

<b>Title of Report:</b>	<b>Winterbourne View</b>
<b>Report to be considered by:</b>	Health and Wellbeing Board
<b>Date of Meeting:</b>	25 July 2013
<b>Forward Plan Ref:</b>	N/a

**Purpose of Report:** To update the Health and Wellbeing Board on the outcome of the Serious Case Review of Winterbourne View Hospital and local actions with respect to the Department for Health recommendations.

**Recommended Action:** That the Health and Wellbeing Board note this report and the serious nature of its contents with regard the care of vulnerable adults.

**Reason for decision to be taken:** No decision

**Other options considered:** Not applicable.

**Key background documentation:** NHS South of England Serious Case Review August 2012  
Dept of Health Report 'Transforming Care' December 2102

The proposals will help achieve the following Council Strategy principle:

**CSP9 - Doing what's important well**

The proposals contained in this report will help to achieve the above Council Strategy principle by:

<b>Portfolio Member Details</b>	
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<b>Date Portfolio Member agreed report:</b>	17 June 2013
<b>Contact Officer Details</b>	
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## Implications

**Policy:** None  
**Financial:** None  
**Personnel:** None  
**Legal/Procurement:** None  
**Property:** None  
**Risk Management:** None  
**Corporate Board's Recommendation:** For Management Board and Health and Well Being Board.

Is this item relevant to equality?	Please tick relevant boxes	No
Does the policy affect service users, employees or the wider community and: <ul style="list-style-type: none"> <li>• Is it likely to affect people with particular protected characteristics differently? <input type="checkbox"/></li> <li>• Is it a major policy, significantly affecting how functions are delivered? <input type="checkbox"/></li> <li>• Will the policy have a significant impact on how other organisations operate in terms of equality? <input type="checkbox"/></li> <li>• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics? <input type="checkbox"/></li> <li>• Does the policy relate to an area with known inequalities? <input type="checkbox"/></li> </ul>		
<b>Outcome</b> (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)		
Relevant to equality - Complete an EIA available at <a href="http://www.westberks.gov.uk/eia">www.westberks.gov.uk/eia</a>		<input type="checkbox"/>
Not relevant to equality		<input type="checkbox"/>

# Executive Summary

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## 1. Introduction

- 1.1 Winterbourne View was a private hospital for adults with learning disability and challenging behaviour in Gloucestershire run by Castlebeck Care. In 2011 a reporter working for BBC Panorama uncovered serious physical and mental abuse of patients being perpetrated by staff at the hospital.
- 1.2 Subsequently the Department of Health's final report 'Transforming Care; A National Response to Winterbourne View Hospital' was published in December 2012 with the key findings, recommendations and actions.

## 2. Proposals

- 2.1 DH key findings for NHS and social care organisation to jointly progress and the local responses are;
  - (1) To review all current long stay hospital placements and move them to community based support by 1 June 2014. WBC does not fund individuals in hospital placements as this is an NHS provision. West of Berkshire Clinical Commissioning Group currently fund 14 adults who have all been reviewed
  - (2) To review all care home placements and create a single register of individuals whether NHS or Local Authority funded. Register to be compiled by the CCG with LA input. WBC has established a programme of reviews as part of the Supported Living Project within the ASC Efficiency Programme.
  - (3) Agree a joint plan and service model for the provision of high quality care and support services. To be addressed by the Berkshire Winterbourne Project Group, chaired by the CCG.
  - (4) Improve planning for individuals with learning disability starting in childhood. Communities Directorate is reviewing their Transitions services within the ASC Efficiency Programme
  - (5) Regulation and Inspection will be tightened up. The remit of the Care Quality Commission (CQC)
  - (6) Transform and redesign services to diversify community provision. To be addressed by the Berkshire Winterbourne Group.
  - (7) Safeguarding Adults to be placed within a statutory framework. Proposed in the new Care and Support Bill.
- 2.2 This item is not relevant to equality.

