

<b>HEALTH AND WELLBEING BOARD</b>			
<b>Report Title</b>	Winterbourne View – Lewisham Health and Social Care Position Statement and Action Plan		
<b>Contributors</b>	Heather Hughes, Joint Commissioner Learning Disability	Item No.	11
<b>Class</b>	Part 1	19 September 2013	

## **1. Purpose**

- 1.1 The purpose of this report is to present the Lewisham Action Plan to deliver recommendation 57 of the Department of Health's Final report "Transforming Care: a national response to Winterbourne View Hospital" (2012) into the abuse exposed at Winterbourne View Hospital for adults with a learning disability. Also to present a summary of Lewisham's response to the recent Department of Health's 'Winterbourne Stock take'.

## **2. Recommendations**

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the Lewisham 'stock take' summary position in Appendix A and
- 2.2 Agree the action plan attached to this report as Appendix B.

## **3. Policy Context**

- 3.1 Following the exposure in 2011 of institutional abuse at Winterbourne View, a hospital for adults with a learning disability, the Department of Health commissioned the Care Quality Commission (CQC) to undertake an inspection programme of 150 learning disability services. The Department published the main findings in their 2012 interim report, which were:

- Too many people were placed in hospitals for assessment and treatment and staying there for too long;
- They were experiencing a model of care which went against published government guidance that people should have access to the support and services they need locally, near to family and friends;

- There was widespread poor quality of care, poor care planning, lack of meaningful activities to do in the day and too much reliance on restraining people;
  - All parts of the system have a part to play in driving up standards.
- 3.2 The report also referenced existing good practice guidance, in particular the Mansell Report (1993, updated 2007) which emphasised:
- The responsibility of commissioners to ensure that services meet the needs of individuals, their families and carers;
  - A focus on personalisation and prevention in social care;
  - That commissioners should ensure services can deliver a high level of support and care to people with complex needs or challenging behaviour; and
  - That services/support should be provided locally where possible.
- 3.3 In December 2012, the DH published a concordat, signed by the most significant providers of services for people with a learning disability which committed partners to “a programme of change to transform health and care services and improve the quality of care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them”. In particular they pledged a rapid reduction in hospital placements for this group of people.
- 3.4 The Department’s final report on Winterbourne, “Transforming Care: a national response to Winterbourne View Hospital” also published in December 2012, set out a significant work programme of 63 timetabled actions for delivery required across the whole health and social care system, between 2012 and 2016, to transform care and support for people with learning disabilities and challenging behaviour. The DH is closely monitoring activity against these actions, and in July 2013 required every local authority area to complete a Winterbourne stock take.
- 3.5 This report particularly relates to recommendation 57, that “CCGs and local authorities set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. The Minister of State for Care and Support charged the Health and Wellbeing Board with responsibility for monitoring this recommendation in July 2013.
- 3.6 Delivery of this joint strategic plan reflects 2 key priorities of Lewisham’s Strategic Partnership priorities: Safer – keeping people safe from harm and abuse; and Health Active Enjoyable – supporting people with long term conditions to live in their communities and maintain their independence.

