



Essex County Council

AGENDA ITEM 8B

Report to Health & Wellbeing Board Report of Nick Presmeg, Director of Integrated Commissioning and Vulnerable People	Reference number HWB/17/14
Date of meeting 20 th May 2014 Date of report 1 st May 2014	County Divisions affected by the decision All Divisions
Title of report: A progress update on the Winterbourne View Action Plan	
Report by: Nick Presmeg, Director of Integrated Commissioning and Vulnerable People, Essex County Council	
Enquiries to: Phil Brown, Commissioning Support Manager, Essex County Council	

1. Purpose of report

- 1.1. The purpose of this report is to provide the Health and Wellbeing Board with a progress update on the actions from the national Winterbourne View Concordat, and to make the Board aware of the challenges to the local health and social care system in implementing these actions. This report builds upon the update that was presented to the Board in July 2013.

2. Recommendations

- 2.1. The Board are asked to acknowledge the significant progress that has been made so far in implementing the commitments from the Winterbourne View Concordat.
- 2.2. The Board are also asked to acknowledge that the national milestone of discharging all those people living in hospitals by June 2014 will not be met. The building blocks to enable a successful transition from hospital to community based settings have been put in place; however the complexity of some of the individuals involved has meant that the work will need to continue at the pace they need to ensure a successful move. Discussions with the national

Winterbourne Joint Improvement Programme Board have indicated that most other areas are in a similar position, and in a recent visit the national Joint Improvement team were assured by the significant progress that Essex has made.

- 2.3. The Board are asked to acknowledge the challenges associated with implementing the commitments from the Winterbourne View Concordat. In particular the additional financial pressures to the local health and social care system arising from not having a national mechanism to transfer funds from the NHS Specialist Commissioning Group as people transfer to locally funded services; and the inherent difficulties associated with the structure of NHS commissioning that have acted as a barrier to developing effective commissioning relationships between the NHS Specialist Commissioning Group and the local authority and Clinical Commissioning Groups of Essex.

3. Background and proposal

- 3.1. In December 2012, The Department of Health published a comprehensive review of the service failures that led to the abuse that took place at the Winterbourne View Hospital entitled “Transforming Care – A national response to Winterbourne View Hospital”. This was accompanied with a clear programme of action agreed by a range of stakeholders. The action plan tasked local authorities and CCGs to work together on four main areas:
- i. Identifying people with learning disabilities living in hospital based settings.
 - ii. Ensuring that all of these people had a person centred review by June 2013 with clear plans in place for discharge to community based settings if they no longer required in-patient care.
 - iii. Ensuring that those people identified as no longer needing in-patient care are discharged by June 2014.
 - iv. For local authorities and Clinical Commissioning Groups (CCGs) to develop a joint plan to improve local services for people with learning disabilities and behaviours that challenge with the presumption that the plan is supported by pooled budget arrangements.
- 3.2. There were no Essex residents placed at Winterbourne View, however there were 36 Essex residents with learning disabilities living in hospital based settings. Essex responded proactively. In October 2012, the National Development Team for Inclusion (NDTI) was commissioned to undertake an external audit of services for people whose behaviours are deemed as challenging. The audit did not find any evidence of abuse in the services they visited. A project was 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.
- 3.3. The table below provides an update on progress achieved so far:

