



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Wednesday, 10th December, 2014

Place

Committee Rooms 2 and 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 19th November, 2014
(Pages 3 - 10)

(b) Matters Arising

4. Serious Case Review - Mrs D (CSAB/SCR/2013/1) - Progress Report
(Pages 11 - 22)

Briefing Note of the Executive Director, People

2.35 p.m.**5. Coventry and Warwickshire Partnership Trust (CWPT) - Update on Progress following the Care Quality Commission Inspection** (Pages 23 - 26)

Report from Coventry and Warwickshire Partnership Trust. Josie Spencer, Deputy Chief Executive and Director of Operations, CWPT has been invited to the meeting for the consideration of this item

3.35 p.m.**6. Discharging Responsibilities for Winterbourne View** (Pages 27 - 70)

Briefing Note and Presentation of the Executive Director, People

4.05 p.m.**7. Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme

8. **Work Programme 2014-15** (Pages 71 - 78)

Report of the Scrutiny Co-ordinator

9. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

10. **Meeting Evaluation**

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 2 December 2014

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 10th December, 2014 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, A Gingell (By Invitation), P Hetheron, D Howells, J Mason (Co-opted Member), J Mutton, J O'Boyle, D Skinner, K Taylor and S Thomas (Chair)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

Liz Knight Telephone: (024) 7683 3073

e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00
pm on Wednesday, 19 November 2014

Present:

Members: Councillor S Thomas (Chair)
Councillor M Ali
Councillor J Clifford
Councillor P Hetherington
Councillor J Mutton
Councillor J O'Boyle
Councillor D Skinner
Councillor K Taylor

Co-opted Member: Mr J Mason

Other Member: Councillor A Gingell

Other representatives: Dr Steve Allen, Coventry and Rugby CCG
Dr Francis Campbell, Arden, Hereford and Worcestershire Area Team
Dr Jamie Macpherson, Local Medical Committee
Dr Peter O'Brien, Coventry and Rugby CCG
Sue Price, Arden, Hereford and Worcestershire Area Team
Josie Spencer, Coventry and Warwickshire Partnership Trust

Employees:

S Brake, People Directorate
V Castree, Resources Directorate
E Dewar, Resources Directorate
M Godfrey, People Directorate
M Greenwood, People Directorate
L Knight, Resources Directorate
M McGinty, People Directorate
J Moore, Director of Public Health
S Roach, People Directorate
J Teahan, People Directorate
B Walsh, Executive Director, People

Apologies: Councillor D Howells

Public Business

27. Declarations of Interest

There were no disclosable pecuniary interests declared.

28. Minutes

The minutes of the meeting held on 15th October, 2014 were signed as a true record. There were no matters arising.

29. **Sexual Health Services Procurement Feedback**

The Scrutiny Board considered a briefing note of the Director of Public Health which provided an update on the outcome of the recent Sexual Health Services Procurement for Coventry and Warwickshire and informed of the follow up to actions raised by the Board at their meeting on 2nd April, 2014 when consideration was given to the proposed retendering of the service. Northbrook Boys attended the meeting for the consideration of this item and the Board viewed the video of their song 'Better be Safe than Sorry'.

The City Council retendered sexual health services jointly with Warwickshire County Council and NHS England Specialised Commissioning Team. The new five year contract for Coventry, which commences on 1st April, 2015, was awarded to Coventry and Warwickshire Partnership Trust (CWPT), the current providers of the service. The new service would continue to provide contraception, screening and treatment for sexual health and would include improved use of technology to make it easier for people to access services.

The note provided an update on how the service would pick up on the recommendations from the previous meeting which included working with the faith communities including the free schools; continuing to provide appropriate sensitive support for lesbians, gays and bisexuals; continuing to work with the different community groups including supporting black Africans including individuals whose immigration status was not clear; and continuing to develop links with the mental health, drug and alcohol services.

The Board questioned the officers on several issues and responses were provided, matters raised included the potential to link with the current work to raise awareness and prevent female genital mutilation and whether there were plans to replace former Councillor Sehmi who had supported the work with the faith communities and schools.

The Board were introduced to Northbrook Boys, three pupils from Coundon Court School, whose song 'Better be Safe than Sorry' was the winner of the recent Council competition, the Sex Factor. The song highlighted the importance of young people practising safe sex. The Board viewed the video of the song which had been included on the NHS Choices website and congratulated the Group on their success.

RESOLVED that:

(1) The outcome of the retendering process and the responses to the Board's recommendations be noted.

(2) A progress report be submitted to a future meeting of the Board.

30. **Director of Public Health Annual Report 2014**

The Scrutiny Board received a presentation from the Director of Public Health concerning her Annual Report 'Primary Care at the Heart of our Health'. The Board also considered a report of the Director which detailed the recommendations contained in her Annual Report. Both the summary and full reports were set out at appendices. The Annual Report focused on the primary care system and its role in addressing health inequalities, with a particular emphasis on general practice.

The report had been considered by the Health and Well-being Board at their meeting on 10th November, 2014 who supported the recommendations. The report was also to be considered by Cabinet at their meeting on 2nd December, 2014. Dr Steve Allen, Accountable Officer and Dr Peter O'Brien, Clinical Locality Lead, Coventry and Rugby CCG, Dr Jamie Macpherson, Coventry Local Medical Committee, and Dr Francis Campbell, Medical Director and Sue Price, Director of Commissioning, Arden, Hereford and Worcestershire Area Team attended the meeting for the consideration of this item. The partner representatives addressed the Board about their involvement with the production of the Annual report.

The presentation highlighted the recent improvements for keeping people healthy and improving care and quality; detailed the persisting challenges which included the management of long term conditions, the structure of GP practices and patient experience; and detailed future new models of care.

The report put forward the following recommendations:

Keeping People Healthy

- 1) Public Health should work with GPs and communications to continue to promote healthy lifestyles to ensure people stay healthier for longer
- 2) Public Health and GPs should work together to enable practices to better understand the population in their local areas

Making the Right Choice

- 3) Patients should have a more active role in managing their health
- 4) Patients should choose the most appropriate service for their needs
- 5) Patients should be involved in co-designing services

Collaborative and innovative primary care

- 6) General practice should be open and accessible
- 7) Practices should collaborate and share learning

A health and social care system that supports primary care

- 8) A workshop should be organised to consider the future configuration of general practice in the city to ensure that services are fit for purpose in the future
- 9) Mechanisms to celebrate and share success should be continued
- 10) Communication materials should be developed to engage with and inform the public
- 11) Commissioners should continue to provide feedback and support to practices that are the most challenged.

