

Health and Wellbeing Board

5 November 2014



Winterbourne View Concordat and Action Plan Implementation in County Durham

Report of Jane Robinson, Head of Commissioning, Children and Adults Services, Durham County Council

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 the Health and Wellbeing Board (June 2013 and November 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 31st March 2013. This has been completed.
 - Review of those people by 31 May 2013. This has been completed
 - Development of plans to move people to appropriate local placements. Work in this area is underway and ongoing.
 - Transfer to community based settings by June 2014. Work is on-going in this area.
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. Operating under the banner of the 'Complex Needs Project Group', initial scoping work led to an Issues & Options paper which was considered early in 2014. The group are currently working to develop an accommodation-based service, and having jointly agreed the service model are exploring options at a location in East Durham.

6. The primary focus has widened from the ten people with Learning Disabilities on the Winterbourne register, and now includes those currently in hospital accommodation with a broad range of complex needs who require community-based services.
7. Alongside the Complex Needs Project Group, detailed work has been undertaken in relation to children and young people and people with forensic needs. Local capacity for clients with forensic needs has increased, but there remains an identified gap in the market for those individuals who challenge or are not fully compliant with services.
8. The joint commissioning issues are being dealt with through the Learning Disability Joint Commissioning Group, chaired by the Head of Commissioning for Durham County Council, Jane Robinson. 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. The need to identify capital investment to develop specialist provision is also being considered, and consideration is currently being given to a local bid for funds from the Integrated Personal Commissioning Programme. The task group described in paragraph 5 is now established, and the group operates on the understanding that the services proposed will be jointly funded.
9. At the time of both of the previous reports to the Health and Wellbeing Board, 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 and the work on organisational change and future service design and commissioning is at an early stage. The need for an explicit 'road map' for all authority areas has been raised by the Corporate Director at national level.
10. For the ten individuals named on the Winterbourne Register, initial plans are in place to either identify suitable placements locally or to develop new services where required. Detailed individual work including a jointly commissioned package with Darlington Borough Council for two of the individuals is underway. It is expected that the remaining individuals will either be accommodated in existing services or the new service currently being developed by the Complex Needs Project Group.
11. The individuals, their families/carers are being involved in all aspects of the process, and it continues to be recognised that 'co-production' is most likely to achieve successful outcomes.
12. Advocacy services remain 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. We have engaged with a broad range of service providers to undertake detailed assessments of individuals so that we can identify appropriate services at a fair and transparent cost.
15. Progress will be reported back to the Department of Health via the most recent Learning Disability Self-Assessment Framework, which is currently underway and which should be completed by January 2015
16. To ensure that Winterbourne View work remains a priority for Health and Wellbeing Board the Department of Health have issued guidance in July 2014, see **Appendix 2**.
17. The practical guide identifies five key enablers to guide Health and Wellbeing Board's in leading a robust and effective local response, as follows;
 - Engaging with individuals, families, carers and advocates
 - Building a comprehensive understanding of assets, needs and priorities
 - Encouraging change in commissioning behaviour
 - Driving integration and co-ordination
 - Delivering the front strategic plan
18. The guide also came with a survey template asking each Local Authority area to evidence how the Winterbourne activity and broader Learning Disability issues have been fed into the Health and Wellbeing Board agenda.
19. The survey asked whether the Health and Wellbeing Board has an identified Learning Disability Champion. Given that Cllr Morris Nicholls as Portfolio Holder for Adult Services, has had a long and in depth involvement with the Learning Disability Engagement Forum (previously the Partnership Board), it would be appropriate for Cllr Nicholls to take on this 'figure head' role, subject to the endorsement of the Health and Wellbeing Board.

20. The Health and Wellbeing Board is recommended to:

- Receive 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.
- Receive further progress updates, including a detailed action plan in relation to any significant 'resource shifts' from hospital to community-based services.
- In line with guidance dated July 2014 from the Department of Health, the Health & Wellbeing Board endorses Cllr Morris Nicholls as the champion responsible for Learning Disabilities.

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Appendix 1 - Implications

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.