

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

DATE 3 OCTOBER 2013

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Portfolio Adults and Health – Lead Cabinet Member – Councillor Jim Beall

WINTERBOURNE VIEW UPDATE

1. Summary

This report provides an update on Stockton's position with respect to partnership work, led by the Clinical Commissioning Group (CCG), to implement the requirements of the Joint Improvement Programme, following the exposure of abuse at Winterbourne View Independent Hospital.

2. Recommendations

That Cabinet note that content of the report.

That Cabinet support the plan to address the requirements of the Winterbourne View Concordat.

3. Reasons for the Recommendations/Decision(s)

The Joint Improvement Programme, led by NHS England and the Local Government Association, requires CCGs and Local Authorities to develop plans to review clients with learning disabilities who meet the identified criteria and to assess if their current care and support arrangements are appropriate. Individual commissioning and strategic commissioning plans need to be developed with a view to clients no longer remaining in assessment and treatment hospital services for longer than is appropriate.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

AGENDA ITEM

REPORT TO CABINET

DATE 3 OCTOBER 2013

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

WINTERBOURNE VIEW UPDATE

SUMMARY

This report provides an update on Stockton's position with respect to partnership work, led by the Clinical Commissioning Group (CCG), to implement the requirements of the Joint Improvement Programme, following the exposure of abuse at Winterbourne View Independent Hospital.

RECOMMENDATIONS

1. That Cabinet note that content of the report.
2. That Cabinet support the plan to address the requirements of the Winterbourne View Concordat.

DETAIL

1. Following the exposure of the abuse at Winterbourne View Independent Hospital a Serious Case Review was conducted and published in August 2012. The investigation resulted in a number of staff being prosecuted and Castlebeck Care closed Winterbourne View (Castlebeck Care has now been acquired by Danshell care, a provider of specialist learning disabilities, autism and acquired brain injury services). A Concordat (Programme of Action) was published in December 2012 that set out how the NHS and Local Authorities, with the support of the Association for Directors of Adult Social Services and Association of Directors of Children's Services, will reform how care is commissioned and provided for people with a learning disability. It was recognised that a number of clients may also have autism, mental health issues and, as a result, may demonstrate behaviour that challenges.
2. The regional Winterbourne Implementation Group (a subgroup of the North East and Cumbria Learning Disability Clinical Network) is leading this work locally. The group members are drawn from health and social care commissioners, clients, carers and providers.
3. The main areas identified for action are to:
 - Complete and maintain a register of patients from March 2013
 - Identify people who are placed in an 'in-patient' learning disability service.
 - Review all people with a learning disability who are currently placed in an 'in-patient' learning disability service.
 - Identify people in 'inappropriate' placements.
 - Agree a plan to move these people (to involve client, family and advocates as appropriate).
 - Clinical Commissioning Groups (CCGs) to develop commissioning plans with Local Authorities to move these people to Community Placements (by June 2014).

The Stockton Position

4. There are no assessment and treatment centres in Stockton for people with learning disabilities. At the start of the planning process, Stockton residents were identified within assessment and treatment facilities within the Tees Valley and were subject to clinical reviews of their care needs. The concordat also articulated additional elements that were recommended to be part of the in-patient review process.
5. In order to ensure that the reviews met the required principles and were able to inform future commissioning plans more accurately, local templates were developed through the Tees Learning Disability Integrated Commissioning Group (TICG). The templates were used to undertake some additional review work through the use of an independent reviewer for those people who had not already received an individual service design (ISD). This work considered the format and content of the review with regard to it being patient centred, accessible, and that it supported local commissioning planning. All of this work was completed by July 2013.
6. The reviews undertaken and the ISD process identified a number of areas where improvements could be made. Whilst there was assurance that everyone identified was safe and their needs had been suitably identified, areas for improvement were highlighted and have been incorporated into the draft joint plan that is being developed by the CCG, in partnership with the Local Authority. Key requirements of planning are to:
 - 1) Develop Joint Specifications for the procurement of services and develop quality assurance standards/tools
 - 2) Agree proposals for the future assessment and treatment requirements and community infrastructure
 - 3) Develop and ensure delivery of a market development programme
 - 4) Review and refine admission/discharge and joint working protocols including accessible documentation and communication systems.
 - 5) Develop processes for on-going monitoring of service provision in relation to people whose needs are complex.
 - 6) Develop and deliver a Joint Advocacy Framework for Tees to ensure that advocacy support is available and accessible to people whose needs are particularly complex.
 - 7) Engage further with Children's services to ensure seamless planning and transition
7. Service design, procurement, commissioning and transition plans are key deliverables to achieve safe long term solutions.
8. However, the timescales identified nationally for the Winterbourne View work streams are a particular challenge, given the complexity of the needs of the people identified and the risk of re-admission to twenty-four hour care.
9. As each person identified will require individually designed and commissioned long term solutions, this could also present further challenges with regard to additional costs for individual packages of care and the increased need for community infrastructure with regard to behavioural and intensive intervention services. Failure to ensure that the 'move

