

## 10. Winterbourne View Update

Date	14 May 2014
Author	Sarah Edwards, Complex Needs Commissioner.
Recommendation	<b>That the Health and Wellbeing Board receive this report and consider whether it is an acceptable response to the Winterbourne View Review.</b>
Background Information	<ol style="list-style-type: none"> <li>1. The events exposed by Panorama in 2011 relating to Winterbourne View have led to a number of changes in the way in which we commission services for people with learning disabilities whose needs present as challenging to services. This work has taken place both locally at and a national level. The last report to the Health and Wellbeing Board focussed on the work which has been carried out locally to meet the requirements of the Winterbourne Concordat and which has, in many cases gone beyond what is required. In addition to changing the way we commission specialist, generally locked environments for people with Learning Disabilities, we have extended this work to commissioning for people with mental illness and for children with complex needs.</li> </ol>
Winterbourne View Report and Concordat Progress on the actions for CCGs and Councils	<ol style="list-style-type: none"> <li>2. Following on from Winterbourne View, we produced a protocol of how we would manage placements to ensure that they were safe and effective. We also developed an action plan which is attached at appendix 1 which shows our progress against actions.</li> <li>3. Since June 2013, three major audits have been carried out to measure progress against the actions in the Winterbourne action plan. The main one being to measure our preparedness for the June 2014 deadline to ensure that people are not inappropriately placed in Learning Disability Assessment and Treatment units as would have happened in the past.</li> <li>4. The first audit was the Winterbourne Toolkit 'Getting things right' which was reported to the Health and Wellbeing Board in July 2013. This was a self-assessment carried out by Worcestershire. ADASS have subsequently published a report entitled 'Getting Things Right. A Response to the Winterbourne View Toolkit', where Worcestershire is cited as an area of good practice for our Winterbourne View protocol and the 'My Worcestershire Health Plan.'</li> <li>5. The second was a census carried out at midnight on September 30 2013 in the form of a questionnaire to all NHS trusts and independent sector providers of inpatient beds for people with Learning Disabilities and was reported on December 13 2013. This showed a snapshot of inpatients with learning disabilities, Autistic Spectrum Disorder</li> </ol>

and/or behaviour which challenges.

6. This census poses the following issues

- A number of the provider organisations questioned did not submit accurate postcodes for their inpatients, with 353 people nationally showing as having unknown place of residence. This then begs the question of the overall accuracy of postcodes supplied by the various organisations. We are confident that whilst some providers may have provided inaccurate information, our records of where Worcestershire people are placed are completely accurate and up to date;
- It showed a disproportionate level of inpatient beds situated within some regions against others. The situation for Worcestershire is that we do have one independent sector unit for people with autism and behaviour which challenges within the county boundary. This is not currently used by us as a result of quality and safeguarding issues. The Unit is being monitored as part of a large scale investigation and is showing signs of improvement. It does, however, have a number of patients whose home location is the north east of England;
- We currently commission specialist Learning Disability inpatient beds for 7 people, with a further 8 Worcestershire residents having beds commissioned by NHS England. These beds are all located outside the Worcestershire boundary. Appendix 2 shows the type of unit, length of stay, most recent personal review, discharge plans and most recent review of the establishment. This is compliant with the reviewing standards of the Winterbourne Concordat

7. The third was an internal audit carried out through by Worcestershire County Council with the information provided by the JCU, of the numbers of people commissioned, progress toward the action to ensure that people are no longer in inappropriate inpatient beds and questioning blockages to ensuring this can be achieved. The outcome of this was that we are fully compliant with making arrangements to address the requirements of the Winterbourne Concordat and that we have significant arrangements in place to monitor the progress of the action plans and their delivery (appendix 1).

## Conclusion

8. Whilst the Winterbourne Concordat states that beyond June 2014 people should not be placed in inappropriate hospital settings, there will always be a need for people to utilise specialist beds in situations of emergency. We have changed the way in which beds are commissioned, moving the focus from the long term institutional care of the past into a community supported by an acute inpatient model of care. However, we did report one blockage, over which we have no control and that is the speed at which people detained under Ministry of Justice sections of the Mental Health Act achieve discharge when they are deemed clinically fit.

