

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	Learning Disabilities: Joint Health & Social Care		
Ward	All	Item No.	6
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Class	Part 1	Date	5 February 2014

1. Recommendations

1.1 The Healthier Communities Select Committee is asked to note the contents of the attached report. The report contains data from Lewisham and Greenwich NHS Trust, London Borough of Lewisham, Guy's and St Thomas' NHS Trust and South London and the Maudsley NHS Trust.

2. Purpose

2.1 This report will be presented to Members of the Healthier Communities Select Committee by three Lead Officers:

- A. The findings of the Lewisham Joint Health and Social Care Self-Assessment and Lewisham 2012/13 RAG Rating Summary (Appendix 1) 2012/13 Preliminary Action Plan (Appendix 2) Dee Carlin, Head of Joint Commissioning.
- B. 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', Heather Hughes, Joint Commissioner – Learning Disabilities.
- C. An update on 2014 MDT Pathway improvements, Alison Keane, Guy's and St Thomas' NHS Trust.

3. Stakeholder Involvement

3.1 Stakeholder involvement is recorded in report A.

SECTION A: The findings of the Lewisham Joint Health and Social Care Self-Assessment, Dee Carlin, Head of Joint Commissioning

1. Policy Context

- 1.1 The Lewisham Joint Health and Social Care Self-Assessment (referenced in this report as 'the LD SAF') forms part of a national data collection exercise managed through the Learning Disabilities Health Observatory 'Improving Health and Lives'. Local Partnership Board Areas were required to report retrospectively on 2012/13 activity. The overall context of the LD SAF remains the need to improve the health and life chances of people with learning disabilities. Concerns around poor health care have been highlighted in a number of reports notably 'Death by Indifference' (2007), '6 Lives' (2009) and 'Transforming Care; a national response to Winterbourne View' (2012) Issues relating to citizenship and inclusion have also been highlighted in reports, notably Valuing People Now (2009) and more recently are reflected in the draft Health and Care Bill.
- 1.2 The LD SAF also intersects with other national frameworks including the Adult Social Care Outcomes Framework 2013-14, the Public Health Outcomes Framework 2013-2016, the Health Equalities Framework (HEF) and the National Health Service Outcomes Framework 2013-14.
- 1.3 The Lewisham LD SAF submissions reflect and support Lewisham's Sustainable Community Strategy particularly 'healthy, active and enjoyable'.
- 1.4 It also reflects the Health and Wellbeing Strategy priorities of 'improving mental health and wellbeing' and 'delaying and reducing the need for long term support'.

2. Background

- 2.1 The Joint Health and Social Care Learning Disability Self-Assessment Framework (LD SAF) replaced two previous documents, the LD Partnership Board Self-Assessment Framework and the Learning Disability Health Self-Assessment.
- 2.2 The 2012/13 LD SAF required the collection and collation of information from a number of information sources including specific data, evidence statements from both the Council and the Clinical Commissioning Group, and also the personal experiences of people with a learning disability and their families. Measures explored the success with which specialist services and universal services supported the needs and aspirations of people with a learning disability. A particular area of enquiry was the application of 'reasonable adjustments' to ensure access, for example through the use of accessible information.
- 2.3 Specific areas of data collection were Healthcare delivery, Inclusion and Where I Live / Accommodation, Quality/ Mental Capacity Act & Deprivation of Liberty, and Transition. The Learning Disabilities Health Observatory advised that they would themselves extract data pertaining to 'where I live/ accommodation' from the Adult Social Care Combined Activity Returns.

- 2.4 The Self-assessment measures were presented as three specific sections: Section A - Staying Healthy; Section B – Being Safe; and Section C; Living Well. There were twenty seven measures in total (Appendix 1). Guidance was highly specific to support a consistent national grading process. A statement of up to 1000 characters was allowed to evidence each measure, along with the option to include an anonymised 'Real Life Story'.
- 2.5 Information was gathered from a large number of key partners both within the Public Sector and the Third Sector. The submission was coordinated by Adult Joint Commissioning and the process overseen by the Head of Joint Commissioning for NHS Lewisham CCG & the Council, and the Chief Accountable Officer for the Lewisham Clinical Commissioning Group.
- 2.6 The LD SAF was submitted to the Learning Disabilities Health Observatory, hosted by Public Health England, on 6 December 2013. In previous years, there has been a process of interrogation and validation of the LD SAF. However, there is no formal validation planned for the 2012/13 LD SAF. The Learning Disabilities Observatory has advised that an abridged version of the data will be given to local area teams for quality assurance purposes. The full data and final reports are expected to be published in March 2014.
- 2.7 Officers have nevertheless set out as Appendix 2 an action plan to begin to address what are the key areas for improvement as a result of the SAF analysis. This will be amended following further discussion with key stakeholders and review of the Observatory's March report.
- 2.8 The widespread nature of the LD SAF, and what it is required to report on, cuts across all statutory and third sector provider services. Therefore 'ownership' of the return is often considered as an LD issue, though most of what is being examined is not within the LD 'portfolio'. It is a complex return for a client group that is low in number. Experience of coordinating data and evidence for the report itself, and implementing any actions arising from it is often low on the agenda of partners' competing priorities. The identification of a high profile LD 'Champion' would assist in managing a higher priority for this work in the future.