## 3. Conclusion

- 3.1 That Members note the content of this report and the steps being taken to address the DH recommendations by WBC Adult Social Care services in conjunction with the NHS and other Local Authorities in Berkshire.

# Executive Report

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## 1. Background

1.1 BBC's Panorama investigation was aired on 31 May 2011 and uncovered serious physical and mental abuse of patients being perpetrated at Winterbourne View Hospital.

1.2 Several immediate responses were set in train:-

- A criminal investigation was launched culminating in 11 individuals being prosecuted, convicted and sentenced 26 October 2012.
- CQC reviewed all the services operated by Castlebeck Care, the owners of Winterbourne View and a programme of inspections of 150 learning disability hospitals and homes was undertaken.
- NHS South of England reviewed the serious untoward incident reports and the commissioning of places at Winterbourne View.
- An independent Serious Case Review was commissioned by South Gloucestershire Safeguarding Board and published 7 August 2012.

1.3 Key findings, recommendations and actions from the above were collated and presented to the conference of Association of Directors of Adult Social Services in October 2012. The Department of Health's final report "Transforming Care; A National Response to Winterbourne View Hospital" was published in December 2012.

## 2. Key Findings from the DH Transforming Care report.

- Too many people are placed in hospital care for assessment and treatment (A&T) purposes and are staying there for too long. This was the case at Winterbourne View where individuals had not had the appropriate follow up and review by the NHS organisations that had placed them there.
- This model of care goes against government policy and has no place in the 21<sup>st</sup> century. This model being an emphasis on community based care.
- People should have access to the support and services they need locally – near to family and friends – so they can live fulfilling lives within the community.
- Winterbourne View was an extreme example of abuse, but we have found evidence of poor quality of care, poor care planning, lack of meaningful activities to do in the day and too much reliance on restraining people.
- All parts of the system – those who commission care, those who provide care and individual staff, the regulators and government – have a duty to drive up standards. There should be zero tolerance of abuse.

## 3. Key Recommendations

- Only local action can guarantee good practice, stop abuse and transform local services.

- Listen to people with learning disabilities and their family carers in developing person-centred approaches across commissioning and care.
- Build understanding of the reasonable adjustments needed for people with learning disabilities who have a mental health problem so that they can make use of local generic mental health beds.
- Commission the right model of care to focus on the needs of individual people, looking to avoid the factors which might distress people and make behaviours more challenging, building positive relationships in current care settings.
- Focus on early detection, prevention, crisis support and specialist long term support to minimise the numbers of people reaching a crisis which could mean going into hospitals.
- Work together to plan carefully and commission services for the care of children as they approach adulthood to avoid crises; and commission flexible, community based services.

#### **4. The Governments Mandate. Department of Health Final Report October 2012**

“The NHS Commissioning Board’s objective is to ensure that CCGs work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.”

(The NHS Commissioning Board with its regional presence NHS South of England has replaced the Health Authorities. Clinical Commissioning Groups led by GPs have replaced Primary Care Trusts led by NHS Managers)

#### **5. Programme of Action**

- Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and not later than 1 June 2014.
- Every area will put in place a locally agreed joint plan for high quality care and support for services for people of all ages with challenging behaviour, that accords with the model of good care.
- There will be a national leadership and support for local change.
- Planning will start from childhood improving the quality and safety of care.
- Accountability and corporate responsibility for the quality of care will be strengthened.
- Regulation and inspection of providers will be tightened.
- Progress in transforming care and redesigning services will be monitored and report:

The DH will publish a follow up report one year on by December 2013 to ensure that the steps outlined in the programme of Action are achieved.

## **6. Implications for West Berkshire and its partners**

6.1 Health and Care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1 June 2014.

Health and Care Commissioners will:

- By 1 June 2014, working together with service providers, people who use services and families, review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes;
- Put these plans into action as soon as possible, so that all individuals received personalised care and support in appropriate community settings no later than 1 June 2014;
- Ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.