The Scrutiny Board questioned the officer and representatives on a number of issues and responses were provided, matters raised included:

- Concerns about the availability of GP appointments
- The increasing work pressures faced by GPs
- How improvements in partnership working could better support patients with mental health issues
- The importance of better information sharing across partner organisations
- How the involvement of pharmacists, opticians, practice nurses could help to improve service delivery
- What were the aims and objectives of the report and how would outcomes be measured to ensure improvements in general practice and addressing health inequalities
- How to ensure that patients are provided with the appropriate information to allow them to take responsibility for managing their health
- The position and benefits of the Expert Patient Panel
- How would the partner organisations be challenged to ensure that recommendations were being implemented
- Details about the workshop to be held in the new year
- Information about the four city GP practices classified in risk bands 1 and 2.

RESOLVED that:

(1) The recommendations from the meeting of Health and Well-being Board held on 10th November, 2014 be noted.

(2) The recommendations in the report be supported and a report on progress with their implementation be submitted to a future meeting of the Board.

(3) Cabinet, at their meeting on 2nd December, 2014 be informed of the Board's considerations.

31. Overview of the Care Act 2014 and Coventry's Preparations for when this becomes Legislation

The Scrutiny Board considered a report of the Executive Director, People which provided an overview of the Care Act 2014 and informed of the Council's preparations for 1st April, 2015, when Local Authority Adult Social Care services were required to work to the new legal framework.

The Care Act overhauled the existing legal framework for adult social care, but in reality whilst it did create some new duties and responsibilities, it largely codified existing best practice, placing it on a statutory footing. The key themes underpinning the Care Act were well-being, prevention and integration. The emphasis of the Act was on enabling people to be as independent as possible in the management of their own care and support needs.

A Care Act Implementation Board had been set up to oversee and co-ordinate the implementation of the new legislation. The adult safeguarding processes were being reviewed to ensure that they were Care Act compliant. Five key workstreams were established to plan and implement the changes required in the following areas: charging/paying for care; care markets; assessment and eligibility,

personalisation and support planning; information, advice and prevention; and information technology.

The Board were informed that the biggest potential impact on demand would be driven by self-funders and carers and it was not known how many additional people would present themselves from 1st April. There were 1,400 people funding their own care and support, all potentially requiring an assessment. In addition an estimated 2,600 additional carers could require an assessment. The Board noted that the major funding reforms such as the Care Cap, which limits the lifetime costs an individual has to pay for care, were to be introduced from 1st April, 2016. A new charging policy was to be developed which maximised income.

Councillor Gingell, Cabinet Member (Health and Adult Services) informed of her concerns for the Council relating to the potential financial implications.

The Board questioned the officer on a number of issues and responses were provided. Matters raised included:

- Details about the potential support required by carers
- Information about the potential funding allocation that the Council would receive, the details of which should be available in December 2014
- Support for the work being carried out to ensure readiness to implement the legislation and assess the implications
- Further information about the £76,000 care cap
- Clarification about potential financial risks and legal challenges that the Council could face
- The financial support to be offered to third sector organisations.

RESOLVED that the work in progress and the plans in place to ensure the effective implementation of the Care Act 2014 be noted.

32. **A Bolder Community Services (ABCS) Six Month Post Implementation Review**

Further to Minute 43 /13, the Board received a briefing note and presentation of the Executive Director, People which provided an overview of the impact of implementation of the six proposals that formed the A Bolder Community Services (ABCS) Programme.

The six proposals related to the following Adult Social Care service areas: housing related support; housing with care; day opportunities; information, advice and support; the Aylesford; and home support short-term services. A range of both qualitative and quantitative methods had been used to assess the impact of the implementation which included meetings with service users and providers.

The review work identified that those directly impacted by the proposals had been supported well through the change process and, in some cases, better outcomes were being realised as a result of the change. While the amount of support available to some people had been reduced, people were still being supported.

The Board were reminded that since the programme was still in its early stages of implementation there were still challenges to delivery which included the full

impact not yet being realised or evidenced and the need for the Council to make further significant budgetary reductions.

There was an acknowledgement that the limited detrimental impact to date was in some part attributable to the amount of support provided to users, carers and providers during the change process.

Members questioned the officers and responses were provided. Matters raised included:

- Whether there had been any unintended consequences of the implementation
- The current position at Brandon Wood farm
- Partnership working with West Midlands Fire Service
- Further details about the impacts of the reduced amount of direct support

RESOLVED that the outcome of work completed to date be noted.

33. Coventry City Council Adult Social Care Complaints and Representations Annual Report 1st April, 2013 to 31st March, 2014

The Scrutiny Board considered a report of the Executive Director, People concerning the annual report on complaints and representations received in Adult Social Care from April 2013 to March 2014. A copy of the annual report was set out at an appendix. The report provided details of the complaints and representations across Adult Social Care Services in the city. Service improvements and learning from feedback were highlighted and the report also included information on future developments in complaint handling and reporting. The report was also to be considered by the Cabinet Member (Health and Adult Services) at her meeting on 9th December, 2014.

It was a statutory duty for Adult Social Care Services to provide a system for receiving complaints and representations from people who used its services, or those acting on behalf of users.

The report indicated that 61 formal complaints were received during the year which represented less than 1% of the 9,208 people who contacted the service and the 7,227 people who received support. This was a decrease from the 81 representations received during the previous year. Service delivery and effective communication were the most common topics and 82% were dealt with at a local service level.

13 complaints/enquires relating to Adult Social Care were referred to the Local Government Ombudsman, of which five were fully investigated. Of these, three were upheld, two of which the Council had already agreed to the resolution and one was upheld with a formal report of maladministration.

The Board questioned the officers on a number of issues and responses were provided, matters raised included:

- A lack of detailed information about the nature of the complaints and a request for examples to be included in future reports

- What did the service do differently as a result of these complaints
- An acknowledgement of the decrease in the number of complaints
- A request for further information about the nature, resolution and learning concerning the five complaints fully investigated by the Ombudsman.
- An assurance that the Council had discharged all of its duties relating to these complaints.

RESOLVED that:

(1) The Annual Report on complaints and representations be noted.

(2) Future reports to include detailed information about the nature of the complaints and any changes introduced as a result of lessons learnt.

(3) The Cabinet Member (Health and Adult Services) be informed of the Board's considerations at her meeting on 9th December, 2014.

34. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for the current year.

