

11 June 2014

Update on the Winterbourne View Joint Improvement Programme

Purpose

For discussion.

Recommendations

Members are invited to note the update, discuss the issues raised in the report and consider whether there are any actions to be taken forward.

The Board may wish to discuss how, in particular, the Joint Improvement Programme can support lead members to maximise local political influence and leverage to drive improvements in every area for this group of people.

Action

To be taken forward by officers as directed by members of the Board.

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Update on the Winterbourne View Joint Improvement Programme

Background

1. In response to the abuse which took place at Winterbourne View, the two year Winterbourne View Joint Improvement Programme (JIP) was established to help local areas fundamentally transform health and care services for people with a learning disability and / or autism (including Asperger's Syndrome) with behaviour that challenges and /or a mental health condition or those who are at significant risk of the above.
2. Funded by the Department of Health, the key aim of the JIP is to support local partners to work together to develop safe, appropriate and high quality services that allow people with learning disabilities and / or autism who have mental health conditions or behaviour which may challenge to get the support they need to live locally in community-based settings. The focus is on prevention and sustainability, with the aim of reducing reliance on inpatient care for this group and leading to a permanent and significant reduction in the numbers of people in places like Winterbourne View.
3. As a grant funded programme, progress on the JIP is reported via the Improvement and Innovation Board. There is however specific issues with regards to local leadership, key issues and challenges that it would be useful for the Community Well Being Board to comment on in order to inform future work
4. Bill Mumford is the Joint Improvement Programme's Director. He has overall responsibility for the Programme and heads up a small team. Bill has been seconded into the Local Government Association from the charity MacIntyre, which provides support to adults and children with learning disabilities.

Overarching issues

5. As noted in previous updates to the Board, the response to Winterbourne requires an ambitious programme that seeks to bring lasting change where other programmes and policy initiatives have not been successful for this group of people. A significant change in approach is needed, particularly from early years services onward, if a fundamental shift in the way services are funded, commissioned and provided is to occur.
6. There is still a lack of appropriate provision, a system that does not work in an integrated way and one that does not focus on the 'move on' of inpatients with behaviour that challenges. As noted in the recent LGA publication on 'A councillor's guide to the health system', local leaders can play a crucial role in joining up care across the whole system, and can ensure local commissioners are prioritising this crucial issue.
7. The response to Winterbourne will have to balance a number of significant challenges nationally and locally to ensure - and to assure stakeholders – that rapid, visible change is taking place that will improve the life outcomes of people with behaviour that

challenges. This wish to evidence progress publicly needs to be balanced with the need to move at a pace that also ensures lasting transformation and improvement in care.

8. As well as ensuring a reduction in the current numbers of people who are in inpatient settings, local partners need to plan and develop local services to permanently reduce the reliance on inpatient care or the use of other restrictive settings for all ages. The will include building local capacity to minimise the risk and impact of a crisis by providing effective person focused crisis intervention.
9. Bill's vision for the programme is that it should:
 - 9.1 create a momentum of change which is sustainable beyond the programme
 - 9.2 support for each local area to have robust health and social care joint improvement plans signed off by Health and Wellbeing Boards and regularly reviewed in response to local data; and
 - 9.3 support for each area to establish permanent ways of working which ensure individuals and family groups are fully engaged as equal partners and all parties work collaboratively to develop local solutions.
10. At the same time, local plans need to be closely connected to and supported by NHS England area commissioning plans to ensure the future specialist provision supports local capacity and expertise according to the needs and wishes of local people.
11. It is clear that this significant system change is likely to require on-going contributions from both health and social care. CCGs and local authorities will need to pool resources currently deployed on the care of this group of people to help fund investment in new models of care. This requires potentially difficult and lengthy negotiations locally and regionally.
12. The LGA is also aware that the programme is operating at a time of significant reform and change in adult social care and health, as well as significant resource reductions in local government. Anecdotal evidence suggests that budget constraints may impact on the support services for this group, which the Board may wish to comment on. Views from the Board will assist in national discussions on issues around funding flows across the current system.