Appendix 1



WORCESTERSHIRE JOINT-AGENCY ACTION PLAN POST WINTERBOURNE VIEW UPDATED VERSION FEBRUARY 2014

Priority Activity	Action	Achieved by:	Lead	Progress highlight
1.Pre-Placement	<b>1.1 The Worcestershire Approach:</b> Worcestershire's Protocol will be signed off at JCE for adoption and roll out across all areas. The protocol will demonstrate Worcestershire's localised multi-disciplinary approach to adults/children and young people with complex needs by outlining the requirement for: <ul style="list-style-type: none"> <li>• Appropriate use of local respite beds for prevention of crisis/or crisis intervention</li> <li>• Appropriate and creative use of higher end community based providers when needs escalate</li> <li>• Appropriate use of local mental health inpatient beds and place of safety for adults (S136 Suite)</li> <li>• Avoidance of out-of-county hospital placements, unless all of the above have been exhausted</li> <li>• A joined-up approach that is multi-disciplinary and includes family/independent advocacy and commissioners when considering an appropriate response (referred to as "all parties" below)</li> <li>• Consideration of Pre-Placement Checklist for the range of non-residential placements for children and young people.</li> <li>• Service Provider Response – adding section for Provider to advise how many children/young people they have placed and contact details of Social Worker to enhance pre-placement risk assessment and sharing of intelligence.</li> <li>• Development of a complex needs care pathway for adults with a learning disability that dovetails with Worcestershire's pilot "Criminal Justice Pathway", "Liaison and diversion" and incorporates the "Challenging Behaviour Quality Standards". If additional capacity/funding was identified we would be able to track all adults on the pathway, follow them as case studies and evaluate the effectiveness of Worcestershire's Approach (to include patient/care experience). The pathway would be wider than just specialist hospital placements but would capture all cases that were prevented from going into hospital by alternative/creative solutions.</li> <li>• There is a Business Case to go to JCE November 2012 with proposals for a localised service response for Worcestershire for adults with a learning disability and complex needs, with a December 2012 paper to explore a flexible response to health funding to support hospital diversion. An LD specific action plan will be developed to ensure delivery of the new model.</li> </ul>	December 2012	Sarah Edwards	COMPLETED
		April 2013	Paddy Fox	COMPLETED
		October 2012	Paddy Fox	COMPLETED
		April 2013	Sharon Paterson	COMPLETE This forms a major part of the My Big Health Aim document and is backed up by new complex needs team
		December 2012	Gerry Flanagan	COMPLETED
	<ul style="list-style-type: none"> <li>• Consider further development of the market around placements for children and young people, for</li> </ul>			