3. Key Findings

- 3.1 This section sets out some of the key findings of the LD SAF which officers consider may be of specific interest to the Board. The return format itself is lengthy and is contained within a web based electronic submission thus making it inaccessible and not reader friendly enough to attach to this report.

On a general note, data integrity for the LD SAF return remains an issue as it has in previous years. The SAF requests both health and social care data in a way that is not generally collected for this client group. Also, while there are some specific registers which do note people's LD 'diagnostic', those registers are not 'cross referable'. Whilst some data could be extracted from the health Quality Outcome Framework (QOF), several Indicator sets for health conditions could not. A manual count of known cases was undertaken wherever possible to provide a valid submission figure. This is not a Lewisham specific issue. However, data aside, there is much positive activity relating to supporting people with a learning disability in the borough.

3.2 *Demographics*

In Lewisham 534 children aged 0-17 years have a learning disability. And 859 adults aged 18 years and over are known to have a learning disability in Lewisham.

3.3 *Healthcare Data*

- 3.3.1 Many people with learning disabilities also have other health needs. For example, 28.5% of people in Lewisham known to the CCG have a BMI (body mass index) recorded in the obese range. Over 10% of people with LD have asthma, and over 10% are known to have diabetes.
- 3.3.2 General health screening has been improved through the use of Health Action Plans: almost 50% of people with LD have a plan. However, only 31% received a GP Annual Health Checks (validated by the DES) in 2012/13 [this percentage is higher than that reported in the LD SAF following updated NHSE data January 2014].
- 3.3.3 With regard to specialist cancer screening, a figure could only be obtained for cervical screening. This figure demonstrates that less than 27% of 'eligible' women with a learning disability attended cervical screening. A 'special needs' mammography service is available at Kings College Hospital and many Lewisham women with a learning disability benefit. However, the actual breast screening numbers for this client group could not be identified. Bowel cancer screening figures for LD could not be captured. Some of this under recording of activity is reflected by an inconsistent 'flagging' of learning disabled people on GP and hospital systems. This should improve in 2014.
- 3.3.4 Acute and Specialist Care figures were reported from Lewisham and Greenwich NHS Trust and from Kings College Hospital NHS Foundation Trust. Taking into consideration the inconsistent 'flagging' of patients who have a learning disability, it is difficult to ensure robust figures for total numbers of attendances. However, a manual count of attendances by the Safeguarding Leads using the hospital database has indicated that 5 people with learning disabilities attended A&E more than three times between April 2012 and March 2013.
- 3.3.5 With regard to Winterbourne View in-patient related data seven people were admitted once or more to both mental health and learning disability care between in 2012/13. Of those in both mental health and learning disability inpatient beds on 31st March 2013, four people had been continuously in a placement for more than two years. The care of each person continues to be reviewed in line with the Winterbourne protocol.

3.4 *Inclusion/where I live and accommodation Data*

- 3.4.1 The data for this section is equivalent to that recorded by the NHS Information Centre NASCIS Online analytic processor service based on Adult Social Care Combined Activity Returns.
- 3.4.2 Lewisham has strong indicators demonstrating progress towards independent living for people with learning disabilities. Over 10% of adults in receipt of social care services are in paid employment, which is higher than the England and comparator borough average, and 80% of people live in settled accommodation, a definition which excludes registered residential or nursing care.

3.5 *Service Quality Data*

The LD SAF reports that there is consistent recording relating to the management of safeguarding concerns 'internally' and across all partners and provider services. Of all adult safeguarding concerns raised and investigated in 2012/13, 36% were

escalated for further investigation. Over 75% of front-line support and clinical staff have accessed training in Deprivation of Liberty Safeguards and Mental Capacity Act.