Recent achievements

Leadership and governance

13. Cllr Hall represents the Board on the Ministerial Programme Board which oversees national work post Winterbourne. Cllr Hall is writing to lead members in every local area to draw attention to the key role of local leaders in championing improvements for this vulnerable group of people locally. The JIP will also be issuing a joint publication with the NHS Confederation on the specific role Health and Wellbeing Boards can play in ensuring progress, to be followed by a 'must know' aimed at portfolio holders.
14. The Board of NHS England, through the direct leadership of Chief Nursing Officer for England, Jane Cummings, is creating a new and more robust corporate plan that will not only accelerate people leaving hospital but also map and review all their current provision. All NHS England areas will be charged to work with individuals and families,

their local authority and CCG partners and others to create plans to reduce the dependency on in-patient provision and support the investment in more community based specialist learning disability expertise. These plans will identify the more immediate and urgent actions that need to be taken while also incorporating longer-term objectives to reshape provision across the area.

Clarity on numbers

15. NHS England will now publish quarterly data related to people with learning disabilities and autism in secure and non-secure hospital settings. This should help local leaders both to measure progress and to provide appropriate scrutiny and challenge. The latest data indicates that, on 31 March, there were a total of 2,615 patients in hospital placements, only 256 of which have a date by which they will be transferred. In addition it indicated that there are still big country-wide issues with discharge planning, the provision of independent advocacy, local information sharing and planning.

Development of the Improvement Offer and 'learning from the best'

16. The JIP is providing a range of 'supported improvement' options for local areas, working with 35 local partners on an 'in depth review', aimed at providing bespoke support for each area, based on local area support needs and requests. The Programme is also working to develop a spectrum of support for engagement with all remaining local areas. Support will range from national and local learning events and seminars, facilitation of peer to peer learning, and the development of guides and tools.
17. The JIP is also collating good practice from local areas and is always keen to gain more examples of how local areas are overcoming the challenges of ensuring progress. It would be helpful to have a view from the Board about whether there are any further resources that could be developed by the Programme and, in particular, any resources that could be of specific interest to local leaders.

Improving Lives programme

18. The JIP also has a focus on the care of individuals. The 'Improving Lives' programme is run jointly by the LGA, NHS England, ADASS and the Care Quality Commission (CQC), as part of the JIP and working in partnership with family carers, local commissioners and providers. It is:
 - 18.1 reviewing the care currently provided to former residents of Winterbourne View and other individuals
 - 18.2 reviewing the care provided in a sample of NHS and independent sector services
 - 18.3 assessing the quality of individual patient reviews that have already been completed by NHS England and Clinical Commissioner Groups (CCGs) in line with the Winterbourne View Concordat commitments; and
 - 18.4 supporting the JIP improvement support work with local areas.
19. The team makes recommendations at the end of each individual's review to improve people's lives. Follow up reviews are taking place to check on progress for people. The team has now started to pull together some of the 'themes' from the reviews. All ex-Winterbourne View clients will have been reviewed by end of June.

Engagement

20. An engagement strategy group has been set up to ensure that all aspects of the Joint Improvement Programme are influenced by people with learning disabilities and autism, their family members and wider support networks. The engagement strategy group will act as a conduit for information to and from the Joint Improvement Board, and will work to engage people in the core work streams of the programme.

Working with providers and commissioners

21. “Making it real for everyone” is a joint project between Think Local Act Personal (TLAP) and the JIP. The project aims to show how providers and commissioners can work together to develop personalised local services, and to create opportunities for shared learning and problem solving for providers and councils engaged in this work.
22. Building on two national workshops for specialist and local commissioners which ran in February 2014, a further 10 local workshops will look at identifying local challenges to developing a clear pathway between services commissioned by specialist NHS commissioners, and those commissioned by local NHS and social care commissioners. The events will lead to the development of action plans for local areas to implement, to be followed up during a second round of workshops in approximately six months time.

Issues for discussion

23. The Board may wish to comment on the issues raised above, and to discuss how the Joint Improvement Programme can support lead members to maximise local political influence and leverage to drive improvements in every area for this group of people.