## 4. Background

- 4.1 The 2011 Panorama programme about Winterbourne View, a Castlebeck Group hospital, exposed, once again, the risk of abuse and inhumane treatment of adults with a learning disability whose behaviour challenges in institutional settings. Additionally, the programme also highlighted the failure of the system, including the care regulator CQC, to respond to attempts to 'blow the whistle'.
- 4.2 There have been many previous enquiries into poor and abusive hospital 'care' of people with a learning disability, from Ely Hospital (1969) and more recently Orchard Hill Hospital (2007). Ely was one of the scandals that drove the 'Care in the Community' hospital closure programmes not only for people with a learning disability, but also people with mental health difficulties. The then South East Thames Regional Health Authority (SETRHA) led the way on a large scale hospital closure programme and replacement with more locally based 'staffed housing' model.
- 4.3 As part of that programme SETRHA commissioned a staff training and systems consultancy service from the University of Kent. The outcome of that work informed the content of the Mansell report; good practice guidance into how to support people whose behaviour challenges in local services. The report looked at a whole systems approach from prevention through to the management of services for people with seriously challenging behaviour.
- 4.4 Despite the knowledge about what leads to cruelty and abuse in human services and a now significant body of literature and evidence about how to mitigate against it, Winterbourne View still happened. The series of investigative reports commissioned following this culminated in the Department of Health Report "Transforming care: A national response to Winterbourne View Hospital" (2012).
- 4.5 The report contains 63 recommendations for the Department itself, for CQC, the police, Royal Colleges, the Local Government Association and the National Commissioning Board among others. However, these recommendations collectively still signpost towards what the Mansell report contained in its original publication in 1993 and its revision in 2007 about best practice in supporting people with a learning disability whose behaviour challenges.
- 4.6 A first action following Winterbourne was the development of registers of NHS fully funded clients whose behaviour challenged, with a key focus on people in hospital beds. A key finding from the CQC reviews of 150 services post Winterbourne had been to highlight that some (then) PCTs did not know the people they were funding services for in long term hospital placements, and many had not been reviewed for a number of years. That register transferred to the new Clinical Commissioning Groups on 1<sup>st</sup> April 2013. There was a further requirement to ensure that all clients

in inpatient beds were reviewed, and an active planning process put in place to move people who were inappropriately placed in hospitals.

- 4.7 The DH continues to audit the number, and duration of stay, of people in hospital placements as a separate work stream. However, the July 2013 'stock take' audit has reinforced that service review and development must consider all people with a learning disability whose behaviour challenges, and not just for adults, but also for children and young people.
- 4.8 A summary of Lewisham's response to the July 2013 'stock take' is attached as Appendix A. Without reiterating its content here, it basically advises that Lewisham knows who it has placed in in-patient beds and where, and that the holistic reviews required have been carried out. Also noteworthy is that Lewisham's long standing history of partnership working, has served the authority well in that annual reviews, even of people in hospital inpatient beds, have been led by the social work team with support from clinical colleagues.
- 4.9 There are no more than 10 people in in-patient beds as at August 2013, the majority funded by the Lewisham Clinical Commissioning Group and others funded through NHS England contracts as the result of changes to recent NHS commissioning changes. There is a query over ordinary residence of a person not previously the responsibility of LCCG.
- 4.10 The 'stock take' also highlighted areas where pathways could be strengthened around supporting people whose behaviour challenges, particularly the need to improve transition pathways, and also delivering earlier intervention where people are challenging and living in the family home. Also, it has highlighted the need to review what services and service models are in place locally against what new service models may need to be put in place to better support people to stay in borough longer either as children and young people, or as adults.
- 4.11 The Action Plan attached as Appendix B outlines the work streams envisaged to develop an improved local service for people with a learning disability whose behaviour challenges. In particular, it highlights the need for Children and Young People and also Adult Health and Social Care commissioners, responsible for service to people with learning disabilities, to work closely together through the SEND pilot and to be clear about the Lewisham 'offer'. Also, the need for a Joint Strategic Needs Assessment across the population of both Children and Adults with a learning disability in order to (a) project demand and also (b) match existing service models against what will be required by the next generations. It also signposts a review of clinical pathways, particularly psychology support to ensure that young people are receiving appropriate behavioural interventions and support through their school lives and that local psychology support is directly targeting the support needs of families, as distinct from service providers, to help maintain this population locally.

## **5. Financial implications**

- 5.1 There are no specific financial implications relating to this report.

## **6. Legal implications**

- 6.1 There are no specific legal implications relating to the content of this report.
- 6.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

## **7. Crime and Disorder Implications**

- 7.1 There are no specific crime and disorder implications. However, the Winterbourne action plan attached to this report includes an action to review how health and social care can work in a more efficient and effective way with the wider criminal justice system to offer best support to people with a learning disability whose behaviour challenges.