35. Work Programme 2014-15

The Scrutiny Board considered the Work Programme for 2014-15.

RESOLVED that the work programme be updated to include the following:

- (i) Sexual Health Services - progress report, minute 29 above refers**
- (ii) Recommendations for primary care in the city – progress report, minute 30 above refers**
- (iii) Update on the impacts of the patient transport services at UHCW.**

36. Any other items of Public Business

There were no other items of urgent public business.

(Meeting closed at 4.45 pm)

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Coventry City Council

Briefing note

To Health and Social Care Scrutiny Board (Scrutiny Board 5)

Date 10 December 2014

Subject: Mrs D Serious Case Review – final progress report

1 Purpose of the Note

1.1 To update on the progress of the Mrs D Serious Case Review Action Plan.

2 Recommendations

2.1 Health and Social Care Scrutiny Board is asked to note the report and the completion of the Action Plan (the Action plan is attached at Appendix 1).

3 Information/Background

- 3.1 This Serious Case Review followed the death of Mrs D, a woman in her late 80s, in the summer of 2011. Following a full safeguarding investigation, the Chair of the Coventry Safeguarding Adults Board directed that a Serious Case Review be undertaken as a result of the circumstances of Mrs D's death and the events leading up to it. This review was chaired by the designated Local Authority senior manager, written by an independent author and supported by a multi-agency panel of senior practitioners, including representatives from Coventry City Council, NHS Coventry (and subsequently Coventry & Rugby Clinical Commissioning Group), Coventry and Warwickshire Partnership Trust, University Hospitals Coventry & Warwickshire NHS Trust and West Midlands Police. Mrs D's General Practitioner also made a significant contribution to the review.
- 3.2 The Review identified a number of recommendations and actions to improve practice. These are detailed in the Action Plan at Appendix 1. A key recommendation was focused on the referral into safeguarding of (avoidable) grade 3 and 4 pressure ulcers via the implementation of an effective Pressure Ulcer Protocol. This Serious Case Review was not the first to focus on pressure ulcers, so this was a significant cause for concern for the Board.
- 3.3 To raise awareness of the risk of pressure ulcers, the "Your turn" Campaign was launched on 9.5.2014. This was a joint initiative between Coventry and Warwickshire Partnership Trust, Coventry and Warwickshire Clinical Commissioning Group, University Hospitals Coventry and Warwickshire and Coventry City Council and focused on residential homes. The campaign ran for 6 months, and included an accreditation scheme about pressure ulcer recognition and management.

- 3.4 A lot of work has been done to review the Pressure Ulcer Protocol and its implementation in order to ensure that safeguarding concerns are referred appropriately. Following a rolling programme of training in the use of the Pressure Ulcer Protocol, we saw a significant rise in the number of referrals (an indication that the awareness raising had been successful). However, many of the cases referred were found not to be appropriate - only in a small number of cases were safeguarding concerns substantiated. This raised questions about the application of thresholds.
- 3.5 In May this year a meeting was held to review progress including a review of progress of the Mrs D Serious Case Review Action Plan. The meeting agreed that the protocol needed further revision, to review thresholds for referral and to focus on avoidable pressure ulcers at grade 3 & 4 and multiple 2s. A task and finish group was set up to progress this work. A progress report will be brought to the Coventry Safeguarding Adults Board on 3 December.
- 3.6 A number of recommendations relate to quality of practice and assessment; specific actions have included the introduction of a revised supervision policy and training in the Mental Capacity Act.
- 3.7 Within Adult Social Care a case file quality audit has been undertaken annually with results reported to the Safeguarding Adults Board Quality and Audit Subgroup. For the last exercise four cases out of 1,000-plus cases were examined in detail.
- 3.8 From November 2014, the number of cases reviewed and frequency of quality checks will be increased by undertaking regular in-house peer reviews on a rolling programme basis, in addition to the Quality and Audit Subgroup led annual audits.
- 3.9 The majority of actions in the Action Plan were single agency actions and the Safeguarding Board has a role in monitoring completion of these within agreed timescales. All single actions have now been completed and there are no outstanding actions.
- 3.10 There are 2 non-specific multi-agency recommendations:
- Ensure that staff understand their responsibilities in relation to Safeguarding Adults and that the preventative opportunities of Safeguarding referrals are fully recognised and utilised as a positive way of achieving effective joint working in the best interests of vulnerable adults;
 - The Safeguarding Board and the Partner agencies should satisfy themselves that there is commitment from all Partners to the philosophy and principles of Safeguarding, that this is owned at all levels within the respective organisations, and communicated effectively through joint and single agency training.
- 3.11 Whilst the specific actions identified have been achieved, these recommendations are by nature general and on-going responsibilities that the Safeguarding Board will continue to monitor.

SUSAN HARRISON
HEAD OF SAFEGUARDING
PEOPLE DIRECTORATE
024 7683 2970

Mrs D Serious Case Review – Overview Report Action Plan

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
<i>GUIDANCE</i>	<i>Overview Recommendation</i>	<p><i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be:</i></p> <p><i>Specific</i></p> <p><i>Measurable</i></p> <p><i>Achievable</i></p> <p><i>Realistic</i></p> <p><i>Timed</i></p>	<p><i>Describe the evidence you will provide to the Board to show the actions are being undertaken or achieved.</i></p> <p><i>These might include correspondence, minutes of meetings, new policy, training material, etc.</i></p>	<i>What improvements in service and individual welfare and safety should result from the actions</i>	<i>Name, Position, title and agency of lead officer responsible for implementing the actions or ensuring that the actions are implemented by others.</i>	<i>Identify any resources required, including costs, staff time or equipment</i>	<i>Date by which actions will be completed</i>	<p><i>Blue achieved</i></p> <p><i>Red – not achieved and seriously behind schedule</i></p> <p><i>Amber – not achieved and slightly behind schedule</i></p> <p><i>Green – on track to be achieved within the timescale</i></p> <p><i>comment</i></p>
The Coventry Safeguarding Adults Board								
The Use of Safeguarding Procedures								
1 (5.3.2)	Ensure that staff understand their responsibilities in relation to Safeguarding Adults and that the preventative opportunities of Safeguarding referrals are fully recognised and utilised as a	<p>The key principles of early intervention and prevention to be embedded in practice across all agencies</p> <p>Promote effective information sharing and partnership</p>	<p>Annual assurance statement</p> <p>Section 11 audit</p>	<p>Early identification and accurate assessment of need and risk through good information sharing and partnership working</p> <p>Timely and</p>	<p>Chair of the SAB</p> <p>All partner agencies represented on the Safeguarding Adults Board</p> <p>To be led by Safeguarding</p>	Existing resources from all agencies represented on the Board.	To be agreed at the September 2013 Board Meeting.	Blue

