

# HEALTH AND WELLBEING BOARD Thursday 17th July 2014

**ITEM 12** 

Report of the Strategic Director of Adults, Health & Housing

# Department of Health Self Assessment for Autism, Learning Disabilities & Winterbourne View Action Planning

## SUMMARY

1.1 This report provides an update on progress reported at February Board on the 2013 Autism and Learning Disability Self Assessments (SAF) action plans and an update on the local implementation of Transforming Care – the national response to the findings of the Serious Case Review concerning abuse at Winterbourne View.

# RECOMMENDATIONS

2.1	That the Health and Wellbeing Board recognise the effective partnership work between Adults, Health and Housing and Hardwick Clinical Commissioning Group leads and Derbyshire County Council Adult Social Care in the self assessment action planning.
2.2	That the Health and Wellbeing Board accept and agree the actions detailed in the self – assessment action and Winterbourne plans.
2.3	That the Health and Wellbeing Board recognise the resource implications of the actions necessary required to implement the improvements to the lives of local people with autism and learning disabilities.
2.4	That the Health and Wellbeing Board agree to receive an update on the progress of the Autism and Learning Disability SAF's and Winterbourne in October 2014.

## **REASONS FOR RECOMMENDATION**

3.1 In 2013, the Department of Health asked Local Authorities and Clinical Commissioning groups to jointly complete separate self-assessments (known as SAF), following a prescribed format, on their local response to learning disabilities and autism. There is a requirement that each local Health & Wellbeing Board receives a copy of each SAF and also considers the resulting actions. This report summarises the outcomes and action plans of each SAF to ensure that all partners within the City are aware of, and updated on, the progress and implications of the self-assessments. In addition, an element of the Learning Disability SAF addressed progress on "Transforming Care" – the

national improvement programme following the abuse scandal at Winterbourne View. This report provides a further update on the activity locally that is taking place jointly between Derby City Council and Hardwick Clinical Commissioning Group on behalf of South Derbyshire CCG. The strategic work plan of the JCB is currently undertaken by Commissioning Managers from City and County, supported by Commissioning Officers employed on a temporary basis. It should be noted that the scale of improvements to the lives of local people with learning disabilities and autism and their families detailed in the attached action plans is dependent upon continued support by Commissioning Officers. The Derby City temporary post ceases in September 2014.

## SUPPORTING INFORMATION

- 4.1 Both the Autism and Learning Disability self assessments are completed against a standard national framework developed by the Public Health Observatory in conjunction with the Department of Health. The overall outcome for Derby was positive and the priority areas for improvement are noted below. The Learning Disability SAF outcome was positive overall, although there were some areas of concern regarding data collection and collation. Consultation with local customers and carers was conducted before the final submission and further consultation on the proposed action plans took place at the April Learning Disability Partnership Board and Derbyshire Joint Commissioning Board. Partner challenge was also conducted with Health and County Council colleagues before submission. The Department of Health led validation session with customer and carer representatives due to be held in June 2014 has been postponed by DoH until July.
- 4.2 Officers from the Hardwick CCG, City and County Councils, and partner agencies met to agree action plans based on the Self-Assessment Framework outcomes. The Autism and Learning Disability Joint Commissioning Boards, both chaired by Hardwick CCG, are incorporating those actions plans into their2014/15 commissioning strategies. Rationalisation of existing resources can ensure delivery of the Learning Disability and Winterbourne Plans a reinvestment from bed to community based services for example. Some Autism gains are being progressed within existing resources as noted on the attached plan (Appendix One).
- 4.3 The Autism SAF required self assessment on a range of data, RAG ratings and yes/no statements in answer to set questions. The self assessment was positive overall, with the majority of the RAG ratings recorded as amber or green. No red ratings were noted. Greens were noted for some elements of data collection (Q8), CCG involvement (C9) and Training (Q15/16). As a result, officers noted in the submission that joint commissioning arrangements were positive, that diagnostic and referral services had been prioritised for investment in 2013 along with low level support services. Good levels of quality training had been delivered in 2013. In the main, services are making positive efforts to achieve the standards laid down in the 2009 Autism Act.