3.6 *Transition*

Of the total school age population of 42,164 pupils, 269 children with a learning disability receive additional assistance in school because of Special Educational Needs, combined with a further descriptor of moderate, severe, or profound learning disability. Many of these children, particularly those with higher needs, will continue to require additional care into their adult lives. Therefore effective 'transition' planning through good quality integrated Education, Health and Care Plans, is key to supporting this group as adults.

3.7 *Self-assessment Measures*

3.7.1 Appendix 1 of this report sets out the RAG (Red Amber Green) ratings at a glance for the full set of self-assessment measures. Detail is outlined in the paragraphs below.

3.8 **Section A - Staying Healthy**

3.8.1 Section A examined how well primary care, community care, acute clinical settings and also criminal justice settings are meeting the needs of people with learning disabilities. In order to score highly, universal services needed to demonstrate consistent examples of reasonable adjustments and active analysis of information contributing to service planning.

3.8.2 Five of the nine measures relating to health were self-assessed as red due to either a lack of available information, issues with multiple recording systems that could not produce the required data or a range of aspects within a single measure that could not all be demonstrated according to the strict assessment criteria.

3.8.3 Without full availability of screening data for people with learning disabilities it is not possible to tell whether they are proportionally underrepresented compared with the full eligible population. However, the lack of complete data obscures the whole story and there are many instances of good practice to be evidenced, for example the establishment of an LD hospital liaison nurse at Lewisham Hospital, health promotion and disease prevention through Health Action Plans and service user involvement through the Good Health Group.

3.8.4 One illustrative story highlighting good collaborative working:

'Ms T' is on a palliative care pathway and has an LD specific syndrome that causes swallowing difficulties. She is prescribed a wide range of medications on a daily basis, therefore it is essential that swallow safety is effectively balanced with the need for these medications. Close collaboration between the Community Pharmacy Team, LD Speech and Language Therapy (SaLT) and Ms T's GP has been central to ensuring that her medication has been taken in the safest possible way for her. SaLT have further collaborated with the Lewisham Community pharmacy team to ensure that, for people with identified swallow risks, medications generally are given in the safest available form, and in a medium that does not affect the medication's efficacy. This has led to an adjustment in pharmacy procedure and contributed to overall service improvement.'

3.9 Section B – Being Safe

3.9.1 Section B considered how effectively all health and social care commissioners oversee care review, contract compliance, equalities, safeguarding and complaints. In order to score highly, comprehensive coverage and continuous improvement needed to be evidenced.

3.9.2 Six of the nine measures in this section were self-assessed as green. Three were rated as amber where the information available could not evidence the exact outcomes as set out in the guidance. A consistent area of good practice is the ways in which service providers involve individuals with learning disabilities and their families in the recruitment of staff, improving service planning and the quality of delivery. Of particular note is the extent to which contract compliance is regularly monitored, and evidence of safeguarding as a priority across all agencies.

3.9.3 One illustrative story highlighting the involvement of people with a learning disability:

The 'All Star Trainers' are a group of 13 trainers all of whom have a learning disability. They deliver training to social care staff in Lewisham (e.g. courses on Epilepsy, Diabetes Awareness, Mental Capacity, Person Centred Awareness and Supporting Independence). They also deliver sessions to students on the Nursing and Social Work degree courses at Southbank University, again on a wide range of topic areas relating to good working practices across health and social care.

4. Section C – Living Well

4.1 Section C focussed on community engagement across a number of different areas, the majority of which relate to universal service provision. It also covered specialist areas of transitions for young people, involvement in service planning and carers support. In order to score highly, evidence was required of the ways in which people with learning disabilities engage locally in the public sphere and how they and their carers are consulted around improvements.

4.2 Seven of the nine measures were self-assessed as green. Three were assessed as amber where not all details of the measure could be met. Arts, sports, transport and amenities were included, demonstrating how they enable access for people with learning disabilities as full citizens of the borough. Community inclusion, citizenship and access to employment all demonstrate how Lewisham is working to reduce social isolation and how people engage with their community through both learning disability specific groups and also universal services.

4.3 One illustrative story highlighting citizenship and inclusion:

'Ms S' loves dancing. She used to attend classes in one of the day centres, but then support staff helped her to choose line dancing classes which were part of a programme of activities delivered by Leisure Services at local leisure centres. She loved them before, but she loves them even more now they are held at Glass Mill and everyone knows it! 'Ms S' will tell everyone, 'It's Wednesday, I go dancing!' Her support staff said that 'what is really nice is that the tutor helps her to get the moves right, and understands when she needs to sit down or remove herself from the group. The other participants also help her and it is nice to see this sense of community from the group.'

