

## **Health and Well Being Board**

**22 July 2013**

### **Delivery of the Winterbourne View Review Commitments**

#### **Purpose**

To report on the response in Walsall to the outcome of the investigation in to abuse at Winterbourne View Hospital

#### **Background**

The Department of Health published the final report on the abuse that was carried out at Winterbourne View Hospital in December 2012 (Transforming care: A national response to Winterbourne View Hospital). The report set out a range of national & local actions which the Department of Health and its partners will deliver to lead a redesign in care and support for people with learning disabilities or autism and mental health conditions or behaviours viewed as challenging.

Some of the key findings of the report were as follows:

- Many people are in hospital beds who don't need to be there, and many stay there for far too long- sometimes years
- People with learning disabilities or autism may sometimes need hospital care but hospitals are not where people should live. Too many people with learning disabilities or autism are doing just that
- Children, young people and adults with learning disabilities or autism, who also have mental health conditions or behaviours described as challenging can be, and have the right to be given the support and care they need in a community-based setting
- The report sets out a programme of action to transform services so that people no longer live inappropriately in hospitals but are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering care
- There should be a reduction in hospital placements for people with learning disabilities, autism or behaviours viewed as challenging

In June 2013, Norman Lamb – Minister of State for Care and Support – wrote to the Chairs of Health and Well Being Boards about the role the Board can play in overseeing the local response (see attached). This report summarises the response from Walsall which is attached.

## **Self Assessments and Stock-take**

In a letter dated December 2012 the DH set out its expectations for local action in response to the investigation (see attached). This included requirements for a local self assessment of the commissioning and provision of learning disability services and the development of a joint plan to ensure high quality care and support services for people with learning disabilities.

Walsall was well placed to respond due to having an integrated approach to commissioning located within the Joint Commissioning Unit and a high level of joint working between specialist health services provided by Black Country Partnership Foundation Trust (BCPFT) and social care provision within Walsall Council.

The JCU had by this time begun work on a redesign of these services as part of the development of a revised joint plan. Working with BCPFT, the aim is to extend the Community Behaviour Support Team so that it can enable more individuals to return to the community or remain in the community as an alternative to hospital placements. In addition, the independent sector is providing residential based services whereby the outcomes for service users are the equivalent of a hospital placement at more cost effective rates.

The aim of this new combination of services is to reduce out of area crisis placements to hospitals. There will also be the development of community based assessment and treatment services utilising positive behaviour approaches linked to the Assessment and Treatment Centre at Orchard Hills (8 bedded unit). This service redesign is currently the subject of a consultation process with service users and their families, and with stakeholders - specifically the BCPFT - and may mean there can be a reduction in the total of hospital beds in Walsall, specifically the 8 bed hospital unit at Suttons Drive.

A review of all individuals from Walsall currently in hospital has been completed using DOH guidance in partnership between care managers, nurses and commissioners. In total there are 26 people who are placed in the new definition of in-patient beds. Action plans are in place for all to return to community after treatment is completed, none are judged to be inappropriately placed. A register has been completed and is maintained by commissioners and reported to the CCG as required.

Two self assessments have been completed, one required by the DH and one separately by the Local Government Association. The stock-take audit that was also required by 5 July 2013 has been signed off and is attached.

## **Conclusion**

Walsall was well placed to respond to the findings of the investigation in to abuse at Winterbourne View and has completed the necessary self assessments and stock-take as required. Specific work is underway to redesign the service pathway associated with learning disabilities behaviour described as challenging. This is part of a broader joint commissioning strategy for the commissioning of learning disability services which is updated annually.