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
	positive way of achieving effective joint working in the best interests of vulnerable adults	working at all levels of need Ensure this is reflected in the Workforce Development strategy including both single and multi-agency training	Safeguarding adults training strategy	appropriate service response to effectively manage need and risk Improved outcomes for adults at risk	Leads and Champions			
The grading of pressure ulcers								
2 (5.4.1)	Satisfy themselves that the new Pressure Ulcer Policy is fit for purpose and has resolved the ambiguities and lack of clarity which were evident in the previous Policy.	Review the policy to see if it is achieving the agreed objectives and identify whether further actions are required	Minutes of meeting to discuss process & checklist 11 June 2013 Minutes of meeting 2 May 2014	A revised Pressure Ulcer Protocol is in place and effectively embedded in practice Appropriate referrals and strategies for action	All partner agencies To be led by safeguarding leads	Existing Resources of all agencies on the Board	September Board 2013 Final report to December 2014 Board.	Blue Further revisions have been made, to concentrate on unavoidable pressure ulcers at grade 3 & 4 and multiple 2s. A task and finish group has been set up
3 (5.4.2)	That there has been adequate multi-agency training in the use of this Policy.	Review the delivery of training re the policy and use of	Training stats from training completed 2012 /13 and new dates for June/	A Pressure Ulcer Protocol is in place and effectively	All partner agencies To be led by safeguarding	Training has been completed with a 2 year rolling	Review in 2014 / 15 and update programme	Blue A significant number of staff have

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
		checklist Agree how often staff are required to repeat in order to cover new developments in practice	July 2013	implemented Appropriate referrals and strategies for action	leads The Coventry Safeguarding Adults Board Policy and Procedures sub-group	programme Using existing resources		been trained. A rolling programme of training is being put in place.
Commitment to the Philosophy, Policies and Procedures for the safeguarding of adults								
4 (5.11.1)	The Safeguarding Board and the Partner agencies should satisfy themselves that there is commitment from all Partners to the philosophy and principles of Safeguarding, that this is owned at all levels within the respective organisations, and communicated effectively through joint and single agency training.	These recommendations cannot be reduced down into SMART actions. However, the combined actions and work of the SAB should together demonstrate that such a commitment and philosophy exists. The SAB will sign up to the Duty of Candour	Attendance and real engagement at SAB and sub groups Development and effective implementation of strategies, policies and procedures which safeguard adults Section 11 Audit and/or other self-assessments of SAB performance	Sign up to creating a culture of candour (at annual review) A zero tolerance culture Safeguarding adults is everyone's business Safeguarding Adults is a key priority for all partners	The Coventry Safeguarding Adults Board and all partner agencies	Exsisting Resources	Feb 2014	Blue

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
5 (5.11.2)	The processes and time frames set out in joint policies are adhered to and monitored effectively	Case file audit Performance reporting	Audit SA forms Performance reports	Timely action is taken to promote the safety and welfare of individuals subject to safeguarding arrangements	The Coventry Safeguarding Adults Board and all partner agencies Q&A sub- group	Audit team 10 days	30 July 2013	Blue Audit completed (July 2013) On-going monitoring (audit completed November 2014)
Coventry City Council - Adult Social Care								
Ensuring that social work assessments are fit for purpose								
6 (5.1.1)	Ensure that Practitioners are aware of the importance of taking account of all sources of information in making an assessment and that they explore all reasonable options for providing services which minimise identified risk.	Develop assessment framework and processes to support a more joined up, holistic and evidence-based approach which takes account of all available information in order to deliver timely, effective and appropriate interventions	Evidence from review of assessment processes Case file audit	Improved assessment and processes which ensure that all needs and risks are identified and plans are evidence-based Prevention and early intervention ensures that need and risk is identified at an early stage and effectively	Coventry City Council Adult Social Care Department Mark Godfrey Deputy Director, Adult Social Care	Social Care Journey Project management	March 2014	Blue New assessment framework developed , being implemented January 2015 Case file audit underway

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
		<p>CCC to consider these requirements as part of the Adult Social Care Transformation process.</p> <p>Case file audit. This annual exercise provides an opportunity to review standards of practice in terms of assessment and partnership working.</p>		<p>managed and reduced</p> <p>Effective partnership working to improve outcomes</p>				
7 (5.2.1)	Ensure that Practitioners consider factors which might limit a person's ability to make informed choices and ensure that every effort is made to make arrangements which minimise risks identified through an assessment process	<p>Support practitioners to develop reflective practice through, for example, supervision and training.</p> <p>Support staff to put into practice MCA and Safeguarding training</p>	<p>Case file audit</p> <p>Implementation of revised supervision policy and procedures</p>	Individuals' mental capacity to make decisions is appropriately considered and risk is identified and effectively managed or mitigated	Coventry City Council Adult Social Care	Existing resources	March 14	<p>Blue</p> <p>Revised supervision policy implemented</p> <p>Case file audit underway</p>

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
Coventry Warwickshire Partnership Trust (CWPT)								
The Use of Safeguarding Procedures								
8 (5.3.1)	Ensure that any lessons for clinical practice arising from review of these circumstances have been addressed.	To audit adherence to safeguarding procedures in order to establish what further work needs to be undertaken	The audit report <i>(Penny Greenaway to provide evidence)</i>	Monitoring remedial actions from audit Improved consistency in practice Safeguarding to be preventive as well as reactive	CWPT Safeguarding committee Penny Greenaway	Time for services to complete audit 2014 and 15	Was agreed at safeguarding committee on 12 th July.	Blue On Audit plan for 2014/15
The grading of pressure ulcers								
9 (5.5.2)	Satisfy themselves that all agency nurses supplied to them are competent to grade pressure sores and understand the relationship of this to a referral into adult safeguarding procedures.	Ensure that contracts with an agency for nurse staffing include the expected level of competence required in practice	Relevant clause included in contracts	Pressure sores are identified, graded and treated and, where appropriate, a referral into safeguarding is made	The Board of Coventry and Warwickshire Partnership NHS Trust Safeguarding leads	Time for services to complete audit	Was agreed at safeguarding committee on 12 th July On Audit plan	Blue On Audit plan for 2014/15
Communication issues								
10 (5.10.1)	Satisfy themselves that appropriate guidance is now in place for staff making such a referral and that it is being	Issue Guidance Review compliance with	Guidance Compliance audit	Staff confident and competent in making rereferrals	The Board of CWPT	Time for services to complete audit	To be agreed at safeguarding committee	Blue On Audit plan for 2014/15