4.4	It was also noted that the waiting list for diagnosis remains at 12 months, that the availability of low level support is still limited, that further work on agency referral and assessment pathways is needed and that individuals outside of the access criteria for social care (people with high functioning autism for example) may still have needs at times of high stress. There is further work to be done on autism within the criminal justice system, with older people's services and general awareness-raising on a shared agency, city-wide basis. Staff training needs to be completed and then refreshed and basic training needs to be provided on a wider basis. Data collection and sharing also needs to be improved across agencies as does the effectiveness of transitions protocols.
4.5	Officers from the Autism Joint Commissioning Board have met to produce an action plan (Appendix One) based upon the SAF outcomes. This prioritises;- i. A reduction in waiting times for diagnosis-currently 12 months+ ii. Autism awareness programmes for staff in statutory agencies iii. Improved post diagnostic support and crisis prevention. iv. Better quality and volume of information, advice and low level support. v.
4.6	There has since been a new issue of national policy, Think Autism, which updates the 2009 Autism Act. This places additional expectations upon local authorities, health and partner bodies with fifteen identified priority actions (Appendix Two). Think Autism will be supported by national guidance due to be issued in July. Officers will therefore need to incorporate both the new guidance and the outcomes of renewed customer and caret consultation into a revised Joint Autism Action Plan by October 2014. The attached interim Autism Action Plan is therefore temporary, pending release of national guidance.
4.7	The Learning Disability SAF was a more extensive self assessment than the Autism SAF, requiring a large volume of health-related statistical input followed by a RAG rating. The self assessment was positive overall, with the majority of the RAG ratings recorded as amber. Reds were noted for the level of Health Action Plans completed (A4) and Primary Care communication of status (A6). Greens were noted for liaison with GP's relating to QOF (A1), Liaison processes in acute settings (A7) and Arts and Culture (C3). Officers noted positive joint working arrangements, improved GP data collection, shared lives and employment initiatives, local area co-ordination pilots, the provision of specialist training and person centred planning. Providers, assessment and contracting arrangements recognise the importance of dignity and respect and teams and agencies work well on best interest decisions and safeguarding issues that arise as a result of whistle blowing or quality checks. Positive action is taken to involve customers and unpaid carers in planning and decision making.
4.8	The need to improve data collection, particularly at primary care level, commitment to regular health checks, the completion of all annual reviews were also noted. Data collection and sharing also needs to be improved across agencies as does the effectiveness of transitions protocols. Further links could be made to improve access to transport, culture, employment and leisure facilities. Carers noted that they would benefit from the provision of more timely information about their cared for person's individual arrangements.

4.9	Officers from the Learning Disability Joint Commissioning Board have conducted further consultation with the City Learning Disability Partnership Board to produce an action plan based upon the SAF outcomes (Appendix Three). The action plan will form the basis of the LDPB work plan for 2014 under the themes of Staying Healthy, Being Safe and Living Well. Lead responsibilities for Staying Healthy such as Annual Health Checks are the primary responsibility of Health, Learning Disability Nursing and GP's. Responsibility for Section B, Being Safe, rest equally with Health and Social Care Commissioning Managers and Operational Teams. The third section, Living Well, relates to Corporate Council and Adults Health and Housing responsibilities.
4.10	Agencies are also required to participate in a half day validation session to secure formal sign off of the submission led by Department of Health representatives. This is anticipated to take place in July 2014. The Learning Disability Joint Commissioning Board will incorporate feedback from this, the City Partnership Board and the city and county LD SAF Action Plans into joint commissioning strategies.
4.11	<b>Winterbourne View update</b> The local actions to deliver the national priorities set out in <i>Transforming Care – A National Review to Winterbourne View Hospital –</i> are being coordinated jointly between Derby City Council, the County Council and Hardwick CCG on behalf of Southern Derbyshire CCG. It is a shared agency initiative to deliver a range of improvement priorities and a "stocktake" of progress was considered by the Health & Wellbeing Board February 2014.
4.12	The most practical activity required involves resettling 19 individuals originating from Derby and Derbyshire who have been living within secure facilities similar to those that were the subject of the Winterbourne review. Seven individuals are the responsibility of Derby City and are expected to be discharged from hospital and returned to live in Derby in 2014. The national directive is to assess and resettle those currently inappropriately placed by June 2014. Quality checking of proposals for resettlement, including effective management of risk, is conducted on a case by case basis by a group of experienced contract and operational managers from health and social care.
4.13	Progress across Derbyshire is monitored by a local Transforming Care Strategy Group composed of strategic level officers from Hardwick CCG, Derby City Council and Derbyshire County Council Adult Social Care. The Strategy Group is also finalising the guidelines for the apportionment of financial support once the seven individuals leave their current secure facilities. The project governance structure is led by the Learning Disability Joint Commissioning Board chaired by Hardwick Clinical Commissioning Group which is the lead learning disability commissioner for the Derbyshire CCG's.