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	example, to meet needs around attachment issues.	March 2013	Paddy Fox/ Mark Cage	COMPLETED Local business case completed to go to tender for preferred therapists
	<b>1.2 Funding for placements:</b> <ul style="list-style-type: none"> <li>A funding request form to be designed and signed off by JCE, to provide an audit trail for the JCU and CCGs. This will need to be completed in all cases to evidence that any options and risk appraisals were carried out with involvement by all parties. A Worcestershire consultant will need to have outlined expected outcomes from the placement. This will be referred to in the Protocol and will define roles and responsibilities, alongside designated levels of sign-off for in and out-of-office hours to be agreed. There is recognition that in many cases this could be an emergency request for a bed, however paper work will still need to be completed retrospectively by the Case Manager, signed by Team Manager, with evidence of Locality Manager involvement.</li> <li>All LAC children in an out of area placement have social care led placements with a financial contribution to the cost of the placement from NHS Worcestershire, where applicable.</li> </ul>	December 2012	Sarah Edwards	COMPLETED
		April 2012	Paddy Fox	COMPLETED
	<b>1.3 Quality, Safeguarding and Contracts:</b> <ul style="list-style-type: none"> <li>An accredited list of providers that have already had a pre-placement quality checklist/review in the last 6 months is held with the Complex Needs Commissioner/ Brokerage/ Emergency Duty Team to ensure in an emergency, bed-capacity has been identified for use (as a last resort when all other options have been exhausted).</li> <li>The protocol will refer to the pre-placement quality checklist that must be completed prior to admission for those placements that are not on the accredited list. As part of the pre-approval for a placement, the Lead Commissioner for that area and local Safeguarding Team must be contacted to gather any soft intelligence, safeguarding issues etc., before placing.</li> <li>For children and young people, a pre placement agency residential checklist to be developed and launched across social work teams, along with a LAC Quality Assurance Checklist.</li> <li>Residential framework in place.</li> <li>The Protocol will highlight a requirement to provide notification to the Lead Commissioner and Local Authority Contracts Team for a host area when placing. Brokerage to send out this letter when purchasing the placement. All existing placements require a retrospective letter.</li> <li>The NHS Contract to be in place with quality KPIs (Key Performance Indicators) for all fully funded health placements.</li> <li>Expected outcomes determined by Consultant/ Practitioner/Commissioner should to be inserted into the Contract, when a placement is made. This will be built into the Protocol.</li> </ul>	December 2012	Sarah Edwards	COMPLETED
		December 2012	Julia Chesterman	COMPLETED
		August 2012	Paddy Fox	COMPLETED
		December 2012	Mark Cage	COMPLETED
		December 2012	Jeremy Paul/ Andrea Payne/ Mark Cage	COMPLETED
		December 2012	Sarah Edwards	COMPLETED
		December 2012	Ruth Krivosic/ Sarah Cox	COMPLETED Built into care plan
	<b>1.4 Training and supervision:</b> <ul style="list-style-type: none"> <li>Roll out of Winterbourne View Lessons Learnt sessions with LD Community Teams, and key messages distributed to all ACS staff.</li> <li>Any cases of concern that may lead to a hospital placement to be flagged up fortnightly in Community</li> </ul>	October 2012	Sarah Edwards	COMPLETED

