

REPORT TO: Health and Wellbeing Board
DATE: 13th May 2015
REPORTING OFFICER: Strategic Director Communities
PORTFOLIO: Health and Wellbeing
SUBJECT: Winterbourne View update
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To highlight to the Board Winterbourne View Two Years On, Transforming Care: Next Steps, January 2015 and Winterbourne View – Time for Change report, November 2014.

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 Following the Winterbourne View scandal, the Government pledged to move all people with learning disabilities and/or autism inappropriately placed in such institutions into community care by June 2014. “Transforming Care: A National Response to Winterbourne View Hospital (DH final report) was produced in December 2012 and included an Action Plan with 63 areas to be implemented nationally. The areas that were identified as the responsibility of the Clinical Commissioning Groups (CCGs) and Local Authorities were reported to SMT on 17th July 2013.

3.2 A Winterbourne View Concordat Action Plan was developed locally for these specific areas and progress has been monitored regularly through the Winterbourne Strategic Group that meets on a quarterly basis, represented by both HBC and the NHS Halton CCG.

3.3 The original Winterbourne View report and pledge to move all people with learning disabilities and/or autism inappropriately placed failed nationally due to various reasons, including:

- Resistance from some of the organisations involved and
- Some Councils were/are unsure of how to deal with service-users who challenge services; and
- Limited incentives for organisations to make the changes along with a lack of understanding of how the changes could create cost savings as well as improving people’s quality of life.

3.4 In order to achieve progress nationally, NHS England commissioned

the Transforming Care and Commissioning Steering Group to implement a new national framework to be delivered locally, to achieve the growth of community provision needed to move people out of inappropriate institutional care.

3.5 Winterbourne View – Time for Change (November 2014), is a report detailing 11 recommendations to act as a driver for change to make a reality of the Winterbourne pledge (full detail attached at Appendix).

3.6 The 11 recommendations are split into five categories, detailed here:
Strengthening Rights

- i) The Government should draw up a Charter of Rights for people with learning disabilities and/or autism and their families, and it should underpin all commissioning.
- ii) The Government should respond to “the Bradley Report Five Years On”.
- iii) People with learning disabilities and/or autism and their families should be given a “right to challenge” decisions to admit or continue keeping them in inpatient care.
- iv) NHS England should extend the right to have a personal budget (or personal health budget) to more people with learning disabilities and/or autism.
- v) The Government should look at ways to protect an individual’s home tenancy when they are admitted to hospital.

Forcing the pace on Commissioning

- vi) The Government and NHS England should require all local commissioners to follow a mandatory commissioning framework.
- vii) Community-based providers should be given a “right to propose alternatives” to inpatient care.

Closures of inpatient institutions

- viii) The commissioning framework should be accompanied by a closure programme of inappropriate institutional inpatient facilities

Building capacity in the community

- ix) Health Education England, Skills for Care, Skills for Health and partners should develop a national workforce “Academy” for this field, building on the work already started by Professors Allen and Hastings and others.
- x) A “Life in the Community” Social Investment Fund should be established to facilitate transitions out of inpatient settings and build capacity in community-based services.

Holding people to account

- xi) Action on the recommendations above should be accompanied by improved collection and publication of

performance data, and a monitoring framework at central and local level.

3.7 A number of the recommendations above are Nationally driven and require further guidance to be published over the coming months. Others slot into the Concordat Action Plan and link into Actions 33, 39 and 57, and will be reviewed as part of the Winterbourne Strategic Group. Recommendation x) is a new investment fund that will be established. The Policy Team will pick this up once it is published.

3.8 **Winterbourne View Two Years on and Transforming Care: Next Steps**

At the end of January 2015, the Winterbourne View Two Years On and Transforming Care: Next Steps was published by ADASS, DH, LGA and NHS England. The Winterbourne View Two Years On sets out a collective account from partners across the health and care system of the progress up to now. Transforming Care: Next Steps sets out the plans for the next stage of this work. All partners involved in Transforming Care have agreed the need for a single programme with a single plan, building on the recommendations of Winterbourne View – A Time for Change. From the original Action Plan and Concordat, any outstanding actions will be carried forward into the Transforming Care new programme.

3.9 The new publications strengthen the fact that Health and Wellbeing Boards have a role to provide leadership by ensuring that there is strong integrated local health and care commissioning and housing support and encourage the use of pooled budgets.

3.10 **Update on Halton’s position**

The Winterbourne View Strategic Group co-ordinates Halton Council and CCG response to the Winterbourne View concordant action plan, ensuring submissions are completed.

The Strategic group also monitors the Learning Disability Inpatient Bed usage and Out of Borough placements to repatriate individuals to Halton were appropriate.

3.11 **Out of Borough Placements**

The Winterbourne View Strategic Group continues to monitor the Out of Borough Cohort on a quarterly basis. The below table provides an overview of the Out of Borough cohort, (excluding Older People). For each team; Complex Care Runcorn. Complex Care Widnes and the Mental Health Recovery Team.

	Number of individuals out	Number of individuals out	Number of individuals
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	of borough 2013/14*	of borough 2014/15*	no longer out of borough
Complex Care Runcorn	11	11	1
Complex Care Widnes	13	14	1
Mental Health Team	13	10	2
Total	37	35	4

Work continues to identify service users to repatriate to Halton, ensuring a multi-agency approach to each case, linking into commissioning and development of new services to provide bespoke packages of support.

*number of individuals can increase or decrease throughout the period therefore the number returned is not directly proportionate depending on the time of the data collection.

3.12 **Inpatient Usage Learning Disability (LD)**

Current bed usage 2014/15 (January) is 1 individual, there have been 4 LD Inpatient admissions during the financial period 2014/15, each individual has received support from Care Management teams, Learning Disability Nurses, PBSS team and Bridges Learning Disability team to ensure a robust response to ensure the inpatient admission is kept at a minimum.

In 2013/14 the total number of admissions was 10; this was a considerable increase on previous years.

Appendix A provides an overview of the bed usage of Byron Unit, with neighbouring CCG's included for context and comparison and Appendix B provides the Length of Stay information.

3.13 **Secure Inpatient Usage (LD)**

There is currently 1 Halton resident in a secure inpatient bed, and 1 Knowsley resident with a Halton GP. Both LA and CCG commissioners attended reviews in December 2014 as part of the Improving Lives Review for all Secure Patients, the individuals remain the responsibility of Specialised Commissioning, with support to facilitate discharge from LA and CCG commissioners when appropriate.

4.0 **POLICY IMPLICATIONS**

4.1 In February 2014, NHS England and the Local Government Association developed "Ensuring quality services: Core principles for

the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges.” This document builds on the initial Winterbourne View report and restates a model of care which is known to represent best practice. A local version is currently being developed to be implemented in March 2015.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

6.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

Safeguarding service-users continues to be at the forefront with all the Winterbourne View work. When reviewing Out of Borough placements to bring service-users back to the local area, all aspects of the person are considered, including safeguarding.

6.4 **A Safer Halton**

Safeguarding service-users continues to be at the forefront with all the Winterbourne View work. When reviewing Out of Borough placements to bring service-users back to the local area, all aspects of the person are considered, including safeguarding.
None identified.

6.5 **Halton’s Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Failure to implement the recommendations from the Winterbourne View report will have a number of implications, including financial implications from high cost placements and service-users not being in the most appropriate placements.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.