*Report Author  
Ian Staples  
Lead Joint Commissioner – Adult Disability Services  
Joint Commissioning Unit  
July 2013*

To: Chairs, Health and Wellbeing Boards  
Cc: Council Leaders and Chief Executives  
Chairs and Chief Operating Officers, GGCs

Richmond House  
79 Whitehall  
London  
SW1A 2NS  
Tel: 020 7210 4850

*Dear Colleagues,*

### **Delivery of the Winterbourne View Concordat and review commitments**

I am writing to you at the start of your taking on your statutory functions to stress the pivotal local leadership role that Health and Wellbeing Boards can play in delivering the commitments made in the Winterbourne View Concordat<sup>1</sup> which represents a commitment by over 50 organisations across the sector – including the Local Government Association, NHS England, the NHS Confederation, Royal Colleges and third sector organisations – to reform how care is provided to people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. There is widespread agreement across the sector that the care of this group of vulnerable people requires fundamental change.

The abuse of people at Winterbourne View hospital was horrifying. For too long and in too many cases this group of people received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up in hospital unnecessarily and they are staying there for too long.

NHS England, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services and the Association of Directors of Children’s Services each committed to working collaboratively with CCGs and Local Authorities to achieve a number of objectives by 1 June 2014, including that from April 2013, health and care commissioners will set out:

*“a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.*

---

<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127312/Concordat.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf)

*This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) process;*

- *The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.*
- *We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.*

Health and wellbeing boards have an opportunity through their role in agreeing the CCG and Local Authority Joint Plans to challenge the level of ambition in the plan and ensure that the right clinical and managerial leadership and infrastructure is in place to deliver the co-produced plan.

Health and wellbeing boards will, no doubt, also want to take an active interest in how far the other commitments in the Concordat, particularly those relating to care reviews having been completed by June 2013, have been achieved, as well as satisfying themselves that commissioners are working across the health and social care system to provide care and support which does not require people to live in inappropriate institutional settings.

It will only be through creative local joint commissioning and pooled budgets working with people who use services, their families, advocacy organisations and carers and other stakeholders (including providers) that we will deliver more joined-up services from the NHS and local councils in the future and see real change for this very vulnerable group.

Health and wellbeing boards are well placed to agree when a pooled budget will be established (if not already) and how it will promote the delivery of integrated care – care that is coordinated and personalised around the needs of individuals; which is closer to home and which will lead to a dramatic reduction in the number of inpatient placements and the closure of some large in-patient settings.

The Department of Health has supported the establishment of an NHS England and Local Government Association-led Winterbourne View Joint Improvement Board. This Board will be working closely with a range of partners to develop and implement a sector-led improvement programme working with local health and social care communities to deliver real and lasting change in the support and

care for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. It will shortly be in touch with you separately to take stock of progress in your area so that any appropriate level of support can be arranged.

Due to the very public nature of these failures in care, I am sure that you will want to ensure that your health and wellbeing board is able to provide transparent public information and assurance on progress locally.

Further information about the work of the improvement programme, including a recently issued framework for conducting reviews of care locally, is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via

[Chris.Bull@local.gov.uk](mailto:Chris.Bull@local.gov.uk)

*Yours sincerely,*



NORMAN LAMB

*We hope to publish progress around the country in meeting the commitments made in the Concord in the Summer.*

*Thanks so much for your work on this incredibly important issue!*

## Winterbourne View Joint Improvement Programme

### **Initial Stocktake of Progress against key Winterbourne View Concordat Commitment**

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

**The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to [Sarah.Brown@local.gov.uk](mailto:Sarah.Brown@local.gov.uk)**


An easy read version is available on the LGA [website](#)

May 2013

**Winterbourne View local stocktake June 2013**

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	Identified leads within LA (IS) and CCG (SR). Routine reporting to Vulnerable Adults Executive Board (VAEB).		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	At present there is a niche of providers that are able to support individuals to integrate to the community from hospital / in-patient services. Procurement / legal advice is being sought in order to identify an appropriate way to develop the local market in line with financial & procurement regulations.		Good practice guidance on how other authorities CCG's have addressed procurement and contract regulations in order to develop market. (Where there is an existence of framework agreements)
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	Each individual has had a review completed and discharge plans identified. Information around service types have been forwarded to the commissioning team which will form part of the commissioning intentions for 2013/14. A consultation is being carried out to re-shape the current complex care pathway.		It would be useful if we could have the views of the group to feed into the consultation that we are completing. Once complete this information can be shared with the group to aid their own local areas.
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on	The programme of action and local response for Winterbourne has been reported to the LDPB. Progress will be		