4.14	In Derby, The effective and safe transfer of individuals to community settings is being overseen by the Joint Improvement Group. This is composed of senior health and social care managers, led by the operational director for Adults Health and Housing and reporting to the Adult Commissioning Board. All cases are subject to a level and regularity of review appropriate to the case history and current needs of the seven individuals. Health and social care managers will also report progress back to their respective council and health strategic managers, the Winterbourne Project Structures and to the bi-monthly Learning Disability Joint Commissioning Board.
4.15	Appropriate accommodation is being sourced by the lead social work manager supported by Integrated Commissioning and Housing colleagues. Person centred care and support that cannot be arranged using personal health budgets will be sourced via the Council's Dynamic Purchasing System (DPS) once an individual's accommodation has been confirmed. Specialist support will also be provided by the Derbyshire Healthcare Foundation Trust who will take the lead on any crisis intervention that is required to prevent admission back to hospital.
4.16	<ul> <li>Of the 19 people that are part of the Winterbourne cohort;-</li> <li>5 people moved by June 1<sup>st</sup></li> <li>3 people will have moved by end June</li> <li>2 people have July discharge dates</li> <li>4 further people will be discharged between September and December</li> <li>1 person requires Home Office approval but could return to prison on completion of treatment</li> <li>1 person is too physically ill to move in the short term</li> <li>2 people are assessed as being appropriately placed as they are still undergoing treatment</li> <li>1 person is currently undergoing assessment for a step down low secure facility</li> <li>Within the overall cohort, the progress on the seven Derby people is;</li> <li>2 actively moving to properties with support in the next three months</li> <li>1 with a Home Office order being reviewed with the Trust</li> <li>1 sectioned being reviewed by Tribunal with accommodation currently being sourced</li> <li>1 still on section but being considered for supported living considering that hospital treatment is unlikely to be effective</li> <li>1 on section but with an aim to access a personal Health Budget</li> </ul>
4.17	Some of the cohort have behaviour histories that may present a risk to themselves or to the local community and therefore require the commissioning of specialist accommodation and care and support. Identifying suitable support that is in community settings but which also meets the needs of the individuals and provides an environment where risks can be effectively managed has been a particular problem within the city. None of the individuals will be resettled until all the necessary risk management plans and supporting resources are in place.

4.18	The other work streams which are on-going are:
	<ul> <li>Advocacy – ensuring that transitional advocacy arrangements are effective for all individuals</li> </ul>
	<ul> <li>Case management – ensuring effective case management and co- ordination for all individuals</li> </ul>
	<ul> <li>Behavioural and Crisis Support - the development of a joint health and social care pathway, starting from childhood, for people with "challenging behaviour" to prevent them being admitted to hospital. A high level plan has been approved by the JCB (Appendix Four) and is being followed up by the development of a practical implementation plan to improve local health support services. This includes action set planning conducted by commissioning and operational managers in July to identify areas for improvements in local services such as crisis response for people with challenging behaviour based upon live case examples.</li> <li>Service Quality - work with specialist care and health providers so that the quality of interventions improves. This includes work to upgrade the quality monitoring schema for the provision of care and support to people with complex needs in Derby. It also includes the recent robust response to the poor quality service of St Michaels Care and Support which resulted in council action to terminate the care contract.</li> </ul>

# OTHER OPTIONS CONSIDERED

5.1	Both	the	self	assessments	and	Winterbourne	project	are	mandatory
	requirements from the Department of Health. Participation is also necessary to								
	ensure local practice and interventions for people with learning disabilities and								
	autism are of the highest quality.								

#### This report has been approved by the following officers:

Legal officer	Robin Constable
Financial officer	Toni Nash
Human Resources officer	Liz Moore
Director(s)	Cath Roff, Strategic Director, Adults Health & housing
	Andy Gregory, Chief Operating Officer, Hardwick CCG
Other(s)	

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	Appendix 2 Interim Joint Autism SAF Action Plan 2014 Appendix 3 Think Autism National Priorities Appendix 4 Joint Learning Disability SAF Action Plan 2014 Appendix 5 Joint Plan for Challenging Behaviour				

# IMPLICATIONS

#### **Financial and Value for Money**

1.1 There are no immediate financial implications from the Self Assessment Frameworks. Actions required to improve 2014/15 ratings will be prioritised at the Joint Commissioning Board with potential resource implications reported from there. The Transforming Care Strategy Group does involve the resettlement of seven people back to Derby whom are currently funded in full by the NHS. The Strategy Group has yet to agree the process by which funding packages of care in the future will be determined although as far as possible, existing arrangements such as when considering continuing healthcare legislation, and other statutory duties, will be followed. Future Financial implications shall be reported to the Board for consideration when known.

## Legal

2.1 There are no known legal implications at this point, although mental capacity assessments are likely to be required for all seven individuals given they are currently being held under the Mental Health Act.

#### Personnel

3.1 There are no immediate HR issues although it should be noted that the fixed term Commissioning Officer post in Derby City (funded by Hardwick CCG) ends in September 2014.

#### **Equalities Impact**

4.1 There are no immediate equality implications. Improvements in Autism and Learning Disability services and our response to people with the most complex needs will enhance the quality of life of local residents.

#### Health and Safety

5.1 There are no known health and safety implications.

#### **Environmental Sustainability**

6.1 There are no known environmental considerations.

#### Asset Management

7.1 There are no known asset implications.

#### **Risk Management**

8.1 National Winterbourne time scales for the resettlement back to local communities are being monitored by the Joint Strategy Group.

# Corporate objectives and priorities for change

9.1 Outcomes from the SAF and Winterbourne actions plans are in line with the Derby Customer Journey and support the strategic objectives of the Derby Plan.