



**Sheffield Clinical Commissioning Group**

## SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

**Report of:** Councillor Mary Lea

**Date:** 26<sup>th</sup> September 2013

**Subject:** Winterbourne View – Sheffield’s actions in response to the National Programme of Action

**Author of Report:** Jo Daykin-Goodall, Interim Head of Learning Disabilities Service  
Kevin Clifford, Chief Nurse Sheffield CCG

### **Summary:**

The Winterbourne Programme of Action requires NHS Sheffield CCG and Sheffield City Council to reduce the number of people in inappropriate out of city hospital placements and to make available high quality care closer to home.

A Department of Health (DH) review into care at Winterbourne View private hospital and 150 units nationwide uncovered significant poor practice. A multi-organisation Concordat enshrined a national Programme of Action.

Sheffield meets or exceeds the key requirements of the Concordat:

- Registers of all people with challenging behaviour in NHS-funded care
- Reviews of inpatient care for all people with a learning disability or autism
- Individuals have the information, advice and advocacy support they need
- By June 2014, all individuals receive personalised care and support in appropriate community settings – Sheffield is working towards this challenging timescale
- By April 2014, each area will have a locally agreed joint plan to ensure high quality care and support – senior managers from SCC, SHSCT and the CCG are overseeing an action plan around: reviews, developing local services; quality and safety of care; health and social care professionals.

### **Recommendations:**

- The Health and Wellbeing Board is asked to approve the approach described in this report and to consider the value of further updates from the Winterbourne steering group.

- The Health and Wellbeing Board is asked to seek assurance that organisations have information-sharing arrangements in their plans to support the need for greater multi-agency working and communication, and to ensure warning signs are not missed.
- The Health and Wellbeing Board is asked to request that Sheffield City Council work with Sheffield CCG as a priority to find suitable accommodation that meets the needs of people with challenging behaviour, including those currently out of city.
- The Health and Wellbeing Board is asked to request the CCG to work with community health services and GP practices so that they are ready to provide suitable health support to this group of people on their return to the city.
- The Health and Wellbeing Board is asked to request the CCG to work with acute psychiatric and mainstream hospital services to accommodate people with a learning disability who have a crisis in either their mental or physical health.
- The Health and Wellbeing Board is asked to consider whether the pooled budget arrangements recommended by the Department of Health would have benefits over and above helping to meet the requirements of the Winterbourne Programme of Action.

#### **Reasons for Recommendations:**

- The Department of Health recommends the involvement of local Health and Wellbeing Boards in the development of joint action plans.
- The recommendations will help to mitigate the risks of Sheffield not meeting its Winterbourne obligations.

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#### **Background Papers:**

[Transforming care: a national response to Winterbourne View hospital](#)

Department of Health, December 2012

[Concordat: Programme of Action](#)

Department of Health, December 2012

[Sheffield Stocktake of Progress](#)

June 2012

# Winterbourne View – Sheffield’s actions in response to the National Programme of Action

## 1.0 SUMMARY

- 1.1 The Winterbourne Programme of Action requires NHS Sheffield CCG and Sheffield City Council to reduce the number of people in inappropriate out of city hospital placements and to make available high quality care closer to home.
- 1.2 A Department of Health (DH) review into care at Winterbourne View private hospital and 150 units nationwide uncovered significant poor practice. A multi-organisation Concordat enshrined a national Programme of Action.
- 1.3 Sheffield meets or exceeds the key requirements of the Concordat:
  - Registers of all people with challenging behaviour<sup>1</sup> in NHS-funded care
  - Reviews of inpatient care for all people with a learning disability or autism
  - Individuals have the information, advice and advocacy support they need
  - By June 2014, all individuals receive personalised care and support in appropriate community settings – Sheffield is working towards this challenging timescale
  - By April 2014, each area will have a locally agreed joint plan to ensure high quality care and support – senior managers from SCC, SHSCT and the CCG are overseeing an action plan around: reviews, developing local services; quality and safety of care; health and social care professionals.

## 2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

- 2.1 We need to reduce the number of children or adults in out of city placements in favour of care closer to home, in models of care that are consistent with best practice and delivered in the least restrictive environment.

## 3.0 MAIN BODY OF THE REPORT

- 3.1 Until its closure in 2011, **Winterbourne View**, in Bristol, was registered as a private hospital for people with learning disabilities. In May of that year, the BBC’s *Panorama* exposed shocking evidence of abuse.

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<sup>1</sup> In keeping with the Department of Health’s terminology, the term ‘challenging behaviour’ is used in this report and refers to ‘all children, young people and adults with learning disabilities or autism who also have mental health conditions or behave in ways that are often described as challenging’, (*Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report*). It relates to severity, intensity and duration of these behaviours that means that services are unable to easily respond to meet the persons’ needs.