## **8. Equalities Implications**

- 8.1 The Winterbourne View scandal highlighted the risk to people with challenging behaviour in long term service provision, particularly where that provision is in an inpatient hospital unit, and where the service is delivered at a distance from the person's borough of origin. This means that people can become invisible from their responsible local service systems. The local action plan developed as a response to Winterbourne and attached as Appendix B, will support a more equitable access for this group to local services, and ensure that local services more appropriately meet the needs of this group, thus seeking to prevent out of borough placements.
- 8.2 One of the actions outlined in the plan is the development of a Joint Strategic Needs assessment for learning disability. This will assist officers in assessing the equalities impact of existing service offers, which were developed out of the hospital closure programme, given the changing population of people with learning disabilities in the borough, in particular in terms of ethnicity, but also gender and long term health conditions.

## **9. Environmental Implications**

9.1 There are no specific environmental implications.

## **10. Conclusion**

10.1 This report has sought to remind members of the Health and Wellbeing Board of the scandal exposed by the Panorama documentary at Winterbourne View Hospital in 2011. Also to provide a summary of the Lewisham July 2013 'stock take' position. Finally, to present the action plan which officers are currently working to deliver which will review and improve the care pathway for people with a learning disability whose behaviour challenges in services for children, young people and adults.

### **Background Documents**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213215/final-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)

If there are any queries on this report please contact **Heather Hughes, Joint Commissioner, LBL/ LCCG**, on 020 8698 8133 or at [heather.hughes@lewisham.gov.uk](mailto:heather.hughes@lewisham.gov.uk)

## **Appendix A**

### **Summary of the Lewisham 'Stock take'**

This is a summary of the key areas included in The Department of Health's July Winterbourne 'stock take'. Questions were posed against 11 criteria.

**Partnership Working** – Lewisham has a strong history of working in partnership across health and social care and, in particular, has a Section 75 agreement in place for Joint Commission with the Council as the lead agency. There are good quality specifications in place with specialist learning disability clinical teams with SLaM and GSTT, and good links with the Council's Housing department and also third sector providers. Good governance arrangements are in place.

**Finance** - The cost of all Learning Disability services are known and reported in the appropriate level of detail through the governance systems in place. The change to funding arrangements for low and medium secure placements, which are now commissioned by NHS England, is a potential but not immediate concern for the CCG in terms of Winterbourne.

**Individual Case Management** – Lewisham has a strong 'virtual' Community Learning Disability Team which is value led and focussed on risk management and pathway planning. The low inpatient numbers reflect the successful support for people with complex behaviours in community settings. The team uses a 'team around a client' approach where there are particularly complex management issues, and where people are admitted to hospital from assessment and treatment, an outline plan for discharge management is developed.

**Current Review Programme** – Social worker have historically and continue to lead the review programme for hospital in-patients, with support and advice as required from clinical colleagues. This strengthens the 'person centred' whole life consideration of people's needs and wishes, and also the involvement of families in reviews and future plans. Of the current 7 people in in-patient beds, active discharge planning is happening for 2 and a medium term plan is being developed for 1. The remaining 4 people would require a legal decision making process to facilitate discharge planning.

**Safeguarding** - Lewisham fully complies and engages with the principles of the ADASS inter authority out of area Safeguarding Adults protocol and are active as required in safeguarding investigations led by other boroughs. Senior officers from Health and Social Care (including the Head of Assessment and Care Management, the Head of Joint Commissioning, Head of Community Safety, the Lewisham CCG Safeguarding lead) sit on Lewisham's Adult Safeguarding Board, along with senior officers from the emergency services and other key partners. The Lewisham Adult

Safeguarding Board held a special meeting to review the Winterbourne reports and their implications for local safeguarding.

**Commissioning arrangements** – Lewisham decommissioned its block contracted hospital assessment and treatment beds over two years ago to minimise hospital admission as an ‘automatic’ pathway. In general, there is a strong and highly competent local provider market who can deliver a wide range of service responses, including bespoke service packages as required for some very challenging people.