<p>progress.</p> <p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p> <p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p> <p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships &amp; Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>reported at future LDPB as appropriate.</p> <p>Updates have been provided to the H&amp;WB around progress. Again progress shall be reported to the H&amp;WB as appropriate.</p> <p>Any concerns / issues can be taken to the VAEB in order to resolve / identify appropriate action.</p> <p>Local stakeholders are aware of the current governance arrangements. (Governance diagram attached)</p> <p>At present there are no OR issues reported.</p> <p>Yes, Market development, Procurement of services, Consultation on service development, Invest to Save funding.</p>	 <p>Winterbourne Governance Arranger</p>	
<p><b>2. Understanding the money</b></p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist</p>	<p>Current costs have been clarified and costs of future placements have been scoped out.</p> <p>SCT costs have not been identified, local financial arrangements / contributions are clear. There is a pooled budget</p>		

<p>commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.</p>	<p>arrangement locally which supports with joint funding arrangements.</p> <p>Yes</p>		
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>Yes</p> <p>Yes (VAEB)</p> <p>These are identified annually and agreed at VAEB. (Completed through financial forecasting / trend analysis)</p> <p>As part of the financial forecasting process these areas are addressed. This is based on information received around transition, historic placements and trends.</p>		
<p><b>3. Case management for individuals</b></p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p>	<p>Community team is commissioned through the Black Country Partnership Foundation Trust. The teams work jointly within Walsall with care management teams.</p> <p>Priority setting is managed through the NHS contract framework which is reviewed annually through a Deed of</p>		

<p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>Variation.</p> <p>Yes, this has been identified through the action plan.</p> <p>Yes, review process has been led by commissioning with support from senior managers within care management</p> <p>Yes, all in-patients have a named worker and advocate support (Independent advocacy / IMCA)</p>		
<p><b>4. Current Review Programme</b></p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p> <p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>4.4 Is there confidence that comprehensive local registers of people with behaviour that</p>	<p>Yes, register in place of all in-patient placements. Monthly MDT / review meetings take place with appropriate stakeholders.</p> <p>Walsall social work teams have reviewed all SCT placements and discharge plans / dates have been identified.</p> <p>LDPB representation includes a wide audience and representatives feed to and take information back to their respective areas.</p> <p>A register of in-patients is in situ. Complex care teams actively case manage people that present challenge to</p>	<p>It is essential that we do not label people as specific groups and that needs are addressed on an individual basis. Walsall</p>	

challenges have been developed and are being used.	services.	actively ensures that where people are challenging services that appropriate support is implemented to manage the needs on a case by case basis.	
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Register of in-patient placements is managed by Walsall Council with updates provided to the Walsall CCG as required		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Walsall commission an independent advocacy service which has supported people within in-patient services. Those that are sectioned under the MHA will have an IMCA in place.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Reviews have been completed in line with the guidance issued (WV-JIP framework for reviews March 2013)		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes, reviews looked at all aspects of support being provided. Any future admissions shall be reviewed in accordance to the guidance provided.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All current in-patient reviews have been completed.		
<b>5. Safeguarding</b>			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	The local safeguarding arrangements for Walsall are compliant with ADASS out of area protocol.		

<p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.</p>	<p>It is an expectation that all agencies comply with the West Midlands Regional Safeguarding Adults Policy, Procedure and the local guidance for Walsall. To ensure that information is shared in support of prevention of abuse and the development of appropriate risk management strategies.</p>		
<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>	<p>The Local Authority will be informed by the Care Quality Commission of the inspection of units where issues of concern arise. Also, the Joint Commissioning Unit and Access, Assessment and Care Management representatives report directly to the Walsall Safeguarding Adults Partnership Board and will raise concerns in regard to adults at risk.</p>		
<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>There is a developed system for the Walsall Safeguarding Adults Partnership board to receive and communicate information in regard to the Winterbourne View review and development programme.</p>		
<p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p>	<p>Relevant information is provided to partner agencies in regard to the management of Safeguarding Adults Alert's referrals for Adults considered at risk. Also, training is made available to providers in regard to the management of DOLS and monitoring of restraint</p>		

5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.

issues. We have a MCA/DoLS team that is managed by safeguarding.