6.2 Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.

- These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.
- This joint plan will be part of the Joint Health and Well Being Strategy for implementation from 2014.
- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.

6.3 There will be a national leadership and support for local change.

- DH to review progress December 2013.
- DH has written to the chairs of Health and Well Being Boards to ensure they are fully engaged with local progress.

6.4 Planning will start from childhood improving the quality and safety of care.

- The Council is reviewing with its partners the whole provision of services to those with learning disability, in particular the transitions process from children to adult services as a project within the ASC Efficiency programme to improve the service offered to these individuals and their families.

6.5 Improving the quality and safety of care:

- DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness. (Care & Support Bill)
- All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults.
- Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

## **7. Local Actions**

7.1 In March 2013, the Berkshire West PCT Board received a report outlining the response to the DH Final Report and further actions required for the Clinical Commissioning Groups being established on 1 April 2013.

7.2 The PCT was funding at that time 14 inpatient beds for adults with learning disability or Autism. All have been reviewed between 1 November 2012 and 28 February 2013. This review included a personalised care plan, evidence of engagement and agreement with families and carers, a discharge plan, named care co-ordinator, identified CCG lead, dated comprehensive physical health check and identified independent advocacy to support the move on.

WBC does not fund inpatient hospital beds as hospital care is funded by the NHS.

7.3 Locally it has been agreed that all adults with learning disability or Autism NHS funded placements and also adults with physical disability and mental health issues should be identified on a single register. All to be reviewed by 31 March 2014.

7.4 Establish a Berkshire wide Winterbourne Project Group with the 6 Local Authorities to ensure delivery of the actions and recommendations of the Winterbourne View Review. Chaired by Director of Joint Commissioning for Berkshire West CCGs.

7.5 Terms of Reference to include:-

1. Implement the 2012-13 Learning Disability Self-Assessment Framework (LDSAF) joint action plan. The LDSAF focused on drawing up an assessment of people's experiences of health services. This process was led by NHS Berkshire in collaboration with the 6 unitary authorities and as a result of this exercise a joint action plan was developed to bridge gaps that were identified.
2. Production of a joint health and social care Winterbourne Action Plan agreed between the CCG and associated Local Authorities by June 2013.
3. Develop a system to ensure that all CCG placement registers are kept up to date for patients who are admitted to and discharged from NHS funded placements including continuing healthcare (CHC)
4. Complete reviews of patients in Assessment and Treatment units by 1 June 2013 to agree a personal care plan for each individual based around their own and their families' needs, with agreed outcomes achieved. The CCGs

will ensure that plans are in place to ensure that all individuals received personalised care and support in appropriate community settings no later than 1 June 2014.

5. Develop processes for the delivery of consistent joint health and social care reviews and discharge planning including those people placed by CHC through implementing a joint criteria and standards that accord with the Department of Health's model of care and complete this action by June 2014.
6. Production of a joint health and social care strategy to ensure high quality care and support services in line with best practice by March 2014.
7. To ensure there is a robust commissioning process including provider contracts with rigorous monitoring and safeguarding systems.
8. Production of a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.

## **8. Serious Case Review – Atlas Project Team Ltd (APTL)**

- 8.1 In October 2011 three Safeguarding Alerts were raised in Devon regarding "Atlas" LD care homes run by APTL. Further investigations across a total of 15 care homes run by APTL identified significant concerns leading to first reviews and then alternative placements for many of the residents. APTL went into administration and all placing Local Authorities were given notice to move individuals by 30 July 2012.
- 8.2 West Berkshire had 1 individual in a Devon APTL care home who was found alternative care immediately on review. 3 others in a local APTL have also been found alternative care provision. A fifth has remained in a care home in Wokingham with a new care provider.
- 8.3 As a consequence of the Serious Case Review in Devon, each placing Local Authority was tasked to conduct an Independent Management Review (IMR) addressing on an individual basis the areas reviewed by the Serious Case Review.
- 8.4 Lessons Learnt from the IMR for West Berkshire
  1. West Berkshire will re-assess all people living in out of areas placements by September 2013. This will be part of a service improvement programme already in operation and will be conducted using a project management framework.
  2. Reviews will be done annually.
  3. Our review document will be revised so that questions about the quality and safety of the service are addressed in much more detail as part of individuals reviews. Sufficient triggers will be incorporated to ensure a comprehensive review (completed).
  4. Specific training will be given to staff who are reviewing the people who remain in out of area placements (completed).



