

## Health and Wellbeing Board

15<sup>th</sup> November 2013

### Winterbourne View Concordat and Action Plan Implementation in County Durham



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### Report of Nick Whitton - Head of Commissioning, Children and Adults Services, Durham County Council

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#### Purpose of the Report

1. To update on progress in relation to the Winterbourne View Concordat and Action Plan implementation in County Durham.

#### Background

2. Previous reports on Winterbourne View have been submitted to the Learning Disability Partnership Board (September 2013) and Health and Wellbeing Board (June 2013).
3. Key actions required by the Winterbourne View Concordat were as follows:
  - Register of people placed outside local area in hospital/private hospital settings by 31<sup>st</sup> March 2013 – Completed.
  - Review of those people by 31 May 2013 – Completed.
  - Development of plans to move people to appropriate local placements – On-going.
  - Transfer to community based settings by June 2014 – On-going.
4. Regionally the process is being monitored by the Health Learning Disability Clinical Leads Network and the Association of Directors of Adult Social Services (ADASS).

#### Update on Current Situation

5. To complete this work a project group involving Durham County Council (DCC) Commissioning, the Operations Manager for Learning Disability (LD), the Continuing Health Care (CHC) Team and the North East Commissioning Support Unit has been established.
6. The primary focus in relation to individuals centres on ten people with Learning Disability on the Winterbourne register.
7. Further work will follow subsequently in relation to children and young people and people with forensic needs, but the timescales for that are yet to be identified by the Department of Health.
8. The joint commissioning issues will be dealt with through the LD Joint Commissioning Group, chaired by the Head of Commissioning for DCC, Nick Whitton. This group will coordinate how shared resources are used more

effectively in the future, especially the possible development of pooled budget arrangements and the shifting of resources from hospital to community based settings. There may also be a need to identify capital investment to develop specialist provision. To carry out the detailed work a task group has been convened, together with Darlington Borough Council, Tees Esk & Wear Valley NHS Foundation Trust (TEWV) and North East Commissioning Service (NECS), which will link into a similar Tees-wide group to address any issues with wider service implications.

9. At the time of the previous report to the Health and Wellbeing Board in June, it was expected that significant progress would have been made on aspects of organisational change and the shifting of resources from hospital to community settings. However, the focus so far has been on the individual service users so the work on organisational change and future service design/commissioning is only now about to commence.
10. Regarding the ten individuals, initial plans are in place to either identify suitable placements locally or to develop new services where required. Detailed individual work is now being actioned.
11. The individuals, their families/carers will be involved in all aspects of the process, as it is recognised that 'co-production' is most likely to achieve successful outcomes.
12. Advocacy services will also be available to support the process.
13. Given the complex needs of the people involved significant risks of placement breakdown, delays and further hospital admissions remain, but every effort is being made to ensure a smooth and successful transition.
14. Implementing the Winterbourne Concordat also has significant implications for service design tendering and procurement, as well as for service providers and staff. Local Authority and Health Commissioners will be working closely with providers to make sure that suitable services are available in County Durham.
15. Progress will be reported back to the Department of Health via the Learning Disability Self Assessment Framework, which has to be completed by the end of November 2013.

## **Recommendations**

16. It is recommended that the Health and Wellbeing Board:
  - Receives the update and assurance that plans are in place to work collaboratively between DCC and Clinical Commissioning Groups to develop long-term solutions for the identified individuals.
  - To receive further progress updates in 2014, including a detailed action plan in relation to any significant 'resource shifts' from hospital to community-based services.

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## **Appendix 1 - Implications**

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**Finance** There are possible significant cost implications for both health and the Council

**Staffing** None – work carried out within current resources

**Risk** No direct implications at this stage

**Equality and Diversity / Public Sector Equality Duty** Providing specialist services for people with learning disabilities and complex needs. Full consultation with affected service users and their families will be carried out.

**Accommodation** Specialist accommodation will be developed within the County

**Crime and Disorder** No implications

**Human Rights Consultation** - Full consultation with affected service users and their families will be carried out

**Procurement** Procurement will be carried out within existing procurement frameworks

**Disability Discrimination Act** Ensure people with complex needs have their needs met in appropriate local services

**Legal Implications** Mental Capacity Act and Best Interest decision making processes will be followed.