The Local Authority/Multi Disciplinary agencies are expected to adhere to the Mental Health Act, Deprivation of Liberty, Human Rights legislation and good practice in regard to person centred planning arrangement, support and health planning arrangements, risk assessment and relapse plans, safeguarding protection plans.

This is to ensure that the Service User has the ability to make their wishes known. This is in addition to the requirements of the Mental Act and Tribunals, Hospital Managers meetings. Target dates are set at meetings for a potential date for discharge.

The Local Authority/Multi Disciplinary agencies are proactive and encourage the use of Advocacy services, involvement of family and friends by Service Users who are placed in Hospital settings. All agencies are expected to adhere to Adult Safeguarding Policy, Procedures, Local guidance and of the Mental Capacity Act and Deprivation of Liberty Safeguards.

5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.

There is active Community Safety Partnership arrangement in Walsall which seeks to tackle Anti Social behaviour issues for people living in less restrictive environments. This is reinforced by the Regional West

<p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>Midlands Safeguarding Adults Policy, Procedure and Local Guidance for Walsall.</p> <p>All agencies in the Borough of Walsall and regionally are expected to communicate concerns in regard to Children and Adults at Risk to the relevant agency responsible for the further information gathering and investigation. This is closely monitored by the Safeguarding Adults and Children Boards. Fortnightly meetings are held between care management, safeguarding and contract/quality monitoring staff to ensure early identification of concerns through sharing intelligence. Regular information sharing meetings with CQC, contracts, safeguarding and quality team.</p>		
<p><b>6. Commissioning arrangements</b></p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded</p>	<p>Engagement with teams around type of services required, gaps in services and the type of specialist provision needed. This information is relayed into commissioning intentions.</p> <p>Comprehensive consultation to be completed which will support to engage with all stakeholders around the complex care pathway. Joint Commissioning Strategy to be reviewed in response to this.</p> <p>The in-patient register accounts for location of placements and funding arrangements.</p>		

<p>by NHS CHC and those jointly supported by health and care services.</p> <p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>Commissioning intentions will be aligned with the feedback received from the consultation process for the complex pathway.</p> <p>Reviews of in-patient services commissioned by the SCT have been completed and discharge plans identified.</p> <p>Financial impact of SCT discharges has been identified and reflected within budget forecasts</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p>	<p>Advocacy services are being reviewed across services</p> <p>Currently in the planning phase</p> <p>Those individuals who are in-appropriately placed are scheduled to move to least restrictive environments by the 1<sup>st</sup> June 2014.</p>		



6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, and legal).	N/A		
<p><b>7. Developing local teams and services</b></p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>Yes, detailed work has been completed with care management teams around gaps in the market</p> <p>Regular reviews of advocacy providers help provide qualitative and quantitative data. Feedback is sought from a range of stakeholders on an ad-hoc basis to ensure compliance.</p> <p>Where appropriate these are implemented.</p>		<p>Support with championing NICE to develop new guidance for clinicians around alternatives to bed based options i.e. Psychiatry standards &amp; specifications</p>
<p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b></p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p>	<p>Outcomes from the consultation around the complex care pathway shall support to inform this area</p> <p>Outcomes from the consultation around the complex care pathway shall support to inform this area</p>		

<p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Yes (Forms part of the work being completed by the local work force development team)</p>		
<p><b>9. Understanding the population who need/receive services</b></p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Yes, this is picked up through the work that is being completed through the Support to Live at Home tender (Procurement activity to expand the range of providers)</p> <p>Yes</p>		
<p><b>10. Children and adults – transition planning</b></p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely</p>	<p>Transition planning start from year 14 onwards. Commissioning are developing processes to capture projected need of people moving through transition in order to align need to commissioning intentions.</p> <p>Yes, transition data and financial benchmarking / forecasting being completed</p>		

services.			
<p><b>11. Current and future market requirements and capacity</b></p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>Yes, Support to Live at Home tender</p> <p>Yes (Scoping exercise completed with Complex team)</p> <p>TBC</p>		

Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

**This document has been completed by**

Name.....Mandeep Jandu.....

