

Report to Health & Wellbeing Board Report of Sally Burton, Interim Director Adult Social Care	Item 8a Reference number HWB/010/13
Date of meeting 16 July 2013 Date of report 5th July 2013	County Divisions affected by the decision: <i>All Divisions</i>
Winterbourne View Stocktake and Progress Update	
Report by: Peter Tempest, Programme Director, Essex County Council	
Enquiries to: Phil Brown, Commissioning Manager, Adult Social Care, Essex County Council	

1. Purpose of report

- 1.1. This report outlines the progress made against the commitments in the Winterbourne View Concordat. It is accompanied by the Essex submission of the Winterbourne Stocktake.

Local authorities and Clinical Commissioning Groups were required to submit the Stocktake by the 5th July to report on progress against the commitments within the Concordat to the national Winterbourne View Joint Improvement Board.

2. Recommendations

- 2.1. The chair of the Health and Well Being Board was asked to sign off the Stocktake on behalf of Board to allow submission by the required deadline.
- 2.2. The Board are asked to confirm this action and acknowledge the progress made so far against the commitments from the Winterbourne View Concordat.

3. Background and proposal

In December 2012, The Department of Health published a comprehensive review of the service failures that led to abuse that took place at the Winterbourne View Hospital entitled “Transforming Care – A national response to Winterbourne View Hospital” with a clear programme of action agreed by a range of stakeholders.

There were no Essex residents placed at Winterbourne View, however there are Essex residents with learning disabilities placed in out of area Independent Hospitals.

Essex has responded proactively. In October 2012, we invited the National Development Team for Inclusion (NDTI) to undertake an external audit of our challenging behaviour services. It did not find any evidence of abuse in the services they visited. A project entitled “Services for people with learning disabilities and behaviours that challenge” has been instigated in partnership with the Essex Clinical Commissioning Groups (CCGs) and the local authorities and CCGs of Southend and Thurrock to implement the audit recommendations.

Safeguarding Essex, on behalf of Essex County Council, has also been proactive, working closely with the Independent Hospitals in Essex for several years to ensure they have robust safeguarding practices in place.

Context

In patient services for people with learning disabilities are commissioned on behalf of the local Clinical Commissioning Groups (CCGs) by the Central Eastern Commissioning Support Unit (CSU). The regional NHS Specialist Commissioning Group (SCG) commission low volume specialist placements where it is more practical to commission on a regional basis rather than a CCG basis. For this group of people the SCG commission Low and Medium Secure accommodation for those who present the greatest risks to themselves and others.

The table below summarises where people are placed and which organisations fund their services.

Location →	NHS Placements within Essex	Independent Hospitals within Essex	NHS Placements outside Essex	Independent Hospitals outside Essex	Total
Funding Organisation ↓					
The 3 North Essex CCGs	3	4		1	8
The 2 South Essex CCGs		1		2	3
Specialist Commissioning Group		11	4	10	25
Totals	3	16	6	11	36

The Essex residents placed outside Essex are either in Norfolk, Southend, Suffolk or Hertfordshire.

There are 5 Independent Hospitals for people with learning disabilities within Essex providing a total of 145 beds. All of these are in North Essex. Only 17 Essex people are placed in these hospitals.

Progress against the commitments from the Winterbourne View Concordat

The table below summarises the key responsibilities for local authorities and Clinical Commissioning Groups from the Winterbourne View Concordat and provides a progress update against these.

Commitments	Progress
Identifying people with learning disabilities in NHS funded placements	Registers have been completed of all people with learning disabilities in NHS funded services and these registers were transferred to the CCG's on the 1 st April 2013.
Ensuring that these people have a person centred review by June 2013	<p>The 2 CCGs in South Essex commissioned independent support planners to review the people they fund. Personal support plans developed from the reviews were presented to ECC and CCG commissioners on the 20th May 2013.</p> <p>For people in placements funded by the 3 CCGs in North Essex, reviews were undertaken by ECC care managers and a senior Community Nurse. The outcomes of the reviews were presented to commissioners on the 25th June 2013.</p> <p>The SCG completed their reviews in May 2013. Neither the CCGs nor the Council have been involved in these reviews so cannot provide assurance about their quality.</p>
To support those people who do not require in-patient services to move to community based settings by June 2014	<p>In South Essex one person in a CCG funded placement has been identified as having the potential to move from an in-patient service to a community based service over the next 12 months.</p> <p>Six people in CCG funded placements from the 3 North Essex CCGs have been identified as having the potential to move from an in-patient service to a community based service over the next 12 months.</p> <p>The SCG have identified seven people that are ready to be discharged and move to community based settings.</p>
To work together to develop a commissioning strategy to meet the needs of adults, children, and young people with challenging behaviour in their area by April	The project that was instigated following the NDTI audit of Challenging Behaviour services has clear milestones to deliver a commissioning strategy for people with challenging behaviours by April 2014, and to develop local services to avoid future unnecessary