3.2 A **Department of Health (DH) review** into Winterbourne and the care practices at 150 adult units followed, the findings of which included:

- Inappropriate and non-personalised placements and care models
- Placements too far away from families and funding authorities
- Poor care standards, including too much use of physical restraint
- Agencies failing to pick up on warning signs
- Inadequate management and staffing skills

3.3 Over 50 organisations signed up to a **Concordat Programme of Action**. This included the key action that:

- All current placements will be reviewed by 1 June 2013, and everyone inappropriately in hospital will move to community-based support as quickly as possible, and no later than 1 June 2014.

3.4 **Sheffield's Performance against key Concordat action**

3.4.1 **By 1 April 2013, registers of all people with challenging behaviour in NHS-funded care will be in place and, from that date, maintained by Clinical Commissioning Groups (CCGs)**

- Sheffield meets this requirement through its database of people placed out of city, managed by the Deputy Head of the Joint Learning Disabilities Service on behalf of Sheffield CCG and Sheffield City Council, which identifies named contacts for each client. Information is shared regularly with commissioners from the CCG, CHC and Commissioning Support Unit.
- Currently, there are 166 individuals recorded on the register, in a mixture of supported living; care homes; residential college; independent and NHS inpatient settings; regional specialist commissioned services (low, medium and secure).
- Sheffield also has had a comprehensive Case Register of people with a learning disability since 1974, which gathers data from birth and identifies clinical needs, including behaviour that challenges.

3.4.2 **By 1 June 2013, health and care commissioners will work together and with service providers, people who use services and families to review the care of all people in learning disability or autism inpatient beds and agree personal care plans for each individual.**

- As required, all 18 individuals in independent hospital settings or specialist commissioned services (low, medium and secure facility) were reviewed by 1 June 2013.

- Sheffield extended this requirement to review the suitability of all 51 NHS-funded and 26 joint-funded individuals and, by the end of September, all 89 individuals funded solely by the Local Authority.<sup>2</sup>
- All reviews have been carried out by the Joint Learning Disability Service Out of City Team. This was already well-established before the Concordat and working to bring people back to Sheffield. Through a CCG Complex Needs Business Case, savings are reinvested to support people with complex needs locally through clinical and social work posts. This has enabled the Concordat's review timescale to be met. The CCG is exploring how the Complex Needs Business Case can be accelerated to provide increased capacity in local clinical expertise.
- All out of city reviews and subsequent support packages are quality checked against established quality standards. The Deputy Head of the Joint Learning Disability Service is responsible for ensuring all individuals who are placed out of city receive a review.
- Clinical leads, lead social workers and the Deputy Head of the Learning Disabilities Service are collating the overall picture of out of city placements in order to inform local commissioners of the needs of individuals returning to the city.

**3.4.3 By 1 June 2014, put these plans into action, so that all individuals receive personalised care and support in appropriate community settings.**

- The reviews have confirmed that not everyone living out of city is inappropriately placed. However, for inpatients for whom a return to Sheffield is suitable, achieving the Concordat's timescale of 1 June 2014 will be challenging because of the need to work with complex individuals in an appropriate way and timeframe; the range of current services involved; and the need to develop specific accommodation and other appropriate local services.
- Close work with SCC housing services and housing associations has commenced to address accommodation needs.
- Health and social care commissioners are discussing the service and financial implications of discharge plans for people either returning to the city or awaiting discharge from local Assessment and Treatment facilities. The Concordat requires coordination of responsibilities and roles across a number of organisations and teams.
- It may not be possible to develop independent supported living schemes for all those inappropriately in hospital by the target date of June 2014, and, in some cases, people may require a more extended

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<sup>2</sup> Some NHS funded packages (including Continuing Healthcare) are contributed to by CCGs from other authorities. Some young people are placed out of city with three-way funding from the Education Service, Local Authority and children's CHC.

period of preparation before they are ready for an arrangement of that kind.

- Some in-patients may therefore be discharged to care homes as a step down from hospital if this is the best environment in which to continue to meet their needs. However it would not meet the objectives of the DH Final Report<sup>3</sup>, or the Concordat, if current in-patients were transferred permanently from hospitals to residential care.
- A number of individuals may be subject to restrictions on discharge under sections 37 or 41 of the Mental Health Act (MHA). Children placed under the MHA in Tier 4 CAMHS placement are now the responsibility of the NHS National Commissioning Board. Sheffield commissioners will need to continue to liaise with Regional Specialist Commissioners to plan for return to the city for these children, as appropriate.