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
	followed.	guidance					on 12 th July	
University Hospital of Coventry & Warwickshire (UHCW)								
The grading of pressure ulcers								
11 (5.5.1)	Training in Tissue Viability envisaged in the IMR which they undertook has been completed. This should ensure that relevant staff are familiar with the process of pressure ulcer grading and the relationship of this to a referral into adult safeguarding procedures.	Review the delivery of training on the policy and use of checklist for community acquired tissue damage Agree how often to repeat to cover new developments in practice	Tissue Viability audit reports Feedback from staff and patients/carers Case file audits	Staff know how to grade pressure ulcers, make appropriate safeguarding referrals and undertake appropriate treatment and safeguarding strategies Pressure sores are identified, graded and treated Where appropriate, a referral into safeguarding is made	The Board of University Hospitals Coventry and Warwickshire NHS Trust Safeguarding leads	Within scope of TV Team work programme	To be agreed at SVACC 15 th July 2013	Blue
Clinical issues at discharge from hospital and outpatients clinics								
12	Satisfy themselves that any lessons for clinical practice arising from	UHCW to review discharge processes &	Audit report findings ,	Greater consistency and fewer	The Board of University Hospitals	Within the scope of Modern	To Be tabled at August	Blue Completed

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
(5.6.1 and 5.7.1)	these circumstances have been addressed.	practice and determine what further actions are necessary	amended discharge policy to reflect recommended remedial actions	complaints relating to cases of sub optimum discharges from hospital	Coventry and Warwickshire NHS Trust	Matron for area; Discharge Lead and IMR Author to complete this work	2013 SVACC 17 October 2013	17 October 2013
Record Keeping in hospital wards								
13 (5.8.1)	Satisfy themselves that actions proposed within the IMR to improve standards have been completed successfully.	Debriefing to staff and other actions as detailed in IMR	Board minutes Record keeping audit	Effective communication between health practitioners delivering patient care	The Board of University Hospital Coventry and Warwickshire NHS Trust	Within the scope of Ward Manager and Modern Matron for the area	17 October 2013	Blue
Communication issues within UHCW NHS Trust								
14 (5.9.1)	Should satisfy themselves that case note recording systems used by medical, therapy and nursing staff link in such a way that risks cannot be missed by any of the groups of staff involved.	Sticky labels introduced to highlight in sections of the patient record that staff need to take note of the information recorded	Protocol in place to support the change in practice	Effective communication between health practitioners evident in case management records	The Board of UHCW NHS Trust	Within the scope of Therapy staff	17 October 2013	Blue
15	The referral system for technical support from	Ensure documentation	Audit results	Patients receiving the	The Board of UHCW NHS	Within the scope of	Reviews ongoing	Blue

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
(5.9.2)	the Surgical Appliance Department is effective.	reflects the requirement for current treatment plan and actions to be recorded and audit compliance		prescribed appliance as planned	Trust	the Ward manager, Modern Matron and IMR	records audits part of nursing annual quality measure Next review to be tabled at August SVACC –Date to be confirmed	
16 (5.9.3)	The discharge summary reporting system to GPs is effective and that these summaries are always sent to GPs.	All inpatient wards are mandated to use electronic discharge notices to GPs Commission audit to verify compliance	IT audit that system is effective	GPs notified of discharge Patient receives appropriate follow up care as requested by named hospital clinician	The Board of UHCW NHS Trust	No Additional resource required	26 September 2013	Blue
17	All written guidance related to the IMR conducted by UHCW, which has been developed since the investigation, is being used and is fit for purpose.	Ensure that actions identified within the IMR have been carried out in accordance with professional standards of record keeping Deliver	Audit of record keeping Training records	Clear and legible patient records that comply with code of practice	The Board of UHCW NHS Trust	No additional resources required	Reviews ongoing records audits part of nursing annual quality measure Next review	Blue

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
		sustainability training to clinical leads					to be tabled at August SVACC	

Report to Coventry Health and Social Care Scrutiny Board – 10 December 2014

CQC Inspections – Coventry and Warwickshire Partnership NHS Trust

1. Purpose of Report

- 1.1 To provide Coventry HOSC with an overview of the progress made by the Trust to address matters raised by the Care Quality Commission (CQC) following the Wave 1 Inspection that took place in January 2014 and subsequent re-inspection of Quinton Ward, Caludon Centre in July 2014.

2. Background

- 2.1 The Trust was the first mental health trust in the country to be inspected by the CQC using their new inspection regime. These inspections took place between 20th and 24th January 2014.
- 2.2 The CQC raised one Enforcement action (Warning Notice) against Quinton Ward, Caludon Centre and issued five compliance actions to five locations. The table at Appendix 6.1 summarises the actions issued.
- 2.3 In response to the findings the Trust developed a series of action plans to address the matters raised and to achieve compliance. This report focuses on the progress made with the completion of these action plans.
- 2.4 External oversight of the action plans resides with Coventry and Rugby Clinical Commissioning Group (CCG), who act as the host for other relevant CCGs with additional oversight from the NHS Trust Development Authority (TDA).

3. Key issues

- 3.1 The associated action plans developed in response to the CQC enforcement and compliance actions can be found at Appendix 6.2. All required action has been taken and services continue to embed the changes into practice.
- 3.2 **Enforcement Action:** All actions detailed on the enforcement action plan were completed by the identified deadline (30th June 2014). Notification was submitted to the CQC who carried out an unannounced inspection of Quinton to check compliance and implementation of the action plan on the 2nd July 2014.
- 3.2.1. The CQC judged that improvements had been made and found Quinton Ward compliant removing the enforcement action. The subsequent quality report was published in July 2014.

3.3 **Compliance Actions:** Completed action plans have been submitted to the CQC. The NHSTDA and CCGs have been notified.

3.4 The Trust is currently awaiting re-inspection by the CQC to confirm compliance. These inspections will be unannounced.

4. Recommendations

4.1 The HOSC is requested to receive this report.

5. Implications

5.1 Failure to address the enforcement and compliance actions may lead to further enforcement action being taken by the CQC.