**Delivering local teams and services** – In addition to what has been said above regarding discharge planning for people in hospital placements, there is good advocacy support available which, where possible, will ‘follow people in’ to hospital, support them there and ‘follow them back out’. This helps with continuity of support and history for the person and also their family. Lewisham makes good use of Community treatment Orders to support the person and manage risks appropriately in the community.

**Prevention and crisis response** – A recent review of people admitted to hospital or placed out of borough because of challenging behaviour highlighted that this was not due to placement breakdown but complex family arrangements, where there is a ‘crisis’ event (e.g. the illness of a main carer) which upsets the equilibrium of the environment. Putting additional support into the family home (the strong provider market allows fast mobilisation of competent support), or placing the person in a local ‘interim placement’ can provide additional time to plan a long term local response in a person centred way.

**Understanding the population who need/receive services** – the market position statement is in draft form. Capital funding for accessible housing is a general issue to support people with complex needs to live locally. Better aligning the education and support pathways will form part of the SEND (special education needs and disability) pilot work. The number of people in hospital inpatient beds is too small to make an EAA a useful indicator. However, the development of a ‘register’ of people with challenging behaviour will support investigation of equalities issues in decision making and also consideration of the changing populations groups within Lewisham itself.

**Transition Planning** – The names of people coming into adult services from children’s services are known. However, it is less certain when any individual may need a particular service. A number of planned pathways have been redirected because of late presentation of education opportunities. Also, the placing of children and young people in residential schools and colleges can inhibit the consideration of local offers.

**Current and Future Market Development** – A review of what is available and a gap analysis was planned for August 13. However, this has been slipped back as a Joint Strategic Needs Assessment is required to deliver this more meaningfully.



## Appendix B

### Winterbourne Joint Action Plan – 2013/14 Lewisham Clinical Commissioning Group (LCCG) and London Borough of Lewisham (LBL)

This joint action plan has been developed by the Joint Commissioning team on behalf of Lewisham CCG and LB Lewisham, working with other key partners, to support a joint approach to ensure people across all ages from Lewisham with learning disabilities / autism / challenging behaviour receive safe, appropriate, high quality care. This plan includes all the key actions required to deliver the Winterbourne View Concordat. This is a working document that details the work streams and progress against key milestones. Coordination of work will be the responsibility of the Joint Commissioner for Learning Disability. However, the table below identifies the department, agency or individual who will be the major contributors for each work stream

Objective	Key Actions/ Milestones	Time-scale	Key Contributors
<b>Review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1 June 2014</b>			
Develop and maintain a register of all people with learning disabilities or autism who have mental health conditions or challenging behaviour in NHS funded treatment.	Lewisham has established and maintains a register of all people with learning disabilities or autism who are fully funded by the NHS for their care needs.	Achieved	Heather Hughes Joint Commissioner LD  Caroline Hurst Joint Commissioner CAMHS

<p>Review the care of all people in hospital placements with learning disability or autism support. Everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014</p> <p>All people with challenging behaviour in inpatient assessment and treatment services are safe and receiving services or treatment which is actively promoting an effective discharge plan</p>	<p>Lewisham has historically managed its review processes through the adult social care team. Therefore all clients/ patients have received regular, at least annual reviews.</p> <p>Everyone inappropriately placed in hospital will be supported to move to community-based. No one in Lewisham is inappropriately placed at this time. That said plans are being developed to discharge 3 of the 8 Lewisham people in inpatient beds over the next year to 18 months.</p> <p>The majority of individuals are detained under the Mental Health ACT (MHA) and funding responsibility for some of these people is held by NHS England. Reviews continue to be undertaken by social care staff in partnership with SLaM clinicians. Mental Health Tribunals make decisions about whether the individual remains under the Mental Health Act, considering the right of the individual to receive necessary treatment, the loss of freedom that the individual experiences when they are treated involuntarily, and the interests of the community. It also considers</p>	<p>1 June 2014</p>	<p>Jacky Weise, Service Manager AWLD</p>
--	--	--------------------	--