**3.4.4 Ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views.**

- People living out of city, and, where appropriate, their family members, are supported to participate in their review alongside relevant health and social care professionals, within the framework of the Mental Capacity Act and Best Interest Decision-making process.
- Through a contract with Mencap, advocacy is available to support assessment, care planning and reviews. Further advocacy can also be purchased through Assessment and Care Management processes from local providers. The services of an Independent Mental Capacity Advocate are obtained if appropriate.

**3.4.5 By April 2014, each area will have a locally agreed joint plan to ensure high quality care and support, ideally with Health and Wellbeing Board oversight. Consideration of the use of pooled budget arrangements is required, with local commissioners offering justification where this is not done.**

- A steering group of senior managers from the City Council, Sheffield Health & Social Care NHS Foundation Trust (SHSC) and Sheffield CCG is overseeing the programme of work and have developed an action plan for Winterbourne which covers:
  1. Reviewing people placed out of city, or at risk of going out of city, and planning for change where appropriate.

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<sup>3</sup> [Transforming care: a national response to Winterbourne View hospital](#)  
Department of Health, December 2012

2. Developing and ensuring housing, specialist clinical support and specialist provider services are in place to meet local need.
3. Improving quality and safety of care – including standards and monitoring; customer feedback and whistleblowing; safeguarding and specialist provider training; multi-agency communication.
4. The roles, responsibilities and skills of health and social care professionals.
  - An integral part of the joint plan is the introduction of a new **Intensive Support Service (ISS)** from June 2013. The ISS replaced the Assessment and Treatment Unit and merged clinical teams. It provides a stepped model of care from community through to inpatient care for people whose behaviour challenges services.

### 3.5 **National Monitoring – stocktake of progress**

- 3.5.1 In line with the Department of Health's commitment to monitor and report on progress nationally, the Winterbourne Joint Improvement Board required all areas to undertake a stocktake of their position in June 2013.
- 3.5.2 The collation of Sheffield's stocktake was jointly undertaken by Sheffield City Council and Sheffield CCG, and was completed to time. It was signed off by the Health and Wellbeing Board Chairs, in anticipation of the agenda item at the September Board.

### 3.6 **Safeguarding**

- 3.6.1 Frequent multi-disciplinary meetings share information and intelligence about care providers in Sheffield, assess their performance and the level of support/intervention needed to maintain standards of care. The Joint Learning Disabilities Service (JLDS) and the CCG Continuing Healthcare team have completed inspections of all local adult units, prioritising those that have been identified through the process above.
- 3.6.2 The JLDS has developed a Good Practice Framework on the Prevention and Management of the Use of Restraint (with city wide ownership), a robust restraints referral and review process.
- 3.6.3 There are growing links between safeguarding, work to report disability Hate Crime and the development of the Sheffield Safe Places scheme, which so far has over 60 premises. In accordance with expectations in the Programme of Action, Winterbourne View is on the agenda of the Adults Safeguarding Executive Board and an update is next due to be reported to the Board on 8 November.

### 3.7 **Finances**

- 3.7.1 There is currently no pooled budget in place, however, there are financial risk sharing arrangements for the delivery of specific packages of care in the form of joint funding. There are agreed joint delivery plans which

identify the shared objectives and risks in delivering alternative models of care. These are identified in the Complex Needs Business Case, and the monitored Implementation Plan.

- 3.7.2 There is a wider discussion on-going between NHS Sheffield CCG and Sheffield City Council around pooled budget arrangements and integrated commissioning.

#### **4.0 RECOMMENDATIONS**

- 4.1 The Health and Wellbeing Board is asked to approve the approach described in this report and to consider the value of further updates from the Winterbourne steering group.
- 4.2 The Health and Wellbeing Board is asked to seek assurance that organisations have information-sharing arrangements in their plans to support the need for greater multi-agency working and communication, and to ensure warning signs are not missed.
- 4.3 The Health and Wellbeing Board is asked to request that Sheffield City Council work with Sheffield CCG as a priority to find suitable accommodation that meets the needs of people with challenging behaviour, including those currently out of city.
- 4.4 The Health and Wellbeing Board is asked to request the CCG to work with community health services and GP practices so that they are ready to provide suitable health support to this group of people on their return to the city.
- 4.5 The Health and Wellbeing Board is asked to request the CCG to work with acute psychiatric and mainstream hospital services to accommodate people with a learning disability who have a crisis in either their mental or physical health.
- 4.6 The Health and Wellbeing Board is asked to consider whether the pooled budget arrangements recommended by the Department of Health would have benefits over and above helping to meet the requirements of the Winterbourne Programme of Action.

#### **5.0 REASONS FOR THE RECOMMENDATIONS**

- 5.1 The Department of Health recommends the involvement of local Health and Wellbeing Boards in the development of joint action plans.
- 5.2 The recommendations will help to mitigate the risks of Sheffield not meeting its Winterbourne obligations.