6. Appendices

6.1 Summary of Issued Enforcement and Compliance Actions

Lisa Cummins
Acting Director of Safety and Quality
November 2014

Appendix 6.1 Summary of Enforcement and Compliance Actions

Enforcement Actions

Regulation		Location
9 (1) (a)(b) (i) (ii) (iii) Care and Welfare of Service Users: Regulation	<p>The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of:</p> <p>a)The carrying out of an assessment of the needs of the service user</p> <p>b)The planning and delivery of care and, where appropriate, treatment in such a way as to:</p> <p>i. Meet the service user's individual needs</p> <p>ii. Ensure the welfare and safety of the service user</p> <p>iii. Reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to care and treatment.</p>	Quinton Ward, Caludon Centre

Compliance Actions

Regulation		Location
13 Management of Medicines	<p>The registered provider was failing to protect patients against the risks associated with the unsafe use and management of medicines.</p> <p>The registered provider was failing to protect patients against the risks associated with the unsafe use and management of medicines.</p>	Caludon Centre Wayside House: Community Mental Health Teams
15 (1) (a) (b) Safety and Suitability of Premises	People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because the design and layout of seclusion rooms was not suitable or safe and the security measures in place were not safe.	Brooklands
17 (1) (a) Respecting and Involving People who Use Services	The registered person had not as reasonably practicable made suitable arrangements to ensure the dignity, privacy and independence of service users.	Caludon Centre St Michaels Woodloes
20 (1) (a) (b) (i) (2) (a) Records	People who use services were at risk of unsafe or inappropriate care and treatment from a lack of proper information about them and the safe keeping of their information.	Caludon Centre St Michaels Woodloes
23 (1) (a) Supporting Workers	The registered person did not have suitable arrangements in place to ensure that staff were appropriately supported to enable them to deliver care and treatment to service users and to an appropriate standard, by receiving appropriate training, professional development, supervision and appraisal.	Caludon Centre

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 10th December 2014

Subject: Discharging Responsibilities for Winterbourne View

1 Purpose of the Note

- 1.1 To provide Health and Social Care Scrutiny Board (5) with an overview of action taken within Coventry and Warwickshire as a response to Winterbourne.

2 Summary

- 2.1 Following the events that took place at Winterbourne View Hospital, *Transforming Care* and the *Winterbourne Concordat* placed a number of requirements on local areas including the development of a joint plan for high quality care and support services.
- 2.2 This paper describes progress to date in respect of national requirements and outlines the responsibilities held by different agencies with regard to Winterbourne, along with how assurance is provided that these responsibilities are both understood and being complied with.
- 2.3 The Adult Social Care Peer Review completed in March 2014 concluded that there was a lack of clarity over responsibilities for Winterbourne. This report seeks to provide this clarity.

3 Recommendations

- 3.1 Health and Social Care Scrutiny Board (5) are requested to:
- Note and comment on the arrangements in place to ensure the requirements of Winterbourne are being appropriately discharged.

4 Background

- 4.1 In December 2012, the Government published *Transforming Care* and the *Winterbourne Concordat* as a response to the abuse of adults with a learning disability at Winterbourne View hospital in South Gloucestershire which had been exposed in a BBC Panorama investigation broadcast in 2011.
- 4.2 Key components of the Concordat included: the requirement to establish, by April 2013, a local register of patients living in Assessment and Treatment units; a duty on local areas to review all hospital placements (by 30 June 2013) and move everyone inappropriately placed to community based support by 1 June 2014. In addition, every area was to develop a locally agreed joint plan for high quality care and support

services for people of all ages with challenging behaviour by 1 April 2014. Tightening of regulation and inspection by the Care Quality Commission was also a requirement.

5 Progress to date with National Requirements

5.1 Requirement to establish a register, review patients and arrange most appropriate support

A local register of Coventry and Warwickshire patients was in place prior to the April 2013 deadline. All patients were reviewed within the timescale set of 30 June 2013.

5.2 The table at Appendix 1 indicates the position as at September 2014 regarding each individual patient identified as being as part of Coventry's Winterbourne cohort. The table shows the status of patients remaining in inpatient settings, patients already discharged and new admissions to assessment and treatment units.

5.3 There were originally seven Coventry residents placed by Coventry and Rugby Clinical Commissioning Group (CRCCG) in Assessment and Treatment units. Four have subsequently been discharged. Three remain in hospital settings. An additional two people have subsequently been admitted following determination by a multidisciplinary panel that the particular circumstances of the individuals mean that a limited stay is appropriate. A further three Coventry citizens were, and continue to be, the responsibility of NHS England and are therefore not part of the original cohort. These patients are however included on our local register so we have a comprehensive overview of all Coventry citizens.

6 Delivering a Co-ordinated Response to Winterbourne

6.1 The responsibility for assuring the quality of care for Coventry citizens accommodated in assessment and treatment units and those discharged to other provision is the responsibility of a number of agencies. These responsibilities are as follows:

6.2 Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care responsible for monitoring adherence to national standards. CRCCG (or Arden Commissioning Support Unit on CCG's behalf) has regular discussions with CQC representatives in respect of the quality of health provision including assessment and treatment units.

6.3 NHS England Specialised Commissioning

NHS England's specialist commissioning remit includes commissioning secure hospital provision. NHS England has dedicated case managers whose role includes quarterly attendance at providers' premises. This is usually in the form of ward rounds and there is scrutiny of care plans and potential to discuss care with patients. The Birmingham, Solihull and Black Country Area Team, which covers Coventry, have recently appointed an additional worker which has enabled one case manager to be released to work solely with the Winterbourne cohort. A register is kept and there is 100% compliance in terms of review and care planning.

NHS England continues to liaise with CCGs on a regular basis to support discharge planning. A key aim is to ensure that patients placed outside of the West Midlands area are repatriated. The City Council is informed of any quality issues through, for example, regular clinical review meetings.

6.4 Coventry and Warwickshire Partnership Trust

The main provider of assessment and treatment services for Coventry patients is Coventry and Warwickshire Partnership Trust at their Brooklands Hospital site. These services were inspected by the Care Quality Commission in 2013 and 2014. The 2014 inspection found that issues raised in 2013 had been addressed and that all staff had received training in safeguarding vulnerable adults and processes were in place to ensure that people were safe. People were treated with dignity and respect and their physical health care needs were being met. Some issues were raised, for example, in respect of restrictions placed on patients and there not being a comprehensive range of meaningful activities. CQC has confirmed that the issues were not significant and that good progress is being made in addressing them.