	<p>the appropriateness of the current treatment plan and therefore these individual's will need to be remain within a registered hospital provision while detained under the Mental Health Act.</p> <p>Identify the local authority responsible for S117 after-care for patients detained under Section 3 and 37. Recent case law has confirmed that the local authority responsible is the authority in whose area the patient was actually resident immediately before they were detained. This may apply to one person currently counted in Lewisham's 'cohort'.</p>	<p>September 2013</p>	<p>Sue Grose Joint Commissioner AMH</p>
<p>Review existing contracts with providers to ensure they include an appropriate specification (based on the national care model), an absolute expectation of clear individual outcomes, appropriate interventions and sufficient resource to meet the needs of the individuals, and appropriate information requirements to enable commissioners to monitor the quality of care being provided</p>	<p>There are contracts in place for in-patient beds , which are the responsibility of Lewisham CCG to commission. The individual specifications clarifying expected outcomes are monitored as part of the review process by the Service Manager for the social work team. Specific concerns or requests for advice are made to SLaM or GSTT LD specialist clinical colleagues as required.</p> <p>The specifics of the contracts will be further reviewed once the</p>	<p>Completed</p> <p>tbc</p>	<p>Jacky Weise Service Manager AWLD</p>

<p>The National Commissioning Board (NCB) is working with Association of Directors of Adult Social Services ( ADASS) to develop practical resources for commissioners of services for people with learning disabilities, including:</p> <ul style="list-style-type: none"> <li>• model service specifications;</li> <li>• new NHS contract schedules for specialist learning disability services</li> </ul>	<p>guidance from NCB/ADASS is issued (see below)</p> <p>It is assumed that NHSE have contracts in place for the services they commission. Clarification of this will be sought and the contracts /service specifications for low and medium secure units will be reviewed.</p> <p>Implement the guidance locally once available.</p>	<p>TBC. These specific schedules are delayed. Original timescale was March 2013</p>	<p>Tom Bird Joint Commissioning Manager LD</p> <p>NCB / ADASS</p> <p>Susan Grose Joint Commissioner AMH</p> <p>Tom Bird Joint Commissioning Manager LD</p> <p>Jacky Weise Service Manager AWLD</p>
<p><b>Locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care</b></p>			
<p>Ensure that from April 2013, health and care commissioners, set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults</p>	<p>Plan in place which sets out the outcomes and work plan arising from the work streams below:</p> <p>LD JSNA which builds on the previous Health JSNA, the outcome of the 2012/13 LD SAF</p>	<p>1 June 2014</p> <p>1 February 2014</p>	<p><b>Heather Hughes</b> <b>Joint Commissioner LD</b></p> <p><b>Public Health</b></p>

<p>with challenging behaviour in their area.</p>	<p>(self assessment framework), and what is known about LD CYP trends and demands.</p> <p>Market position statement building on existing knowledge of commissioning activity and the Transition/ SEND pilot projections</p> <p>Working with SLaM and across Southwark, Croydon and Lambeth, develop a short and medium term programme of organisational development and redesign which (a) looks at pathway mapping between health and social care to maintain people in community settings and (b) strengthening the pre and post transition support to young people whose behaviour challenges and (c) managing a programme of pilot projects appropriate to the presenting borough specific hypotheses for out of borough/ hospital placements.</p>	<p>31 March 2014</p> <p>November 13</p>	<p><b>Keri Landau</b> <b>Joint Commissioning Manager</b> <b>LD</b></p> <p><b>Heather Hughes</b> <b>Joint Commissioner LD</b></p> <p><b>Joint Commissioning Leads for Lambeth Southwark, and Croydon</b></p> <p><b>Eleanor Davies</b> <b>Director Behavioural and Developmental CAG, SLaM &amp; GSTT clinical teams</b></p>
<p>Ensure that the right local services are available, for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges</p>	<p>Review current service provision for younger adults with LD. Establish alternative pathways to out of borough education options and develop a commissioning plan for the same, including local cross borough options.</p> <p>Review specialist health services,</p>	<p>1 June 2014</p>	<p>Caroline Hurst Joint Commissioner, CAMHS</p> <p>Liz Bryan SEND Pilot Project Manager</p> <p>Ed Knowles</p>