Action	Progress to Date
1. Identifying people with learning disabilities living in hospital based settings by April 2013.	<p>All 36 people with learning disabilities living in hospital were identified within the required deadline. 25 were placed and funded by the NHS Specialist Commissioning Group (SCG) and 11 were placed and funded by the Clinical Commissioning Groups (CCGs) of Essex.</p> <p>The SCG is responsible for funding low and medium secure services. The CCGs are responsible for funding assessment and treatment and locked rehabilitation services.</p>
2. Ensuring people living in hospital had a person centred review by June 2013.	<p>The NHS SCG reviewed the 25 people they were responsible for. The reviews for the 11 people funded by the local Clinical Commissioning Groups (CCGs) were jointly undertaken with Essex County Council (ECC) social workers, local community nurses, and independent support planners where appropriate. The reviews identified 14 people who no longer required in-patient services, 7 of whom were funded by the SCG and 7 funded by local CCGs.</p>
3. Ensuring that those people identified as no longer needing in-patient care are discharged by June 2014.	<p>CCG Funded Placements:</p> <ul style="list-style-type: none"> • 2 people have moved successfully to community based settings. • 1 person was moved from their placement due to concerns highlighted in their review about the appropriateness of the support being received. Plans are in place for them to move back to the family home by June 2014. • A comprehensive person centred plan is underway with 2 people to explore their future accommodation and support options when they leave hospital. These cases are particularly complex and their moves are unlikely to be completed by June 2014. • 2 people have been assessed by their Responsible Clinician as needing to remain within in-patient services for further treatment beyond 2014. <p>SCG Funded Placements:</p> <ul style="list-style-type: none"> • 1 person has moved into a community based placement and plans are in an advanced state for a further person to move to a community based placement by June 2014. • A subsequent review undertaken by ECC staff raised questions about whether 1 person is actually an Essex citizen. Essex continues to support the planned discharge whilst this issue is being resolved. • 1 person has been assessed by their Responsible Clinician as needing to remain within in-patient services for further treatment beyond 2014. • The remaining 3 people been allocated to the ECC Complex Behaviour Team as more information is required about their future accommodation and support needs.
4. For local authorities and	<p>A draft commissioning plan for people with learning disabilities whose behaviour is deemed as challenging has been developed in partnership with the NHS Commissioning Support Unit (on behalf</p>

<p>Clinical Commissioning Groups (CCGs) to develop a joint plan supported by pooled budget arrangements.</p>	<p>of the 7 CCGs including Southend and Thurrock); the unitary authorities of Southend and Thurrock; family carers; users by experience and health and social care providers. The NDTi provided additional support in developing the plan because of their expertise in this area. The plan is being presented to the family carers and experts by experience on the 6th May to ensure it reflects their views. The plan will then be submitted to the Health and Wellbeing Board for approval.</p> <p>The joint commissioning arrangements agreed between the North Essex CCGs and ECC will create a “pooled budget” which provides a mechanism to allow the money to follow the person as they transfer from health to social care funded placements. Discussions are underway with the South Essex CCGs to achieve a similar arrangement.</p>
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- 3.4. A significant barrier in making progress for individuals has been the difficulty engaging with the NHS Specialist Commissioning Group (SCG). The SCG were responsible for undertaking the reviews for the people they fund. Concerns were raised early on in the process about the quality of these reviews and the lack of information that ECC and the CCGs received about the people in question. These concerns have been raised by the local CCGs in a letter to the NHS Commissioning Board. This is a national issue and not one that is just peculiar to Essex.
- 3.5. A practice has emerged in some of the Independent Hospitals used by the SCG of “stepping down” people from secure services to their own locked rehabilitation services. This means that the organisation retains the person (and the funding associated with the person). These moves are often planned in advance of any involvement from either the CCG (who becomes responsible for funding the person once they step down) or the person’s allocated social worker, making it particularly difficult for prospective placements to be challenged. Again these concerns have been raised by ECC and the local CCGs to the national Winterbourne Joint Improvement Programme Board. Collectively we would want much more robust commissioning from the SCG to ensure local commissioners are involved much earlier in any proposed moves, particularly as the SCG have identified 3 people at a potential cost of £550k that could step down from SCG funded secure services to CCG funded locked rehabilitation services.
- 3.6. A number of mitigating actions have been taken to ensure that people are not delayed unnecessarily from being discharged. ECC has created additional social work capacity through the creation of the Complex Behaviour Team. The team has prioritised the SCG placements because of the concerns raised earlier, and continues to support the discharge arrangements for those people ready to move to community based placements. The team will also monitor those people who need to remain in hospital to ensure that they are safe and their treatment and support is appropriate.
- 3.7. A series of workshops has taken place to establish an integrated pathway between the local specialist health services and ECC to avoid preventable admissions and ensure that those people who are admitted only stay for the

minimum amount of time required. Clear specifications have been developed for the teams as part of this process describing their contribution to the overall care and support pathway.

