

Warwickshire Health and Wellbeing Board

17 July 2013

Winterbourne View – Progress Update and Implications for Warwickshire

Recommendations:

That the Warwickshire Health and Well-being Board:

1. Note the content of this report.
2. Agree to a further half day workshop in September for Board members on their roles and responsibilities in relation to the Winterbourne Concordat and their role as strategic leaders for change.
3. Agree to receive future progress updates and positions statements from the Strategic Action Planning Group aligned to the 'Getting Things Right' toolkit. The first update should be presented in October 2013.

1. Background and Context

- 1.1. Norman Lamb, Minister of State for Care and Support, wrote to all Chairs of Health and Wellbeing Boards to set out the collaborative approach to achieve a number of objectives by June 2014. A key focus related to the care reviews of people living in long stay institutions being completed by June 2013.
- 1.2 Winterbourne View was a private hospital owned and operated by Castlebeck Care Limited. It was designed to accommodate 24 patients in two separate wards, and was registered as a hospital providing assessment, treatment and rehabilitation for people with learning disabilities.
- 1.3 In response to the events at Winterbourne View, exposed in a Panorama investigation broadcast in 2011, a concordat was published in 2012. The key components of this include:
 - A duty on local areas to review all hospital placements and move everyone inappropriately placed to community based support by 1st June 2014.
 - Every area will put a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour for 2014/15.
 - National leadership and support for local change.
 - Planning will start from childhood.
 - Tightening of regulation and inspection

2. Local Response

- 2.1 Reflecting the nature of health commissioning arrangements locally a multi-agency 'Strategic Action Planning Group' has been established across Coventry and Warwickshire to respond to the requirements and oversee the change process. The group has been operating since February 2013, meets monthly, and is chaired by Jacqueline Barnes, Executive Nurse for Coventry and Warwickshire CCG.

3. Progress to Date and Implications for Warwickshire

- 3.1 In response to the specific requirements of the concordat a local register of all patients has been developed. Arden Commissioning Support Service hold the 'live' register and ensure it is updated accurately to reflect the current position.
- 3.2 The register differentiates between 'phase 1' patients who are currently in hospital placements and 'phase 2' patients who are currently placed out of area in various types of residential establishments.
- 3.3 Phase 1
- 3.3.1 There are 23 individuals in phase 1 of the register. The health and social care needs of all of these individuals have recently been reviewed by Coventry and Warwickshire Partnership Trust Learning Disability Team to propose future care and accommodation arrangements.
- 3.3.2 8 of these individuals are placed out of Coventry and Warwickshire in the independent hospital sector. 4 of these 8 individuals are Warwickshire residents.
- 3.3.3 These 8 cases went to a local multi-agency scrutiny panel in May to agree the future plans for the individuals. This was a joint panel between health and the social care. For the majority of individuals the plan is to repatriate them into local services and 2 have actually moved back to Warwickshire already.
- 3.3.4 The remaining 15 individuals are placed in county at Brooklands and their cases will be reviewed by the multi-agency scrutiny panel on 12th July.
- 3.3.5 Indications are that 4 of these individuals will be moving imminently (3 are placed by Coventry/Rugby CCG and 1 South Warwickshire).
- 3.4 Phase 2
- 3.4.1. Phase 2 review of patients placed in residential establishments out of area will commence over the next few months. The current register of people will need to be expanded to include children and young people and there is local agreement to revisit what was originally scoped in and to explore definition of 'institutions' for children.

4. Oversight of Progress and Change – The role of Health and Well-being Board

- 4.1 Learning Disability Partnership Boards, Health and Wellbeing Boards and Children and Young People's Boards are required to take an active role in monitoring local responses to the concordat.
- 4.2 In the West Midlands region, ADASS and NHS Midlands and East have commissioned *Equip for Change* to develop a toolkit 'Getting Things Right – A response to Winterbourne View' aimed at commissioners, Learning Disability Partnership Boards, Children and Young People's Boards and Health and Wellbeing Boards to assist them in ensuring that the changes needed become a reality. The toolkit has been produced in consultation with commissioners, people with learning disabilities and family carers.
- 4.3 The toolkit for Health and Wellbeing Board (see attached) covers a number of concordat requirements and poses questions to Health and Wellbeing Boards for them to scrutinise covering areas such as:
- The joint local register and plan
 - Board involvement (reporting, influence, information sharing, service visits and named lead)
 - Local Healthwatch arrangements
 - Experts by Experience Peer Audit
 - CQC representation and reports
 - Pooled budgets arrangements (with justification where this is not done)
 - Quality of Health principles and Cquins
 - Individual personalised contracts
 - Use of 'Getting Things Right' guidance
 - Joint Strategic Needs Assessment
 - Advocacy
 - Planning from Childhood
 - Safeguarding
 - Learning and Development
- 4.4 Sandie Keene, ADASS President and Andrea Pope Smith, LD Policy Lead, recently communicated with all local areas requesting that they return a stocktake proforma by 5th July 2013 evidencing action and progress being made against 11 key areas associated with the concordat. Warwickshire has worked in partnership with Coventry City Council, CCG's and Arden Commissioning Support Unit to prepare this (see attached).
- 4.5 To support implementation of concordat requirements key areas for development locally, identified in the stocktake, include understanding the money, pooled budget arrangements and prevention and crisis response capacity.

5. Next steps and recommendations

- 5.1 As local progress in delivering the requirements of the concordat continues it is recommended that a future progress update and position statement is presented to Health and Well-being Board in September using the 'Getting Things Right' toolkit format. It is also recommended that a workshop is held for Board members to acquaint themselves with the toolkit and their key role and responsibilities as leaders. This will provide Board with a clear understanding of the issues and will present proposals for how Board can steer and support local activity.

Supporting papers

1. Stocktake Submission 5th July 2013.
2. Getting Things Right Toolkit: A Response to Winterbourne. Guide for Learning Disability Partnership Board, Children and Young People's Board and Health and Wellbeing Board members: Ensuring a high quality joint local plan in response to Winterbourne View

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