5. Financial implications

5.1 There are no specific financial implications arising from this report.

6. Legal implications

6.1 There are no specific legal implications arising from this report. However, the LD SAF offers a snapshot of the extent of integrated working between health and social care services to support people with a learning disability who are the responsibility of Lewisham which Health and Wellbeing Boards have a duty to encourage under Section 195 of the Health and Social care Act 2012.

7. Crime and Disorder Implications

7.1 There are no specific crime and disorder implications arising from this report. However, the Health and Wellbeing Board's attention is drawn to the section 5.6.1 where it is reported that Section A – Staying Healthy also considers support for people with a learning disability in the criminal justice system. The LD SAF full report referenced the renewed focus on offender health and the integrated working between multi-agency specialists, as part of the Liaison and Diversion service.

8. Equalities Implications

8.1 The reality that people with a learning disability have inequitable access to health services has been well evidenced in many reports. In particular, the Government Ombudsman in '6 Lives' highlighted the extent to which health providers "failed to (also) live up to human rights principles, especially those of dignity and equality" (p8) and also highlighted a number of avoidable deaths relating to the poor quality of care received. 'Valuing People Now' (2009) highlighted the extent to which people with a learning disability still remained excluded from many of the rights of citizens in terms of their own home, choosing who they lived with, employment, accessing generic services and other areas that many citizens take for granted.

8.2 People with a learning disability are also at risk of double discrimination because of their learning disability specifically, but also language barriers related to ethnicity, challenging behaviour, poor communication and a general lack of expectation of achievement by those who care for them in any setting.

8.3 In addition to general disability measures, some specific measures need to be adopted to support access and integration such as double appointment times, accessible and easy read information. The LD SAF seeks to evaluate the extent to which such measures are generally adopted by local services to promote and support equality of inclusion. The LD SAF (measure B7) considered whether an EIA or EAA have been conducted for housing, care, and support strategies relating to the population as a whole and for people with learning disabilities. An EAA is not required specifically for this Self-Assessment.

- 8.4 All people with a learning disability have the protected characteristic of a disability defined as ‘a person who has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities’. Lewisham has been able to evidence in the LD SAF the extent to which it has considered reasonable adjustments for its citizens with a learning disability in a wide range of generic mainstream services such as sports and leisure, arts and culture, transport and general amenities and also primary and secondary health services.

9. Environmental Implications

- 9.1 There are no specific environmental implications arising from this report.

10. Conclusion

- 10.1 Despite some of the issues that have arisen with data collection across multiple sites, the Joint Health and Social Care Self-Assessment Learning Disabilities Framework (LD SAF) serves as a reference point for the extent to which people with learning disabilities are able to benefit from services across health, social care and in the community as a whole.

- 10.2 In Lewisham it has highlighted good practice, both in specialist and universal services. These include safeguarding, employment and community inclusion across a number of areas. It has also highlighted aspects that require improvement. These include the consistent recording of Learning Disability status by healthcare professionals, an extension of Health Action Plans and Annual Health Checks to all and an improvement in the management of data relating the diagnosis and health conditions of people with learning disabilities for both adults and children.

- 10.3 The anticipated outcome is that data management will improve for subsequent annual LD SAF exercises and that Lewisham will continue to be able to evidence the ways in which the health and life chances of people with learning disabilities continue to improve. These outcomes would be strengthened by the identification of a Learning Disability Champion who would promote the work required to strengthen these key areas.

10.4 Background Documents

Full information about the background to Joint Health and Social Care Self-Assessment (Public Health England) and guidance for all measures can be found at: <http://www.improvinghealthandlives.org.uk/projects/hscldsaf>

Appendix 1
Joint Health and Social Care Self-Assessment Framework (LD SAF)
Lewisham 2012/13 RAG rating summary