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<p>Team Meetings and discussed in supervision (Protocol to specify and identify a monthly flagging system to Complex Needs Commissioner).</p> <ul style="list-style-type: none"> <li>Staff seminars and workshops held across Children's frontline staff.</li> <li>For children and young people, build culture across the workforce about QA is everyone's business, develop ongoing training plan.</li> </ul>	<p>October 2012</p> <p>October 2012</p> <p>Paddy Fox</p>	<p>Sarah Edwards</p> <p>Paddy Fox</p> <p>March 2013</p>	<p><b>COMPLETED</b> via complex needs panel</p> <p><b>COMPLETED</b> and on 2<sup>nd</sup> roll out</p> <p><b>ONGOING</b></p>
<b>2. In-Placement</b>	<p><b>2.1 The Worcestershire Approach:</b></p> <ul style="list-style-type: none"> <li>The Protocol will clearly state the Worcestershire approach is an out-of-county hospital placement is an absolute last resort; this should not be seen as a long-term placement option.</li> <li>The Protocol will outline the requirement of a joined-up approach that is multi-disciplinary and includes family/ independent advocacy and Commissioners to ensure that a focused and targeted discharge plan and care pathway with outcomes will be agreed pre-admission/upon admission, and alternative creative solutions must be considered to ensure a safe and timely move back to Worcestershire within a community setting</li> </ul>	<p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards</p> <p>Sarah Edwards</p>	<p><b>COMPLETED</b></p> <p><b>COMPLETED</b></p>
	<p><b>2.2 Quality, Safeguarding and Contracts:</b></p> <ul style="list-style-type: none"> <li>The Protocol will include the requirement of the Care Co-ordinator/Case Manager to complete the Placement Review Checklist, to ensure that the standards required by Worcestershire are being maintained in the placement. Any issues regarding the placement will be fed back to the Complex Needs Commissioner to ensure any contractual issues are dealt with in an appropriate manner.</li> <li>Contract monitoring through Key Performance Indicator reporting will be managed by the Complex Needs Commissioner/ Complex Needs Officer (roles and responsibilities will be outlined in Protocol).</li> <li>The Protocol will ensure that all adults placed in a hospital environment must have an allocated independent advocate with whom they have regular contact. The Care Co-ordinator must remain in contact with the individual and the advocate to ensure the safety and efficacy of the placement at all times</li> <li>The monitoring of appropriate use of physical/behavioural interventions/behavioural management plan is recognised by Worcestershire as a priority for monitoring and will be highlighted in the Protocol and training design.</li> <li>The monitoring of appropriate use of good quality integrated care plans are recognised as a priority for monitoring and this will be highlighted in the Protocol and training design. The Hospital Placement Multi-Disciplinary Team and Worcestershire Community Multi-Disciplinary Team/adult/ child/family/independent advocate must all have a good understanding of, and are signed up to, the care plan. If there are disputes regarding above that this is fed back to commissioners and dispute resolution fed back.</li> <li>The monitoring of family access and participation is recognised by Worcestershire as a priority and will be highlighted in the Protocol and training design. This must include being informed of any safeguarding incidents if the adult lacks capacity or a child (unless the family member is directly involved), if the adult has capacity consent needs to be obtained.</li> <li>The Protocol will provide a link to appropriate guidance for tracking DOLs and Mental Health Act cases – <a href="http://www.worcestershire.gov.uk/cms/safeguarding-adults/safeguarding-adults-board/policies-and-procedures.aspx">http://www.worcestershire.gov.uk/cms/safeguarding-adults/safeguarding-adults-board/policies-and-procedures.aspx</a></li> </ul>	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p>	<p><b>COMPLETED</b></p> <p><b>ONGOING</b> through quarterly contract reviews</p> <p><b>COMPLETED</b></p> <p><b>COMPLETED</b> but ongoing via placement reviews</p> <p><b>COMPLETED</b> In protocol</p> <p><b>COMPLETED</b></p> <p><b>COMPLETED</b></p>

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<ul style="list-style-type: none"> <li>The Protocol will outline roles and responsibilities for complaints, allegations, safeguarding process and include at what point the Complex Needs Commissioner/Commissioner should be informed/ involved.</li> <li>An integrated IT system to ensure the Multi-Disciplinary Team/CHC/Commissioners can access information and document on one shared electronic system.</li> <li>For children and young people, agency residential providers to be informed that all notifiable events must now be reported to JCU in addition to the individual who has case management responsibility.</li> <li>A central monitoring has been developed to collate data and information relating to Schedule 5 notifiable events to capture trends, patterns and intensity.</li> <li>Providers to notify JCU to any changes to their Children's homes OFSTED rating.</li> <li>Serious incidents, complaints and allegations are reported to the CAMHS commissioner.</li> <li>Feedback sheets in use for planned QA visits to obtain views of children and young people in placement and their allocated social worker.</li> <li>West Midlands draft Information-Sharing Protocol in place.</li> <li>Shared intelligence mechanism across West Midlands Consortium through Operational Commissioning and Contracts Group.</li> <li>Monthly West Midlands Quality Assurance Meetings set up to facilitate improved QA measuring tools, joint visits as appropriate and shared intelligence.</li> <li>RAG rated visits schedule in place for children and young people's placements.</li> </ul>	<p>December 2012</p> <p>April 2013</p> <p>December 2012</p> <p>December 2012</p> <p>Sept 2012</p> <p>Sept 2012</p> <p>Sept 2012</p> <p>December 2012</p> <p>October 2012</p> <p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards</p> <p>IT departments</p> <p>Sarah Edwards</p> <p>Paddy Fox</p> <p>Paddy Hobbins Fox/Jill Paddy Fox</p> <p>Paddy Fox</p> <p>Angela Kirton</p> <p>Paddy Fox</p> <p>Paddy Fox</p> <p>Paddy Fox</p>	<p>COMPLETED</p> <p>INCOMPLETE</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p>
	<p><b>2.3 Movement of adults / children:</b></p> <ul style="list-style-type: none"> <li>The Protocol will highlight when a best interest meeting is appropriate to involve family/independent advocate to ensure adults and children are not moved unnecessarily.</li> <li>An escalation process within the JCU and CCGs will be outlined in Worcestershire's Protocol to ensure that adults and children are not forced to move unnecessarily or in unrealistic timescales for appropriate planning by the provider in order to free up bed capacity.</li> <li>Children's Social Care to hold disruption meetings upon the event of a placement breakdown or if a placement is at risk of breaking down.</li> </ul>	<p>December 2012</p> <p>December 2012</p> <p>Jan 2013</p>	<p>Sarah Edwards</p> <p>Ruth Krivosic/ Sarah Cox</p> <p>Paddy Fox</p>	<p>COMPLETED</p> <p>COMPLETED</p> <p>ONGOING Paddy to review with Sally Stokes</p>
	<p><b>2.4 Training and supervision:</b></p> <ul style="list-style-type: none"> <li>Training and roll-out plan to be designed to include priority areas highlighted in this Action Plan, will also look at encouraging a cultural shift and mind set.</li> </ul>	<p>December 2012</p>	<p>Sarah Edwards/ Hilary Green</p>	<p>COMPLETED started 2<sup>nd</sup> round</p>