6.5 Coventry City Council

The City Council is responsible for ensuring the quality of care and support services that it provides or commissions for Coventry citizens within the city or elsewhere. It also has broader safeguarding duties in relation to all health and care provision within Coventry and duties in relation to the provision of Approved Mental Health Professionals (AMHPs). The City Council does not have the remit to place citizens in assessment and treatment units but works closely with health colleagues to ensure that the care and support requirements of people placed are met within these settings.

In circumstances where the Council commissions or provides care and support either singly or jointly with CRCCG, the Council's own Quality Assurance process is applied in partnership with health colleagues. This is important in the context of both people returning "Winterbourne" residents and Coventry citizens per se whether accommodated within the city or elsewhere.

6.6 Coventry and Rugby Clinical Commissioning Group

The Coventry and Rugby Clinical Commissioning Group commissions assessment and treatment places for Coventry and Rugby citizens not requiring secure provision. CRCCG responsibilities include establishing outcome based contracts for its patients in assessment and treatment units and ensuring the quality of this provision. Quality assurance support is provided to all Coventry and Warwickshire CCGs through arrangements with Arden Commissioning Support Unit (ACS).

ACS's contracts management approach is based on an assurance framework that has been agreed with CCG's. The approach is risk based and targets poor performance using performance information from the providers, service user feedback, CQC engagement and multi-agency performance review.

CRCCG have no current concerns about the quality of care patients are receiving in assessment and treatment units.

7 Discharging Responsibilities for Winterbourne View

7.1 In order to ensure an integrated approach to the review of care and appropriate commissioning a Clinical Review Group was established which has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and move them closer to home and into less restrictive settings, where appropriate. This work is continuing and is being extended to encompass all adults with learning disabilities and autism placed out of area, and those living in hospital and residential care within Coventry and Warwickshire.

7.2 As part of the on-going role of the Winterbourne Clinical Review Group, the current register of people has been expanded to include children and young people to provide

assurance that the system is meeting the needs of children and young people with learning disabilities and autism are also being considered.

Whilst the City Council is a full partner in the sub-regional work, there are additional supplementary arrangements in place to ensure a robust local management. This includes the maintenance of a register that monitors clinical reviews, informs commissioning and provides an auditable trail to placement decisions, quality assurance and joint commissioning of preventative services to reduce the need for intensive placements.

- 7.3 The City Council has also developed a programme of training for social workers and other customer facing staff which focusses on ensuring that the principles of treating people with dignity and respect and positive behaviour management and risk taking is embedded in practice .

8 Coventry and Warwickshire's Joint Winterbourne Plan

- 8.1 The document "Coventry and Warwickshire's Local Response to Winterbourne: A Work Programme for 2014-16" (see Appendix 2) describes the activities that are being undertaken alongside the review of people currently living in hospital, to prevent the need for admissions, and where people are admitted, to reduce the length of hospital stay.
- 8.2 The Winterbourne Review focused on people with challenging behaviour. However, the plan also includes people with learning disabilities and autism who have high support needs and who may be at risk of being admitted to hospital, developing challenging behaviour, or being accommodated out of area.

9 Governance

- 9.1 Progress on the sub-regional and local plans will be reported through Adult Joint Commissioning Boards to Coventry's Health and Wellbeing Board.
- 9.2 Service user, family carer and broader stakeholder engagement will continue to be managed through the Learning Disability Partnership Board.

List of appendices included

Appendix 1: Current Status of Coventry Winterbourne Cohort

Appendix 2: Coventry and Warwickshire's Local Response to Winterbourne: A Work Programme for 2014-2016.

Other useful background papers

None

Jon Reading: Head of Strategic Commissioning
Telephone: 024 7629 4456
E-mail: jon.reading@coventry.gov.uk

Current Status of Coventry Winterbourne Cohort

Person	Current status	Provision
Original Winterbourne Cohort		
A	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
B	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
C	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
D	Discharged from assessment and treatment with Joint s117 aftercare funding	Moved to Residential accommodation
E	Recent Care Programme Approach and Tribunal held	Remains in assessment and treatment unit
F	s37/41 - Recent Care Programme Approach and Tribunal held	Remains in assessment and treatment unit
G	Recent Care Programme Approach and Tribunal held	Remains in hospital
Subsequent Admissions to Assessment and Treatment Units		
H	s3. CPA reviews 6 weekly. Tribunal held. Responsibility transferred from CRCCG to NHS England	Remains in assessment and treatment unit
I	S3. Recent Care Programme Approach and Tribunal held. Under 18 – AHMP working with children social worker.	Remains in assessment and treatment unit
People not on the original cohort as funded by NHS England		
J	s37 - Recent Care Programme Approach and Tribunal held regular	Remains in assessment and treatment unit
K	s3 - Recent Care Programme Approach and Tribunal held.	Remains in assessment and treatment unit
L	S37 - Recent Care Programme Approach and Tribunal held.	Remains in assessment and treatment unit



Coventry and Warwickshire's local response to Winterbourne View Hospital

A work programme for 2014-2016

**This is Coventry and Warwickshire's joint strategic
plan for people with learning disabilities or autism
who also have mental health conditions or
behaviours viewed as challenging**

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Forward

In response to the findings of the national Winterbourne View Report, the three NHS Clinical Commissioning Groups (CCGs) and two local authorities in Coventry and Warwickshire have developed a joint plan for services for people with learning disabilities and autism; specifically those who also have mental health issues or challenging behaviour.

The plan, which is backed by the Coventry and Warwickshire Health and Wellbeing Boards, describes how local services will be transformed so that people no longer have to live in hospitals when they could live somewhere more appropriate or at home – and that they feel supported to do this successfully. Outlined in the plan is the CCGs' and local authorities' commitment to working with individuals and families to put patients at the centre of care services.

The main principles of the plan are that people with a learning disability and autism will;

- be treated as individuals and have personalised care plans that reflect this;
- have more choice, control and influence over their care;
- be cared for in the most appropriate setting
- have the support to lead full and meaningful lives and play an active role in their community;
- feel safe and be free from abuse.

This plan has been developed with service users, carers and providers of learning disability services across Coventry and Warwickshire.

The Warwickshire (and Coventry) Learning Disability Partnership Boards have endorsed this plan. Regular updates will be provided to both Learning Disability Partnership Boards about progress with implementation of the plan.

Executive Summary

This plan describes how we will transform health and care services in Coventry and Warwickshire for all people with learning disabilities or autism who have high support needs or challenging behaviour. We want to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support.