Organisation.....Walsall Council.....

Contact.....01922 602431.....

Signed by:

Chair HWB .....

LA Chief Executive .....

CCG rep.....

10 December 2012

*Richmond House  
79 Whitehall  
London  
SW1A 2NS*

Gateway Reference number: 18516

To: PCT Cluster Chief Executives  
Local Authority Chief Executives  
Directors of Adult Social Services

Cc: SHA Chief Executives  
SHA LD leads  
DRDs for social care

Dear Colleague

**DEPARTMENT OF HEALTH REPORT:  
Transforming Care: A National Response to Winterbourne View Hospital**

The final report of the Department's review into the events at Winterbourne View was published today. A copy of the report, the accompanying Concordat agreed with over 50 key partners, good practice guidance and other documentation are all available on the DH website: [www.dh.gov.uk](http://www.dh.gov.uk). A summary of the key points in the report is attached to this letter.

The report sets out a clear programme of national and local actions, to ensure that we provide better care for, and reduce the health inequalities suffered by, people who have a learning disability or autism and whose behaviour is regarded as challenging. A new NHS and local government-led joint improvement programme is being established to support the transformation that will be necessary to achieve the required improvements.

We now expect the NHS and local government to work together, and with service users and carers and other partners, to make these changes.

The Government's Mandate to the NHS Commissioning Board confirms this expectation. It requires the Board 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.

We have already asked the strategic health authorities to begin the work with PCTs to ensure that the focus on these issues is maintained and prioritised through the transitional period for the NHS over the coming months.

Please ensure that you understand, and have a clear, shared plan for the actions that you will now need to take together locally.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D Nicholson', with a long horizontal stroke at the end.

Sir David Nicholson  
**NHS Chief Executive**

A handwritten signature in black ink, appearing to read 'Shaun Gallagher', written in a cursive style.

Shaun Gallagher  
**Acting Director-General  
Social Care, Local Government  
and Care Partnerships**

## Key points and actions

- The abuse revealed at Winterbourne View hospital was criminal. Staff routinely mistreated and abused patients, and management allowed a culture of abuse to flourish. Warning signs were not picked up, and concerns raised by a whistleblower went unheeded.
- It has revealed weaknesses in the system's ability to hold the leaders of care organisations to account. This is a gap in the care regulatory framework which the Government will tackle.
- The abuse in Winterbourne View is only part of the story. Many people are in hospital who don't need to be there. Many stay there for far too long – sometimes for years. People with learning disabilities or autism, who also have mental health conditions or challenging behaviour can be, and have a right to be, given the support and care they need in the community, near to family and friends.
- We will make sure that people no longer live inappropriately in hospitals but are cared for in line with best practice.
  - By spring 2013, we will set out proposals to strengthen accountability of Boards of Directors and senior Managers for the safety and quality of care which their organisations provide.
  - By June 2013, Clinical commissioning groups and their local authority partners will review all current placements . Arrangements will be made for everyone who is in hospital inappropriately to move to community-based support as quickly as possible, and no later than June 2014.
  - By April 2014, Clinical commissioning groups and their local authority partners will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice.
  - As a consequence, there will be a dramatic reduction in hospital placements for this group of people.
- CQC will strengthen inspections and regulation of hospitals and care homes for this group of people. This will include unannounced inspections involving people who use services and their families. CQC will include reference to the best model of care in their revised guidance and will consider it as part of the regulation and inspection of services from April next year.
- Our partners are committed to this change. A concordat, published alongside the report, sets out specific actions which individual partners have committed to deliver.
- A new NHS and local government-led joint improvement team will be created to lead and support this transformation.