on' provision is robust and well planned could result in placement breakdown and the potential for re-admission to twenty-four hour care.

10. Further reviews have been undertaken by NHS England, rather than the CCG, for those people whose care is currently being commissioned through the specialist services function. Across the Hartlepool and Stockton CCG, a number of people have been identified whose cases are being managed through this service and work is in progress to determine the number of these who are Stockton residents. These clients are all currently placed in low or medium secure inpatient NHS provision within the region.

Children and Young People

11. Through planning for transitions in children's services, information on young people who may require services in adulthood is shared so that appropriate provision can be made. The main vehicle for this is the multi-agency Transitions Forum which meets on a regular basis. The Senior Social Worker in the Complex Needs Social Work team has responsibility for transitions and liaises with young people, families, adult services and health services. This includes provision of information for commissioners. The 16 – 19 Officer also works to commission education provision for young people post 16 and to plan ahead. This work involves close liaison with other agencies. When young people are placed out of area monitoring of the placement is undertaken by relevant officers in children's services.
12. Appendix 1 provides an update on planning for Stockton adult clients whose care management is led by the CCG.
13. Appendix 2 is the *Initial Stocktake of Progress against key Winterbourne View Concordat Commitment* document for Stockton, submitted to NHS England and the Local Government Association.

FINANCIAL IMPLICATIONS

14. The cost to the local authority of each care package will be in line with identified eligible need.

LEGAL IMPLICATIONS

15. Not applicable to this report.

RISK ASSESSMENT

16. This is incorporated into commissioning plans.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

Safer Communities; Healthier Communities and Adults:

17. The work programme aims to enable clients with complex needs to live as independently as possible in community settings.

EQUALITIES IMPACT ASSESSMENT

18. This is in progress as part of the planning process.

CONSULTATION INCLUDING WARD/COUNCILLORS

Name of Contact Officer: Liz Hanley
Post Title: Adult Services Lead
Telephone No. 01642 527055
Email Address: liz.hanley@stockton.gov.uk

Education related? No

Background Papers

Appendix 1: Update on planning for adult clients whose care management is being led by the CCG

Appendix 2: Initial Stocktake of Progress against key Winterbourne View Concordat
Commitment document

Ward(s) and Ward Councillors: Not ward specific

Property (<http://sbcintranet/library/64521/RES/Capital.doc?view=Display>)

Appendix 1

Update on planning for adult clients whose care management is being led by the CCG

Initially 7 Stockton Clients were identified as meeting the criteria for Winterbourne planning:

- Client 1: Discharged from assessment unit into a community based residential placement that is more appropriate to meet identified needs.
- Client 2 : Discharged from assessment unit into own tenancy with support from a community based service.
- Client 3 : Property identified and secured. Currently commissioning care package to meet identified needs. House identified and secured, awaiting completion of tenancy agreements with housing provider.
- Client 4 : : Property identified and secured. Currently commissioning care package to meet identified needs. House identified and secured, awaiting completion of tenancy agreements with housing provider.
- Client 5 : : Property identified and secured. Currently commissioning care package to meet identified needs. House identified and secured, awaiting completion of tenancy agreements with housing provider.

Anticipated date of discharge for the above 5 clients is December 2013

- Client 6 : Identified as needing a residential placement. Planning in progress.
- Client 7: CCG exploring commissioning an appropriate service. Care Managers are working alongside the CCG commissioners with CCG leading.