2014; with a strong presumption that this will be supported by pooled budget arrangements.	in-patient admissions. This is a joint project with the Essex CCGs and the local authorities and CCGs of Southend and Thurrock. Carers and service users are fully involved in co-producing the strategy and resulting services.
To work collaboratively with all partners to ensure that safeguarding boards are fully effective in safeguarding people with challenging behaviour.	Safeguarding Essex has worked closely with the Independent Hospitals in Essex providing training and support to ensure they have open and robust safeguarding systems in place. Councillor Aldridge has visited the Hospitals to provide assurance about the safeguarding systems in place between the hospitals and ECC.

A more detailed description of progress can be found in the Winterbourne View Stocktake which accompanies this paper.

4. Policy context

4.1. The Winterbourne View Concordat and the project “Services for people with learning disabilities and behaviours that challenge” are fully consistent with the vision of the Health and Well Being strategy for Essex. In particular:

- supporting individuals in exercising personal choice and control, and influence over the commissioning of relevant services;
- enabling local communities to influence and direct local priorities for better health and wellbeing strengthening their resilience and using community assets to reduce demand;
- promoting integration across the health and social care systems to ensure that services are planned and commissioned in an integrated way where it is beneficial to do so.

5. Financial Implications

5.1. In “Transforming Care – A national response to Winterbourne View Hospital” it clearly states that local authorities will not be disadvantaged if people move from health funded to social care funded placements. The council has been working with the local CCG’s to develop financial arrangements to ensure this happens.

- The 3 North Essex CCG’s are committed to integrating commissioning for learning disability services with the County Council acting as lead commissioner, supported by an alignment of budgets that will allow people to transfer from health funded services to social care services.
- Whilst similar discussions with the 2 CCG’s in South Essex are not as advanced, there is a commitment to ensure that the current health funding for these people is available if they transfer to social care services.

- The Specialist Commissioning Group has not been able to give this reassurance about the placements it commissions and there are no plans for the funding from the SCG to transfer to local authorities or CCGs when people are discharged from in-patient services to CCG funded placements or community based social care services.

5.2. The table below identifies the scale of the potential financial implications to the council and the Essex CCGs if the money is not transferred from the current NHS funding organisation when people move.

Current Funding Organisation ↓	No. of People that could transfer to ECC funded services	Potential cost pressure to ECC	No. of people that may transfer from SCG funded placements to CCG funded placements	Potential cost pressure to CCGS
The 3 North Essex CCGs	6	£1.1m		
Castle Point & Rochford CCG	1	£185k		
SCG Funded Placements	7	£1.3m	3 (2 Mid Essex CCG and 1 West Essex CCG)	£550k (£365k Mid Essex and £185k West Essex)
Total	14	£2.585m		£550k

Representation has been made to the Secretary of State and to the NHS Regional Area Team about our concerns about the money not transferring from the NHS SCG to local authorities and CCGs. Given the extensive costs and the undertaking given in the 'Transforming Care – a national response to Winterbourne View Hospital', it is essential that any transfers from health to social care are properly funded to meet the costs.

6. Legal Implications

- 6.1. The Council has statutory duties to safeguard people affected by its operations. This includes responsibilities for people placed by the council, regardless of their location. This stocktake therefore represents a useful assurance that the Council is discharging its duties.
- 6.2. The primary remit of the Health & Wellbeing Board is to encourage integrated working, prepare a number of statutory documents and ensure commissioning plans are in alignment with the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.
- 6.3. The Minister wrote to the Chairs of all Health and Wellbeing Boards saying that '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 on the plan and ensure 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.... 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 individual; which is closer to home and which will lead to a dramatic reduction in the number of in-patient placements and the closure of some large in-patient settings.’

7. Staffing and other resource implications

- 7.1. The actions are being delivered by existing resources from within the council and the Central Eastern Commissioning Support Unit. It should be noted that delivering the commitments from the Concordat and fulfilling the considerable requirements to report to the Department of Health and the Joint Improvement Board is creating additional pressures on these resources.

8. Equality and Diversity implications

- 8.1. As this is a progress report no Equality Impact Assessment has been undertaken. However the purpose of the Winterbourne View Concordat is to address the inequalities experienced by people with learning disabilities who display behaviours that challenge or who have additional mental health needs.

9. Background papers

- 9.1. The Essex submission of the Winterbourne Stocktake is attached. This has also been circulated to the Clinical Commissioning Groups for approval.