JHSCSAF SELF ASSESSMENT 2012/13	RATING
Section A – Staying Healthy	
A1. LD QOF register in primary care	RED
A2. Screening (general health)	AMBER
A3. Annual Health Checks & Registers	RED
A4. Health Action Plans	RED
A5. Screening (cervical, breast, bowel)	RED
A6. Primary Care Communication of LD status to other healthcare providers	RED
A7. LD liaison function in acute setting	AMBER
A8. NHS commissioned primary and community care	AMBER
A9. Offender Health & Criminal Justice	AMBER
Section B – Being Safe	
B1. Regular Care Review	AMBER
B2. Contract Compliance Assurance	GREEN
B3. Monitor Compliance Framework for Foundation Trusts	AMBER
B4. Safeguarding of people with LD in all provided services & support	GREEN
B5. Training and Recruitment - Involvement	GREEN
B6. Staff recruitment (providers) based on compassion, dignity and respect	GREEN
B7. Local Authority Strategies (support, housing, care) have EIA addressing needs of people with LD	AMBER
B8. Providers change practice as a result of feedback from complaints	GREEN
B9. Mental Capacity Act & Deprivation of Liberty	GREEN
Section C – Living Well	
C1. Effective Joint Working	GREEN
C2. Local Amenities and Transport	GREEN
C3. Arts and Culture	GREEN
C4. Sports and Leisure	GREEN
C5. Supporting People with LD into and in employment	GREEN
C6. Effective Transitions for young people	AMBER
C7. Community Inclusion and Citizenship	GREEN
C8. LD & family carer involvement in service planning and decision making	AMBER
C9. Family carers	GREEN

Appendix 2

Learning Disability Self-Assessment 2012/13 Preliminary Action Plan

Theme	Detail	Timescale	Lead	ref.
	<ul style="list-style-type: none"> Identify LD Champion 	Sep 2014		
Transition	<ul style="list-style-type: none"> Numbers with complex/profound learning disability 0-13/14-17 Numbers with autism & learning disability 0-13/14-17 Numbers receiving additional assistance in school because of LD and Autistic Spectrum Disorder 	March 2014	CYP	2.1/2.2 3.1/3.2 58
Screening	<ul style="list-style-type: none"> Number of eligible population with LD who had mammographic screening Number of eligible population with LD who had bowel screening 	June 2014 - for 2013/14 LD SAF	KCH - breast GSTT -bowel	5.3/5.4 & A5 6.3/6.4 & A5
Wider Health	<ul style="list-style-type: none"> Number of people with LD & epilepsy 	March 2014	LGHT	14
Health Action Plans	<ul style="list-style-type: none"> Increase number of people with Health Action Plan who live with family 	March 2014	LD Nursing	18.2
Acute	<ul style="list-style-type: none"> Frequent A&E attendees (Ensure people are identified and support plan put in place/ actions to address health needs) 	June 2014	LGHT/ Communi ty LD Team	24.1/24 .2
Health Registers	<ul style="list-style-type: none"> LD/downs QOF register validation AHC register validation 	March 2014 (to identify lead)	CCG	A1/A3
	<ul style="list-style-type: none"> Improve communication between LD Community Team and GP practices 		LD Nursing	A4
LD Status	<ul style="list-style-type: none"> Primary care to flag LD status in referrals LD patients alerted to Safeguarding Lead in Lewisham Hospital 	-- Jan 2014 (in place)	CCG	A6
Care review	<ul style="list-style-type: none"> Continue to ensure 90% of social care and health clients reviewed annually 	ongoing	ASC	B1
Carers	<ul style="list-style-type: none"> Review number of registered LD carers 	Jan 2014	ASC & CYP	C9

SECTION B: 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)

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 Healthier Communities Select Committee are recommended to note the Lewisham 'stock take' summary position in Appendix 1.

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 1st 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**

There are no specific legal implications relating to the content of this report. 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 inform members of the Healthier Communities Select Committee 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.

10.2 **Background Documents**

If there are any queries on this report please contact Heather Hughes, Joint Commissioner for Learning Disabilities, LBL/LCCG, on 020 8698 8133 or at heather.hughes@lewisham.gov.uk

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

**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
<p>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</p>			
<p>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.</p>	<p>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.</p>	<p>Achieved</p>	<p>Heather Hughes Joint Commissioner LD Caroline Hurst Joint Commissioner CAMHS</p>

<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 the appropriateness of the current treatment plan and therefore these individual's will need to be remain</p>	<p>1 June 2014</p>	<p>Jacky Weise, Service Manager AWLD</p>
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	<p>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>		
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		September 2013	Sue Grose Joint Commissioner AMH
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>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 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</p>	Completed	