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<ul style="list-style-type: none"> <li>Section 117 and CHC training to be completed for appropriate staff.</li> <li>Training and separate protocol to be in place to ensure that serious incidents are raised for Health and Local Authority funded placements.</li> <li>Reviewing Policy and Protocol to include access to and monitoring of where the adult/child spends the majority of their time.</li> <li>The Team Manager will ensure that each case has a named worker and a named Consultant throughout placement. Through supervision, the Team Manager will agree how often visits and monitoring contact should be in place (in conjunction with the Complex Needs Commissioner in terms of funding). The Protocol will be dependent upon how long funding has been agreed for, discharge plan and level of security. Contact would include monitoring of progress on the behavioural management plan, the wider care plan, incident reports, and contact with the adult/child as appropriate and the independent advocate.</li> </ul>	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p>	<p>Sarah Cox</p> <p>Sarah Edwards/ Sarah Cox</p> <p>Ruth Krivosic (C/YP/MH tbc)</p>	<p><b>COMPLETED</b></p> <p><b>Spot check – Feb-14</b></p>
<b>3. Performance and Reporting</b>	<p><b>3.1 Performance:</b> Adoption and roll out of:</p> <ul style="list-style-type: none"> <li>Worcestershire's Approach</li> <li>Roll out of Worcestershire Protocol</li> <li>Worcestershire's reviewing policy</li> <li>A clinical audit tool to be designed which will audit Worcestershire's delivery of this action plan (to include patient/carer experience).</li> <li>Clinical audit to take place by March 2013 to ensure delivery of this action plan, spot check audits to take place as and when required, if resources agreed a focused / commissioned work could form part of audit by health checkers to audit patient / carer experience.</li> </ul>	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>March 2013</p>	<p>Sarah Edwards/ Ruth Krivosic (MH/C/YPtbc)</p> <p>Sarah Cox</p> <p>Band 7 post/ Sarah Edwards/ Sharon Paterson/ Pamela Mariga</p> <p>Band 7 post/ Sarah Edwards/ Sharon Paterson/ Pamela Mariga (MH/Children tbc)</p>	<p><b>COMPLETED</b></p> <p><b>COMPLETED</b></p> <p><b>COMPLETED</b></p> <p><b>COMPLETED</b></p>
	<p><b>3.2 Reporting :</b></p> <ul style="list-style-type: none"> <li>KPIs to be agreed and then reported in each area to the JCU monthly with quarterly reports of KPIs to JCE, Safeguarding Boards, Performance/Review Board and the CCGs governing body Quality and Patient Safety Committees. The information will need to include anonymised individual patient data on period of time that each person has been in a locked or secure environment without a gap in the community, the type of environment: Locked, Low, Medium or High Secure and the distance from Worcestershire.</li> <li>Quarterly Commissioning reports to be provided to JCE, Safeguarding Boards, the CCGs governing body Quality and Patient Safety Committees and Performance/ Review Board. Reporting template to be agreed and anonymised ex-Winterbourne View resident updates to be included.</li> </ul>	<p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards/ Sharon Paterson/ (Children's tbc)</p> <p>Sarah Edwards/ Sharon Paterson/ Ruth Krivosic/ (MH / Mark Cage)</p>	<p><b>COMPLETED</b></p> <p><b>COMPLETED</b></p>

