

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

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**CONTACT OFFICER:** Alan Sinclair, Assistant Director, Adult Social Care,  
Commissioning & Partnerships

**(For all Enquiries)** (01753) 875752

**WARD(S):** All

### **PART I**

#### **FOR COMMENT & CONSIDERATION**

#### **PROGRESS REPORT ON LOCAL RESPONSE TO WINTERBOURNE VIEW CONCORDAT**

##### **1. Purpose of Report**

In July 2013 every local area was required to undertake a stocktake on progress made locally in response to the Winterbourne View Concordat published by the Department of Health in December 2012. This required a number of actions from local health and social care economies.

By April 2014 each area will have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with the model of good care

By April 2014 Clinical Commissioning Groups and local authorities will have set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. This could potentially be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) processes.

This report provides an update on the local action in response to the concordat and stocktake.

##### **2. Recommendation(s)/Proposed Action**

That the Slough Wellbeing Board note the actions being taken locally to ensure delivery against the Winterbourne View requirements published in December 2012.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

Slough's Joint Strategic Needs Assessment shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and to have significant health risks and major health problems including obesity, diabetes, heart and respiratory diseases. The number of young people with complex disabilities is rising, meaning that safeguards and quality assurance of care services for this group of people will remain highly important.

3a. **Slough Wellbeing Strategy Priorities**

Priorities:

- Health and Wellbeing

Ensuring that the health of adults with learning disabilities is monitored and that they have access to a range of health professionals is a priority action for Slough.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

A failure to keep adults at risk of abuse safe from avoidable harm represents, not only a significant risk to residents, but also to the reputation of the Council, the NHS, Slough Clinical Commissioning Group and care providers. Although safeguarding must be the concern of all agencies working within adults at risk, the local authority is the lead agency and is responsible for the coordination of the multi agency Safeguarding Board.

Slough's Health Scrutiny Panel has a key leadership role to play in ensuring that the commitments made in the Winterbourne View Concordat are achieved.

(c) Human Rights Act and Other Legal Implications

The concordat is not a statutory document but sets out the values and actions to which various bodies, including Directors of Adult Social Services, have committed.

(d) Equalities Impact Assessment

There is no identified need for the completion of an Equalities Impact Assessment.

## 5. **Supporting Information**

### 5.1 **The Concordat**

The Concordat sets out some key actions for local implementation. This includes:

- Clinical Commissioning Groups to maintain a register of people with Learning Disabilities (LD) and autism who are in receipt of NHS funded packages of care.
- Completing multi-disciplinary reviews of people with LD and autism who are in receipt of NHS funded packages of care in hospital settings by the end of June 2013.
- Development of a joint strategic plan by April 2014.
- Moving people to other local care settings by June 2014.

### 5.2 **Progress to date**

Other than those people detained under the Mental Health Act, Slough has identified 25 people either fully or partly funded by the NHS – and this is the register of people with Learning Disabilities (LD) and autism who are in receipt of NHS funded packages of care. Of these people only one is currently in a hospital setting. All other people are being supported in community settings.

Following regular reviews, plans are being developed with the people involved, families, carers, advocates, commissioners and providers for this person to move into a community placement which can meet their needs and provide a stimulating environment to develop skills and greater independence whilst being safe. A transitional period will need to be undertaken at a pace which will not cause deterioration in behaviour and jeopardise the move and this will mean we will not meet the June deadline.

A draft Berkshire wide plan has been developed to meet the needs of people with a learning disability with complex needs.

### 5.3 **The Stocktake**

The Stocktake document was circulated to the Wellbeing Board in July 2013. The stocktake was signed off, as required, by the council and the Slough Clinical Commissioning Group (CCG). The stocktake was presented to the Slough Learning Disability Partnership Board (LDPB) in September 2013.

Feedback from the LDPB was positive and it was recognised that robust systems were in place to ensure that regular reviews of adults with learning disabilities and challenging behaviour were taking place and independence, choice and control were central themes particularly regarding accommodation.

#### 5.4 Commissioning

The stocktake highlights the need for the development of local care and support options for younger adults with complex needs. This is relevant to people placed in NHS settings but also the growing number of younger adults with complex needs.

Slough contributes to a Berkshire-wide Winterbourne View Project Group which is developing a joint commissioning strategy to map future demand and options for collaborative commissioning. A scoping exercise will be carried out by Children's Services, Adult Services and Berkshire East Clinical Commissioning Groups to develop proposals for planning for the future for young people with complex needs who are likely to require service interventions as they become adults.

The South East ADASS Regional Safeguarding Group has been offered some funding to map out what is being planned across the region and develop an options appraisal with a view to ensuring that collaborative commissioning is considered to achieve cost effectiveness.

#### 5.5 Monitoring the care system

Part of the learning from the Winterbourne View scandal is that health and social care commissioners need to ensure that their systems for monitoring care quality are robust. This relates to individual care plans, care providers and the wider care system. To this end Slough hosts a monthly Care Governance Board with representation from health commissioners. The Board provides a governance framework for monitoring quality and concerns regarding health and social care provision. The Council works closely with the Care Quality Commission to identify and act in situations where there are concerns about social care providers locally and there are local multi-agency systems for raising concerns about providers.

The Council's Contracts and Commissioning Team undertakes unannounced monitoring visits of contracted social care providers and there is a programme of unannounced CQC inspections nationally. In addition, NHS England has established regional Quality Surveillance Groups which review both qualitative and quantitative data on health care providers, in order to facilitate early action where there are quality concerns. Slough CCG has a quality and safety programme which includes requiring providers to demonstrate their response to the Francis enquiry.

#### 5.6 2012/13 Joint Health and Social Care Self-assessment Framework

The 2012/13 Learning Disability Joint Health and Social Care Self assessment Framework (SAF) was launched in June 2013.

All areas are required to complete the SAF and involve people and their carers as well as stakeholders in the evaluation process. Task and Finish sub groups of the LDPB met to collate views. The completed SAF was submitted in December 2013

The Slough LDPB has played an important role in fostering a partnership approach to keeping people safe and in the development of learning disability commissioning priorities. It is co-chaired by a person with a learning disability and four members of the board are people with learning disabilities. The board is supporting the setting up of the Learning Disability Forum which is a key mechanism for engaging and consulting with people with learning disabilities in Slough. The board is developing sub-groups of both family carers and people with learning disabilities who are full members of the board. The board has taken an active interest in the Winterbourne View agenda and has scrutinised reports on this.

The Slough Safeguarding Adults Board (SSAB) provides an inter-agency framework for coordinating actions in respect of safeguarding with representation from the Council, CCG, NHS Trusts, the voluntary sector, the Police and service users. The Board provides further additional scrutiny on the local response to Winterbourne.

## 6. **Conclusion**

There are very few numbers of Slough people currently living in hospital accommodation other than those people detained under the Mental Health Act. For the one person identified a plan is being developed to support this person into a community setting but the arrangement needed to facilitate this will need to be taken at a pace which is not detrimental to the individual.

- 6.1 Provider monitoring arrangements are robust with a multi agency approach, and people with learning disabilities are reviewed on a regular basis. A cross Berkshire-wide Winterbourne View project group is developing a joint commissioning strategy to map future demand and options for commissioning services and supports for people with learning disabilities with complex needs.

## 7. **Appendices Attached**

None

## 8. **Background Papers**

None