	<p>particularly community psychology services, for young people in schools whose behaviour challenges.</p> <p>Develop competency framework across Lambeth, Southwark, Lewisham and Croydon to encompass the following:</p> <ul style="list-style-type: none"> <li>• A multi-disciplinary approach to the assessment and treatment of challenging behaviour in order to meet the individual needs of a person</li> <li>• A range of assessments to inform how individuals are supported with a clear focus on recovery and personalisation</li> <li>• Staff adequately trained and supervised</li> <li>• Good supportive environments</li> </ul> <p>Commission the housing and support services/ stimulate the local market to deliver services identified through the Transition mapping process, as members of the 'Developing Care Markets for</p>	<p>1 January 2014</p> <p>January 2014</p>	<p>Service Manager, CYP</p> <p><b>Joint Commissioning Leads for Lewisham, Lambeth Southwark, and Croydon</b></p> <p>Jacky Weise Service Manager AWLD</p> <p>Tom Bird Joint Commissioning Manager LD</p> <p>Tom Bird Joint Commissioning Manager LD</p> <p>Keri Landau Joint Commissioning Manager LD</p>
--	--	---	--

	<p>Quality and Choice' (DCMQC) being piloted in Lambeth. And in line with national tools such as the Care Fund Calculator (CFC) and other Lewisham Resource Allocations Systems (RAS) as may be developed to ensure cost effective support packages are available for people with complex needs, including behaviour which challenges.</p> <p>Work with the Safer Lewisham Partnership to review options for closer working with probation and police services to better support this population (e.g. on discharge from hospital, in custody suites etc)</p>	<p>March 2014</p>	<p>Fiona Kirkman Prevention and Inclusion Manager</p>
<p>Review funding arrangements for people whose behaviour challenges, and in particular people in hospital placements, ensuring that local action plans to reflect pathways of support required to develop local options which meet individuals' needs</p>	<p>Pathways for agreeing funding responsibilities are already established through the Section 75 Agreement.</p> <p>Table top review of all clients currently placed out of borough to establish who was placed out of borough because of behaviour which challenges. Clear decision about whether return to borough is an option. Plus review of clients whose behaviour challenges in borough and statement about how/ why they are successfully</p>	<p>Completed</p> <p>January 2014</p>	<p>Dee Carlin Head of Joint Commissioning</p> <p>Learning Disability Joint Management Team</p>

	<p>maintained here.</p> <p>Review of young people with LD 16 plus whose behaviour challenges and at risk of going out of borough. Pathway mapping and statement about services to be commissioned to meet needs.</p> <p>Development of a Challenging Behaviour 'register' based on the above. The utility of this register, given resources required to maintain it, will be considered as part of service planning in the longer term.</p>	March 2014	<p>Keri Landau Joint Commissioning Manager LD</p> <p>Helen Alsworth Operational Manager AWLD</p> <p>Liz Bryan SEND Project Manager</p> <p>Heather Hughes Joint Commissioner LD</p>
<p>All patients requiring an assessment for autism have access to a diagnostic service. Those people newly diagnosed with autism receive individual support response and where appropriate, support services which respond to their individual needs.</p>	<p>Lewisham already has a pathway for autism diagnosis with SLaM, and a service support system (Burgess Autistic Trust) in place. See also the Autism SAF.</p>	Completed	<p><b>Dee Carlin</b> <b>Head of Joint Commissioning</b></p>
<p>Review current community learning disability provision</p>	<p>In the main, current service options continue to reflect the response to the 1980s hospital closure programme. The Transition population in particular is changing in terms of complex health needs (physical and also severe challenging behaviour) ,</p>	1 April 2014	<p>Public Health</p> <p>Learning Disability JMT</p>



	<p>and the population of the borough is changing in terms of ethnicity. These changes need to be captured through the JSNA (see above). Additionally, the potential impact of Personalisation over the next decade needs to be mapped. The current, provision then needs to be mapped against this and service changes/ redevelopments to be added to the commissioning plan.</p>		
--	---	--	--