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<ul style="list-style-type: none"> <li>The ongoing monitoring/audit of this Action Plan ultimately sits with the JCU, thus governance is through the Joint Commissioning Executive.</li> </ul>	December 2012	Sharon Paterson	ONGOING
4. Locality Lead Commissioner/safeguarding role	<b>4.1 Host Responsibility:</b> The Protocol will state that each area will take responsibility for their own commissioned placements, regardless of geographical location and will not rely upon or assume that the host area of an NHS or Independent Provider will quality assure on their behalf. This position may alter dependant on the DOH's final report.  Safeguarding system to be in place for out of county alerts and process for communication.	December 2012	Sarah Edwards	COMPLETED
		December 2012	Sarah Cox	
	<b>4.2 The Protocol will cover when to notify the Lead Commissioner for an area, and the roles and responsibilities to ensure that:-</b> <ul style="list-style-type: none"> <li>if a Pre-Placement Checklist is completed for any out-of-area placement and there are concerns about a provider, the host commissioner for that area will be informed</li> </ul>	December 2012	Sarah Edwards (C/YP tbc)	COMPLETED
	<b>4.3 The Complex Needs Commissioner will take lead responsibility for undertaking an annual review in partnership with the Care Quality Team of any independent hospitals in Worcestershire.</b> <ul style="list-style-type: none"> <li>the Pre-Placement Checklist will be completed and distributed to surrounding counties for information, with a disclaimer to ensure that each placing area has a responsibility to cover out their own quality checks.</li> </ul>	December 2012	Sarah Edwards (C/YP tbc)	COMPLETED

Appendix 2

Up to, and including, 13 March 2014

Person	Placement type	Length of stay (nights)	Personal review	Placement review	funder	Discharge Plan
1	LD rehab hospital	560 MoJ	03/02/14	03/02/14	Worcestershire CCGs	Discharge to local new rehab unit May 2014
2	LD rehab hospital	2992 MoJ	05/01/14	05/01/14	Worcestershire CCGs	To move to local residential unit during May 2014
3	Acute LD	323	08/01/14	08/01/14	Worcestershire CCGs	Will move to Worcestershire residential unit but not ready for discharge
4	Acute LD	273	25/02/14	25/02/14	Worcestershire CCGs	Will move to Worcestershire residential unit but not ready for discharge
5	Acute LD	83	03/02/14	03/02/14	Worcestershire CCGs	To move to Worcestershire residential unit during May 2014
6	LD rehab	294	12/02/14	12/02/14	Worcestershire CCGs	Not ready for discharge, looking toward higher level of security
7	A&T Unit	46	26/02/14	26/02/14	Worcestershire CCGs	To move to Worcestershire residential unit during May 2014
1	Low secure	1080 MoJ	13/12/13	13/12/13	NHS England	
2	Low secure	461 MoJ	13/01/14	13/01/14	NHS England	
3	Low secure	933 MoJ	23/05/12	23/10/13	NHS England	
4	Low secure	946 MoJ	20/02/14	20/02/14	NHS England	
5	Low secure	1407 MoJ	19/11/13	29/01/14	NHS England	
6	Low secure	751 MoJ	23/10/13	29/01/14	NHS England	
7	Low secure	601 MoJ	13/12/14	13/12/14	NHS England	