

**Title:** Winterbourne View Update

**Wards Affected:** All Wards

**To:** Health and Wellbeing Board   **On:** 12 February 2014

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## **Introduction**

- 1.1 The national concordat published following the Winterbourne View scandal set out a number of requirements on Health and Social care commissioners. There has been regular reporting on the numbers of patients that continue to reside in more specialist hospital environments to NHS England.
- 1.2 A stocktake of progress against the requirements set out in the concordant was completed in September 2013. Following feedback received this has informed an updated local action plan (attached). The action plan considers systems and processes required to keep people safe and avoid further admissions out of area.
- 1.3 One of the most important actions – that of returning those people placed in hospitals away from home into appropriate community placements by June 2014 is monitored through the local complex care ratification panel process.
- 1.4 One aim of the Winterbourne View Concordat is to establish individuals in appropriate Community accommodation by 1<sup>st</sup> June 2014. This does not automatically mean that people will all return to the South Devon and Torbay area, some people may wish to stay in the locality they are familiar with now, and some people may be under legal restrictions such as a Home Office order that would inhibit their move to the community. Our position may change with particularly when one considers increasing numbers of patients that may be attributable to step down from prison, young people in transition, or where we are not able to meet needs locally.

## **2. Risks and Responses**

- 2.1 Meeting the deadline for the Concordat will be challenging and for some people this date is not realistic to move them to the community by. Some will not be ready by this date, and rushing the process will have negative consequences for the individual, so it is anticipated that this programme of work still continue for those who are currently deemed to be in “Appropriate Accommodation.”

2.2 Supporting effective change of this nature requires a new and different response locally. Even when individuals have their own home and are being supported, people can still face prejudice by communities. Each person has to have tailored support and housing, an individual service design and working policies to provide safe care.

2.3 Supporting individuals well requires really effective contingency planning, and very close working with relatives, family carers, and providers to prevent a failure of placement.

2.4 Adapting organisational culture, particularly within local services is important to enable clinicians to feel actively supported in managing the risks that are presented by individuals in order to keep them and the community safe.

### 3. Our Current Action Plan.

3.1 Following the Winterbourne View Stocktake the action plan was drafted bringing together a number of issues raised in the feedback combined with actions already previously identified. It is worthy to note that this action plan sits firmly within the planning structures for the overall Joint Devon and Torbay Learning Disability Strategic Commissioning Strategy with the commitment to improving outcomes for people who have a learning disability and their carers, recognising the imperative of working together to achieve this.

		<b>ACTION</b>	<b>OUTCOME</b>
<b>PARTNERSHIP</b>	1.1	Learning Disability Partnership Boards to take on service improvement actions as identified in plan.	Clear and robust partnership arrangements in place, operating effectively with clear lines of accountability and decision making.
	1.2	Establish a health sub group of the Torbay LDPB in order to progress improvement actions.	
	1.3	Mental Health and Learning Disability Redesign Board to monitor performance and activity of patients in 'in patient' provision and gain assurance as to packages of appropriate care.	
<b>COMMISSIONING</b>	2.1	Create database/register for commissioners to monitor and track placements.	
	2.2	Complex care packages to be reviewed 3 monthly at ratification panel.	
	2.3	Scope option for complex care funding to be included in the ITF pooled budget.	

	2.4	DPT contract review negotiations regarding assessment and inpatient accommodation	
	2.5	Seek assurance of the redesign of delivery model for community LD will meet the challenge from complex patients. Establish a baseline of activity pre changes to monitor and compare against at 9, 12 and 18 months post changes.	
	2.6	Provide adequate representation at SCG discussions regarding suitable provision for people with complex needs is accessible locally.	
	2.7	Develop a base position for need and model for crisis/emergency response	
	2.8	CCG/LA position statement for accommodation and market development of care provision for patients with complex and behaviour needs.	
	2.9	Review MH IPP panel process & Complex Care Ratification panel to ensure that complex LD and MH patients are not disadvantaged with neither accepting lead responsibility	
	2.10	Explore the use of NHS e procurement in identify bespoke care package providers.	
<b>CASE MANAGEMENT FOR INDIVIDUALS</b>	3.1	Monthly meetings between provider and commissioner to provide update on individual placements. Exception reporting highlight risks to placement and long term community.	
	3.2	Establish process through existing forums with clinicians to look at what collaborative working is needed to establish Alternative provision in	

		meeting complex needs (using lessons from Simon Duffy as part of the “Beyond Limits” work in Plymouth).	
	3.3	Process for assuring Quality of reviews to be agreed.	
	3.4	Nurse Forum to be extend to include private providers to share expertise and learning.	
	3.5	Develop use of Audit tool for quality of reviews.	
<b>SAFEGUARDING</b>	4.1	Confirm arrangements for sharing of information on alerts and action being taken between SAB, CCG Quality Team and CCG commissioners.	People
	4.2	Liaise with Devon and Cornwall police to develop information processes about individuals to both reduce their vulnerability and protect the public.	
	4.3	Clear guidance drafted for staff about supportive local services that can help if people need crisis support once they have returned home.	
<b>OTHER</b>	5.0	Discussion to take place with national Winterbourne View Advisor regarding the number of those patients who are unlikely to be moved as “Appropriately Placed” after 1 <sup>st</sup> June 2014. Justification report to support the decision making with review and monitoring processes clearly in place.	Compliance with Winterbourne View concordant