5. Reviews need to ensure as far as possible that individuals' views are captured, if appropriate with the input from an advocate or family member (ongoing).
  6. People who are long term service users and who are particularly vulnerable need to have a full multi-disciplinary assessment every 3 years so that gradually changing needs are picked up and addressed.
  7. A robust commissioning process for Out of Area residential services needs to be developed – Berkshire Winterbourne Project Group Terms of Reference.
  8. Reviews need to check that provider staff are aware that a safeguarding procedure exists, that this is compliant with local multi-agency procedures, that the safeguarding procedures are being implemented, and that implementation can be demonstrated by referrals to commissioning authorities (ongoing).
  9. Where concerns exist with regard to the mental or physical health needs of the individual, a multi-disciplinary review is indicated and will be carried out (ongoing).
  10. Health Action Plans will be reviewed as part of the annual review and cross-referenced with the care/support plan (ongoing).
  11. CTPLD will advise the host local authority of any placements and seek feedback on any care quality concerns (ongoing).
- 8.7 WBC currently has 109 individuals placed in care homes, predominantly out of area at a cost of £7m/annum.

#### **8.8 West Berkshire Safeguarding Role**

The Council is a member of the West of Berkshire Adult Safeguarding Board and a report has been presented to them on progress against the DH Key Recommendations. WBC also presented their Independent Management Review and it was noted as an example of good practice.

Within West Berkshire, care quality standards for care homes and private hospitals are monitored by the Care Quality Commission and by 2 x WBC Care Quality officers. Following Winterbourne, Councillor Joe Mooney instigated unannounced inspections of all 38 care homes in the district. 5 were considered to be requiring improvements and all have since taken the required actions.

WBC's safeguarding duty is to respond to any Safeguarding alert, investigate and take relevant actions if abuse is found to protect the vulnerable individual.

#### **8.9 DH Initial Stock take of progress against key Winterbourne Recommendations.**

In May 2013, the DH and LGA Winterbourne View Joint Improvement Programme sent out a stock take of progress to local partnerships. The Berkshire Winterbourne Group is co-ordinating the response. The DH advises that the stock take should be led by the Local Authorities given their leadership role through

Health and Well Being Boards. This follows up from a letter sent to the Chairs of Health and Well Being Boards in March 2013 from Norman Lamb which encourages H&WB Boards to take an active interest in how the Council with its partners are progressing the recommendations and to challenge the levels of ambitions in their action plans and whether the right clinical and management leadership is in place.

## **9. Conclusion**

Both the review of Winterbourne View and Atlas Project Team Ltd exposed appalling care standards. Adults with learning disability or autism, who have mental health conditions and who are regarded as challenging have too often received poor quality and inappropriate care. This care has been paid for by the health and social care economy.

Recommendations and action to ensure robust commissioning, intelligent scrutiny of care standards and a person centred annual review are now in place to ensure we prevent such occurrences again. The newly established Berkshire Winterbourne View Project Group will be accountable for the delivery of the actions and report to the 6 Health and Well Being Boards of Berkshire and CCG Boards.

It is proposed that this report goes to the West Berkshire Health and Well Being Board in July accompanied by the stock take of progress that has been requested by the Dept of Health.

## **Appendices**

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There are no Appendices to this report.

## **Consultees**

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**Local Stakeholders:** N/a  
**Officers Consulted:** Corporate Board  
**Trade Union:** N/a