partnership way.</p> <p><b>Provider Relationships</b></p> <p>Traditionally, Hampshire has had an overdependence on residential care, with a dominant residential care market. Whilst there are a large range of supported</p>
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	<p>living services, the majority of these are provided by two main NHS social care providers.</p> <p>A large scale project is underway in Hampshire which is developing personalised, cost effective, housing solutions for people with a range of needs.</p> <p>This project is using co-produced outcomes, and a thorough market appraisal, to provide service specifications which will inform a large-scale market engagement process. This will allow us to work in partnership to develop personalised supported living.</p> <p>The project includes development of more personalised supported living, including greater use of assistive technology, extra care housing, keyring models, and projects to increase independent living for people in transition.</p> <p><b>Housing</b></p> <p>Strategic planning around housing in Hampshire is extremely complex and can provide real barriers to developing personalised supported living.</p> <p>As a two tier LA, Hampshire County Council works with 11 Borough and District Councils to develop housing strategies, each with often very different issues and priorities and models of providing social housing.</p> <p>The LA tends to work with individual councils and private and voluntary sector landlords, to develop individual schemes. This can be a cumbersome process and makes the process more difficult to achieve.</p> <p>Housing is also expensive in Hampshire, which means the availability of appropriate housing stock is at a premium, and creates a great deal of competition when housing is available.</p> <p><b>Ordinary Residence</b></p>
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	<p>Like many large southern counties, Hampshire is a high net importer of people with Ordinary Residence rights. This has created a net financial pressure of around £1.2m in the past two years. Clearly, this pressure creates a potential barrier to developing supported living services that might be accessed by people from neighbouring authorities. We have tried to reduce this risk as much as possible, by strategic work with providers, void arrangements etc.</p> <p>We would never use ordinary residence rules to prevent an individual moving to appropriate accommodation which meets their needs.</p> <p><b>Specialist Commissioning</b></p> <p>Whilst there are working arrangements in respect of specialist commissioning, these will require strengthening to ensure smooth robust planning for individuals in transition.</p>
<p><b>2. Understanding the money</b></p>	<p><b>Response</b></p>
<p>2.1 Are the costs of current services understood across the partnership.</p>	<p>There is a good level of understanding of the costs of services across the LA and the CCG's, with robust mechanism for budget management within both agencies.</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>Currently we are considering arrangements for developing integrated budgets. Funding of people with complex LD needs is by either the CCG's, who fully fund all people in Assessment &amp; Treatment Units, the LA, or a significant number of people are jointly funded by the CCG's and the LA.</p>
<p>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.  2.4 Is there a pooled budget and /or clear arrangements to share financial risk.  2.5 have you agreed individual contributions to any pool.  2.6 Does it include potential costs of young people in transition and of children's services.  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>There are currently no s75 arrangements in place around commissioning arrangements in LD services. This will be reviewed as part of the integrated commissioning project.</p> <p>The move to aligned commissioning has allowed good working practices around joint funding for people with</p>

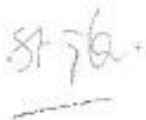
	<p>complex needs and for people subject to s117 Mental Health Act aftercare arrangements. This is allowing a more timely planning of individual services.</p> <p>As described in 1 above a project to achieve full integrated commissioning is underway. There is further work to be developed within the CCG's to develop the potential costs and planning for children in transition.</p>
<b>3. Case management for individuals</b>	<b>Response</b>
3.1 Do you have a joint, integrated community team.	The Local Authority has an established integrated model of care delivered jointly with the local NHS provider through the Community Learning Disability Teams.
3.2 Is there clarity about the role and function of the local community team.	
3.3 Does it have capacity to deliver the review and re-provision programme.	
3.4 Is there clarity about overall professional leadership of the review programme.	The model we have developed involves retaining the key elements of an integrated service, e.g. the co-location, shared businesses processes, shared informal processes and single point of access. This model has proved popular with people using services and their carers.
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Individuals have an allocated worker who co-ordinates their care plan, working alongside colleagues from other disciplines. Specifically in relation to Winterbourne View, the CCG's have employed a dedicated specialist learning disability nurse to lead the review programme. Individuals in assessment and treatment services already have established the link with this post holder. If required independent advocacy is sourced to work with the post holder to carry out the reviews.
<b>4. Current Review Programme</b>	<b>Response</b>

	<p>All the individuals residing in Assessment and Treatment services commissioned by the CCG's are known and . They have all had an individual, personalised, face to face review within the timeframes stipulated. Discharges have been and continue to be facilitated where appropriate, ensuring that each plan has been developed on an individual basis to maximise future independence. As part of this review the care plans have been updated.</p> <p>Carers have been actively involved and their views and wishes taken into account.</p> <p>Access to the DOH commissioned helpline and support service leaflet from Respond for former patients/carers at Winterbourne view is available.</p> <p>Individuals and their families/carers are supported by The Princess Royal Trust for Carers to have emergency support plans</p> <p>Advocacy is readily available in the locality.</p> <p>Information on the register has been included in section 1 of this document.</p> <p>NHS England is undertaking reviews for individuals whose services are monitored by specialised commissioning.</p> <p>For any other information on reviews please refer to section 6.</p>
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Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

This document has been completed by

Name



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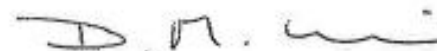


Chair HWB : Cllr Keith Manns



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