

**Partnership Commissioning Unit**  
 Commissioning services on behalf of:  
 NHS Hambleton, Richmondshire and Whitby CCG  
 NHS Harrogate and Rural District CCG  
 NHS Scarborough and Ryedale CCG  
 NHS Vale of York CCG

Report To:	Health and Wellbeing Board – City of York Council
Report Title:	Winterbourne Update
Report For:	Update and Assurance
Date:	8 <sup>th</sup> October 2014
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## Summary

The Partnership Commissioning Unit and City of York Council have worked closely together to ensure each individual service user has a personalised needs assessment and package of care. Progress has been made against the key objectives so that the Local Authority and the Clinical Commissioning Groups have a clear understanding of their responsibilities. The positive actions are set out below but a further update will be provided in 3 months' time.

- All hospital patients have been reviewed.
- Personal care plans are in place for all patients who have been in hospital for more than 3 months. Those patients who have been in hospital for less than 3 months are still within the assessment period.
- All patients are reviewed every 6 months.
- City of York Council Strategic Plan is completed.
- Care Management reviews have been undertaken on all eligible people.

## Joint Winterbourne Update – Partnership Commissioning Unit and City of York Council

In December 2012 the Department of Health published The Winterbourne Concordat 'Programme of Action', following the exposure of abuse of the residents at Winterbourne View Hospital. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging.

Each organisation has committed to take forward the agenda within clear timeframes to address the NHS Commissioning Board's stated objective:

'To ensure that Clinical Commissioning Groups 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.'

### **Key Actions**

1. Health and Care Commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community facilities.

*All hospital placements have been reviewed. Currently 10 clients are placed within locality. This includes recent short term admissions, but does not include clients who are placed in low, medium and high secure facilities whose care is commissioned by Specialist Commissioners. Personal care plans are in place for all patients with the exception of recent admissions.*

*The Partnership Commissioning Unit currently have 96 individuals with live funding streams for individuals with a diagnosis of Learning Disability or Autism that meet the Winterbourne Concordat.*

*We have 28 individuals who are currently living outside of the North Yorkshire and York boundary and out of their Clinical Commissioning Group locality. This population has been reviewed in full and decisions have been made with the individuals and those key to their care regarding suitability and need of continued care out of area. Where appropriate care packages are being arranged to move back in to area.*

2. Ensure that all Clinical Commissioning Groups develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;

*There is a new Team Leader in place at the Partnership Commissioning Unit and as part of their induction they are reviewing the Register. This should be reviewed and updated by the end of October 2014.*

3. 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.

*Plans have started to be developed by City of York Council and Health Commissioners. The Partnership Commissioning Unit will work with the Local Authority to develop joint commissioning where appropriate and should be in a position to provide an update by the end of October 2014.*

The CCGs are also assessed against 6 key objectives of which the following have been achieved:-

- % of patients not placed on a register. *100% are on the register.*
- % of patients without a care coordinator. *100% have a care coordinator.*
- % of patients who have not been formally reviewed for more than 26 weeks. *100% have been reviewed.*
- % of patients who have had a care plan review and are without a planned transfer date.
  - *Patients numbers will fluctuate as the PCU currently also include data from the Provider admission unit. This includes short term admission/treatment. There may be no discharge date planned whilst being assessed. However, the PCU review these patients at least monthly*
- % of patients without a planned transfer date.
  - *All patients are reviewed by the PCU at least 6 monthly, local NHS inpatient provider services are reviewed monthly. Planned transfer dates can fluctuate with relapse in patient condition, issues with transition into community.*
- % of patients in a non-secure hospital setting for more than 2 years.
  - *All patients are assessed at reviews to whether they remain appropriately placed or whether there is a less restrictive*

*option either within hospital step-down pathways or to the community.*

*Some patients have other restrictions to their pathways imposed on them from the Ministry of Justice (MoJ). An annual report is submitted for these patients.*

### **Additional Actions**

1. City of York Council has produced its local strategic plan. A decision has also been taken to align the plan with the strategic review of local accommodation options for people with disabilities. The resulting strategic plan will enable the Council to build on success in the development of accommodation and support options locally and meet the requirements of customers who will need services over the next five years. It is envisaged that the strategic plan will enable around 80 individuals to access new accommodation and support options. Partnerships and options appraisals have already been developed which should hopefully enable some of the people identified through Winterbourne reviews to return to local settings within the next 9 months. The strategic plan also addresses other key issues associated with the concordat and review including workforce development, Advocacy Services, Quality, partnerships with Health Services and GP's. A positive meeting has been held with Helen Sumner, a National Advisor from the Winterbourne View Improvement Programme who was very supportive of the approach taken by the Council and an "Open" meeting of the Winterbourne Implementation Group was held recently which was attended by a number of local self-advocates.
2. Winterbourne reviews have been undertaken by care management on all 51 individuals who presently fall under the concordat. Of these 17 have been identified as been able to return and live in an appropriate local setting, 9 people have been identified as requiring additional review input including in many instances DOLS assessments, 1 person has unfortunately died and it has been agreed that the remaining individuals are in an existing placement which meets their needs, will enable people to maintain their local connections and where the Council does not have any concerns regarding the quality of the services people are in receipt of. It is noted that 6 people have also returned to live in more appropriate local settings over the past year as the reviews have progressed.

3. City of York Council Care Management and the Partnership Commissioning Unit have worked together to review the 5 people who have been identified by Health having been in hospital accommodation and have contributed to discharge plans and arrangements that have been submitted by Health.

### **Recommendations**

1. Note the Report
2. Members of the Health and Wellbeing Board to continue to promote integrated multi-agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan.
3. The Health and Wellbeing Board is to be updated in 3 months' time.