<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"> • model service specifications; • new NHS contract schedules for specialist learning disability services 	<p>for low and medium secure units will be reviewed.</p> <p>Implement the guidance locally once available.</p>	<p>tbc</p> <p>TBC. These specific schedules are delayed. Original timescale was March 2013</p>	<p>Jacky Weise Service Manager AWLD</p> <p>Tom Bird Joint Commissioning Manager LD</p> <p>NCB / ADASS</p> <p>Susan Grose Joint Commissioner AMH</p>
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			<p>Tom Bird Joint Commissioning Manager LD</p> <p>Jacky Weise Service Manager AWLD</p>
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			
<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 with challenging behaviour in their area.</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 (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</p>	<p>1 June 2014</p> <p>1 February 2014</p>	<p>Heather Hughes Joint Commissioner LD</p> <p>Public Health</p>

	<p>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>Keri Landau Joint Commissioning Manager LD</p> <p>Heather Hughes Joint Commissioner LD</p> <p>Joint Commissioning Leads for Lambeth Southwark, and Croydon</p> <p>Eleanor Davies Director Behavioural and Developmental CAG, SLaM & GSTT clinical teams</p>
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<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, 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"> • A multi-disciplinary approach to the assessment and treatment of challenging behaviour in order to meet the individual needs of a person • A range of assessments to 	<p>1 June 2014</p>	<p>Caroline Hurst Joint Commissioner, CAMHS</p> <p>Liz Bryan SEND Pilot Project Manager</p> <p>Ed Knowles Service Manager, CYP</p>

	<p>inform how individuals are supported with a clear focus on recovery and personalisation</p> <ul style="list-style-type: none"> • Staff adequately trained and supervised • Good supportive environments <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 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>1 January 2014</p>	<p>Joint Commissioning Leads for Lewisham, Lambeth Southwark, and Croydon</p> <p>Jacky Weise Service Manager AWLD</p> <p>Tom Bird Joint Commissioning Manager LD</p>
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		January 2014	Tom Bird Joint Commissioning Manager LD Keri Landau Joint Commissioning Manager LD
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		March 2014	Fiona Kirkman Prevention and Inclusion Manager
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>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 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</p>	<p>Completed</p> <p>January 2014</p>	<p>Dee Carlin Head of Joint Commissioning</p> <p>Learning Disability Joint Management Team</p>

	<p>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>	<p>March 2014</p>	<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</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>	<p>Completed</p>	<p>Dee Carlin Head of Joint Commissioning</p>

needs.			
Review current community learning disability provision	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) , 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.	1 April 2014	Public Health Learning Disability JMT

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 workers 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

SECTION C: An update on 2014 MDT Pathway improvements, Alison Keane, Guy's and St Thomas' NHS Trust

1. Introduction

- 1.1 The health team within Guy's and St Thomas' NHS Trust provides community nursing and therapy support to people with learning disabilities as part of the wider Community Learning Disabilities Team in Lewisham.
- 1.2 Implementation has begun at Guy's and St Thomas' NHS Trust (GSTT) to improve the MDT Care pathways for people with Profound and Multiple Learning Disabilities (PMLD). During 2014 a number of programmes will deliver improved outcomes for patients through a range of hospital and community based initiatives:
- Ensuring that there is a regular *health review* system in place including the production of a hospital passport and health action plan. This also includes providing an enhanced health assessment for those people with PMLD.
 - Agreement has been sought from respiratory consultants to undertake annual health checks for the PMLD population and a pilot project will commence next year.
 - The speech and language therapy team has been working with King's College Hospital Foundation (KCH) to further develop the oral care project ensuring that people with learning disabilities have timely and reasonably adjusted access to dental treatment and oral care.
 - Provision of training to provider services across a range of health issues including epilepsy, cerebral palsy, augmentative communication, autism and skills teaching and supports the two-way feedback mechanism for ensuring that health interventions are carried out and monitored within provider services.
 - Continuation of the dementia pathway project including completion of baseline assessments for people with Down's Syndrome who are at greater risk of developing dementia.
 - The CLDT as whole has been discussing how to reach individuals who do not engage easily with services and will be exploring ways to monitor the health of this group over the coming year.
 - Establishment of a hospital liaison nurse group across GSTT, KCH and Lewisham Hospital following the successful recruitment of a hospital liaison nurse to Lewisham Hospital.
 - Introduction of easy read material and systems of reasonable adjustments to ensure that people with LD have planned adjusted care and appropriate support whilst in hospital.
 - Development of a sleep apnoea project with KCH to ensure that all those individuals with LD and in particular, Down's syndrome, are referred to the sleep clinic for an assessment of sleep apnoea which can affect mood, functioning and behaviour.