3.8. The national Winterbourne Joint Improvement Programme has allocated Essex additional support due to the size and complexity of the county. In a recent visit on the 25th April the person allocated to support Essex was both assured by the progress that Essex had made, and identified considerable strengths in our approach. These included the robust project and programme methodology applied; the quality of co-production in developing the local plan; the use of an external organisation to act as a “critical friend” and to support improvement; and the joint working and shared commitment between the local authority and local CCGs to progress the agenda.

3.9. The next steps include:

- A joint health and social care forum consisting of senior managers from specialist health and social care services will oversee the implementation of the integrated pathway to avoid preventable admission to hospitals in the future and ensure that those people who are admitted only stay for the minimum amount of time required.
- Commissioners and the ECC Commercial Team are working to develop the local social care market to ensure the appropriate supply of locally based services to avoid preventable admissions to hospitals.
- The Complex Behaviour Team will ensure the remaining people living in hospital that are ready to discharged move into community based settings. It should be noted that some of these people have lived in hospitals for most of their adult life so any transition to a new service will need to be completed at their pace.
- Integrated commissioning arrangements for learning disability services will be developed in South Essex, mirroring the arrangements already achieved in North Essex.
- Work will start on an Integrated Service Specification for 2016 to formalise the joint working arrangements being developed by the health and social care forum.

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. The national Winterbourne View Concordat stated that local authorities should not be disadvantaged as people move from health funded to social care funded placements. The council has been working with the local CCG's to explore funding arrangements to reduce the risk of organisations being unfairly disadvantaged. However there are no plans for the funding from the SCG to transfer to local authorities or CCGs when people are discharged from secure services. The council and the CCGs have raised this issue with the national Winterbourne Programme Board.
- 5.2. The additional cost to ECC as a result of the 3 people that have transferred from health funded placements to social care funded placements is £231,808 per annum.
- 5.3. The 3 North Essex CCG's and ECC have agreed to integrated commissioning arrangements for learning disability services with the County Council acting as lead commissioner. This will be supported by a pooled budget arrangement that provides a mechanism for the money to follow the person for any future transfers from health funded services to social care services. Discussions with the 2 CCG's in South Essex are underway to achieve similar arrangements.
- 5.4. The potential cost to ECC of the 3 people that are still to transfer from CCG funded placements is estimated to be £550k. These costs are currently within the pooled budget arrangement between the North Essex CCGs and ECC. However £370k of this money is currently locked into the block contract with Hertfordshire Partnership University NHS Foundation Trust (HPFT).
- 5.5. The potential cost pressure to ECC of the 5 people still to transfer from SCG funded placements to social care funded placements is estimated to be £925k. There is also a potential cost pressure to the CCGs of £550k when the 3 people step down from SCG funded secure services to CCG funded locked rehabilitation services.
- 5.6. Essex will continue to raise the issue of the additional cost pressures associated with implementing the actions from the Concordat. In the recent stocktake submitted to the national Programme Board Essex argued that a special fund should be made available to local authorities and CCGs to mitigate the financial impact of implementing the Winterbourne Concordat in the same way that funds were made available to support the re-provision of the old learning disability long stay hospitals.

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. The oversight provided by the Health and Wellbeing Board 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 Council has invested in a newly formed Complex Behaviour Team consisting of a Team Manager, 2 Senior Practitioners, and 3 Social Workers. The team became Operational in February 2014.
- 7.2. The Complex Behaviour Team will be expected to work as part of an integrated health and social care system to support adults with learning disabilities whose behaviour is deemed as challenging. They will work alongside the existing ECC Behaviour Advice Team and the specialist learning disability health services provided by the South Essex Partnership University NHS Foundation Trust (SEPT), Hertfordshire Partnership University NHS Foundation Trust (HPFT), and Anglian Community Enterprises (ACE).
- 7.3. Facilitated workshops have taken place involving all staff to develop joint working protocols so the teams work together as part of an integrated health and social care system. Managers from these services will meet on a monthly basis to embed the joint working protocols.

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. There are no background papers to this report.