

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**WEDNESDAY 26 JUNE 2013 at 1.30PM**

**WINTERBOURNE VIEW – IMPACTS FOR HERTFORDSHIRE**

Report of the Director of Health and Community Services

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## **1. Purpose of report**

- 1.1. To inform the Hertfordshire Health and Wellbeing Board of the recommended approach to implementing the recommendations from the Department of Health Winterbourne View review that has system wide implications for health and social care in Hertfordshire.

## **2. Summary**

- 2.1 Hertfordshire Joint Commissioning Team has worked with the Community Learning Disability Service to identify all service users with a learning disability along with challenging behaviour and or additional mental health problems who are in health or joint funded placements. Particular emphasis has been given to those in assessment and treatment services, which is what Winterbourne View was registered as providing.
- 2.2 JCT and the CLDS were pleased to note that all service users have been seen on a one to one basis by a member of the Community Learning Disability Service in the last 8 months and there is assurance about their safety and wellbeing at that time. The information also confirms that case managers have been proactive in undertaking discharge planning or monitoring for the majority of service users – there are only 8 individuals who have no current move on plans.
- 2.3 In planning returns to the community, commissioners and operational staff need to consider the following as part of planning to implement the Winterbourne View recommendations:
  - Of the overall group, there are 6 individuals subject to either multi-agency public protection processes or subject to Section 41 of the Mental Health Act, with active involvement of the Ministry of Justice.

This will impact significantly on plans to repatriate people to the community, and will require co-ordination with a range of partners.

- Four service users have been identified as already in residential services or care homes and have been reviewed. It is recommended that these service users remain in their placement, particularly given their ages and the relationships established in their current homes.
- The difficulties experienced over the last four years in placing people in the community confirm that there is insufficient skill and limited options in Hertfordshire to manage people with behaviour that challenges or the most complex needs.

2.4 For the remainder of the recommendations, within Hertfordshire there has been a commitment to changing the model of care for people with learning disabilities who present with behaviour that challenges; additional mental health needs and/or classic autism that predates Winterbourne View. There has been investment into specialist community learning disability services in order to reduce use of inpatient services and improve response to crisis.

2.5 The identified gaps relate to the joint strategy and action plan, particularly with regards the recommendation that plans reflect the life course, as opposed to separate strategies for children and adults. It is suggested that a small, multi agency group convenes to agree and monitor this action plan and implementation of the Winterbourne View report recommendations.

2.6 The following short term actions have been put in place:

- A 'task and finish' group has been created to oversee the implementation of the recommendations from the Winterbourne View via a jointly agreed action plan.
- Where service users have an active case manager, a care review will be undertaken by 1st June 2013 along with a plan for discharge by April 2014 or clear indication of ongoing treatment needs.
- Where specialist health support with move-on plans is identified, the JCT will identify funding to undertake joint reviews of service users.
- The JCT will support negotiation of funding transfer from NHS Hertfordshire / Clinical Commissioning Groups to Health and Community Services to support move of identified cohort of people to the community.
- Commissioning and operational services will organise and host a providers' summit that aims to build the skill and capacity of the local market to work well with people who have additional complex needs.

### **3. Recommendation**

3.1 The Hertfordshire Health and Wellbeing Board is asked to note the approach outlined in this report and the above short-term action points.

## **4 Background**

- 4.1 The Department of Health (DH) has published an interim report as part of a review of events at Winterbourne View private hospital and a wider investigation into how the health and care system supports vulnerable people with learning disabilities and autism. The review was set up following the BBC Panorama programme, broadcast on 31 May 2011, showing abuse of patients at Winterbourne View.
- 4.2 The interim report sets out 14 national actions to improve the care and support of very vulnerable people with learning disabilities or autism. The report is based on the findings of the Care Quality Commission (CQC) following inspections carried out at similar units to Winterbourne View last year. It also draws on the experiences and views of people with learning disability, autism, and challenging behaviour and their families, and the expertise of doctors, social workers and other care professionals.
- 4.3 The DH report made the following recommendations for local action:
- To have a locally agreed joint plan on commissioning and providing high quality care and support to meet the needs of the most complex people in the community;
  - Commissioners and providers to work with people and their families to develop the right model of care, services and person centred approaches;
  - For plans to be inclusive of all ages, starting in childhood;
  - Local accountability for the quality and safety of services, including access to good quality advocacy and self advocacy;
  - Ensure that universal services are able to make reasonable adjustments to work with people with complex presentations;
  - Commission services for early intervention and crisis avoidance;
  - All current hospital placements to be reviewed by June 2013 and service users inappropriately placed to be supported to move to the community by June 2014.

## **5.0 Financial Implications**

- 5.1 The government report recommends that “NHS and Councils work more closely on joint plans with pooled budgets to ensure adults with behaviour that challenges get the services they need” and requires a “locally agreed joint plan for high quality care and support services in accordance with model of care by April 2014”
- 5.2. At the present time, the JCT holds the budget for spot purchasing 29 health placements in independent hospitals and specialist health services, the majority of which were transferred from NHS Hertfordshire’s Continuing Healthcare Team in 2010/11. Under the requirements of the Winterbourne report, this cohort will become the responsibility of Hertfordshire County Council. It is estimated that the

JCT will spend c£4m on these placements in 2012/13.

- 5.3 The JCT will continue to have responsibility for funding and commissioning hospital / health provided step down placements for service users currently in secure settings (medium and low secure). At the present time, these services are funded through the agency budget by the JCT, and this arrangement would continue. There are 15 people currently in secure settings, which has been a static number for two years. To date, this group has been case managed by the East of England Specialised Commissioning Group, and will transfer to the National Commissioning Board from April 2013. These people will not be included in a budget transfer to the community as they are outside the scope of the Winterbourne View report.
- 5.4 The five service users who are currently delayed transfers of care in Herts Partnership Foundation Trust's (HPFT's) Community Support Unit in Watford are funded through the block contract and will not be subject to a budget transfer. There are discharge plans in place for these service users.
- 5.5 At this stage, there is an agreement in principle to the following approach by the CCGs:
- The agency (health) budget, along with responsibility for identified service users, will be transferred to HCC, by July 2014 at the latest, in line with the report's recommendations;
  - The budget transferred to HCC will be on a recurrent basis and will be based on the costs of the new placements. Once the existing cohort of service users are transferred to HCC, HCC will be responsible for any new service users with the same or similar needs;
  - The JCT will retain a budget for the health costs of service users moving from secure settings (not included in the Winterbourne View review), and for the future and joint funding arrangements to support people with behaviour that challenges and additional mental health problems in the community, in line with the recommendations in the report;
  - The new Clinical Commissioning Groups have agreed that any savings arising from the transfer can be added in to the JCT LD health budget for reinvestment in learning disability services and recommended alternatives to admission.