While many people with learning disabilities live at home and access universal services, the people to whom this plan refers often need more personalised support from health and social care services in order to maintain independent living arrangements. This plan complements existing strategies for people with learning disabilities and autism and highlights the actions required to ensure that the specific requirements of people with high support needs or challenging behaviour are recognised and supported by local services.

A clinical review group has been established and has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and repatriate individuals where appropriate. This work is continuing and is being extended to review all people placed with learning disabilities and autism placed out of area, and those in hospital and residential care within Coventry and Warwickshire.

This plan describes the strategic activities that need to be undertaken alongside the review of people currently living in hospital, to prevent the need for people to be admitted to hospital in the first place, and where people are admitted, to reduce the length of time spent in hospital.

A period of engagement about this plan with service users and carers was undertaken between May and July 2014. The development of local "I" statements was a focus of these engagement activities, describing what service users and carers want from care and support services. The following are the "I" statements which service users and carers in Coventry and Warwickshire agreed to:

- ***I am safe.***
- ***I am helped to keep in touch with my family and friends.***
- ***I have regular care reviews to assess if I should be moving on.***
- ***I am involved in decisions about my care***
- ***I am supported to make choices in my daily life.***
- ***I am supported to live safely & take an active part within the local community.***
- ***I get good quality general healthcare.***
- ***I get the additional support I need in the most appropriate setting.***
- ***I get the right treatment and medication to keep me well***
- ***I am protected from avoidable harm, but also have my own freedom to take risks***
- ***I am treated with compassion, dignity and respect.***
- ***I have a choice about living near to my family and friends.***
- ***I am cared for by people who are well supported***

The above statements could describe the desired outcomes for any user of health and care services. What was highlighted by the Winterbourne Review is that we need to transform our health and care services so that people with learning disabilities and autism with high support needs or challenging behaviour can expect the same outcomes as the rest of the local population.

In order to achieve this ambition, our aim is to commission appropriate safe high quality services for all children, young people and adults with high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:

- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families wishes; and
- value for money.

We will share our information and work together to develop measures which we can use to demonstrate progress towards our aim and the achievement of the above outcomes.

Health and social care commissioners in Coventry and Warwickshire are committed to a range of interventions which are required to achieve our aim. These are expressed through a number of strategic objectives to which all partners to this plan are committed. These objectives are underpinned by the following principles:

- ***Service users and their families will be at the heart of decisions about their care***
- ***Services will be commissioned which promote prevention and early intervention to support people of all ages who are at risk of developing challenging behaviours and minimise inappropriate admissions to hospital***
- ***Commissioners and providers of care and support will collaborate to achieve the best outcomes for service users, including collaborating regionally across West Midlands and with NHS England specialised commissioners where appropriate***
- ***People involved in implementing the plan will use a problem solving, 'can do' approach***

The following diagram shows how our agreed objectives relate to our desired outcomes.

Outcomes, aims and objectives

Desired Outcomes	Strategic aim	Key drivers	Strategic objectives
<p>Our outcomes need to reflect what our service users and carers want from health and care services. Developing localised "I" statements will be a focus of our engagement with service users and carers.</p> <p>The following are examples of "I" statements:</p> <ul style="list-style-type: none"> • I am safe. • I am helped to keep in touch with my family and friends. • I have regular care reviews to assess if I should be moving on. • I am involved in decisions about my care • I am supported to make choices in my daily life. • I am supported to live safely & take an active part within the local community. • I get good quality general healthcare. • I get the additional support I need in the most appropriate setting. • I get the right treatment and medication to keep me well • I am protected from avoidable harm, but also have my own freedom to take risks • I am treated with compassion, dignity and respect. • I have a choice about living near to my family and friends. • I am cared for by people who are well supported <p>These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.</p>	<p>To commission appropriate safe high quality services for all children, young people and adults with learning disabilities or autism who have high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:</p> <ul style="list-style-type: none"> • closer to home; • in line with best practice models of care; • Personalised and responsive to individual needs over time; • based on their own and families wishes; and • Value for money. 	Develop enablers for change	<p>Understand the current and future health and socialcare needs of this population</p> <p>Ensure that individuals have a voice and the opportunity to contribute to the design, monitoring and evaluation of services</p> <p>Introduce commissioning arrangements which support the model of care</p> <p>Promote a culture of positive risk management and accountability, not blame</p> <p>Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well.</p>
		Provide a seamless health and social care service	<p>Explore the use of pooled budgets to support the provision of joined up care for people</p> <p>Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care, and which is regularly reviewed.</p>
		Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services	<p>Agree and implement a jointly owned model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community</p> <p>Move all service users closer to home</p>
		Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers	<p>Offer personalised packages of care and support, including use of personal health budgets and self-directed support</p> <p>Commission effective community services by developing the local market to meet the needs of the local population and provide informed choices for service users</p>

Background

In 2012 following an investigation into criminal abuse at Winterbourne View Hospital, the Department of Health published a review of the care and support experienced by 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. For the purposes of this plan, we describe this vulnerable group of people as “people with challenging behaviour”.

The Department of Health review highlighted a widespread failure to design, commission and provide services which give people with challenging behaviour the support they need close to home and which are in line with well-established best practice. A national programme of action was produced to transform services so that people with challenging behaviour no longer live inappropriately in hospitals. The national programme aims to ensure that people with challenging behaviour 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 their care.

“We should no more tolerate people with learning disabilities or autism being given the wrong care than we would accept the wrong treatment being given for cancer.”

**Transforming care: A national response to Winterbourne View Hospital
(Department of Health)**

In order to transform services in line with the national programme, a local response is required from health and care commissioners. This document describes the way that Warwickshire County Council, Coventry City Council, NHS South Warwickshire Clinical Commissioning Group, NHS Warwickshire North Clinical Commissioning Group and NHS Coventry and Rugby Clinical Commissioning group will work together to deliver the changes required.

The following statement from the national programme of action describes the responsibility of local commissioners in developing and implementing this document.

“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.

- *This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.*
- *The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.”*

**Winterbourne Concordat: Programme of Action
(Department of Health)**

The Winterbourne Review focused on people with challenging behaviour. In Coventry and Warwickshire, commissioners have chosen to broaden the scope of this plan to include people with learning disabilities and autism who have high support needs. For the purposes of this document, people with high support needs are those who have multiple interlocking needs that span health and social issues, that lead to limited participation within society and which require a personalised response from services. This could be linked to:

- behaviour that is challenging
- specific personal care needs
- safeguarding issues
- mental health needs

People with high support needs may be at increased risk of:

- being admitted to hospital,
- developing challenging behaviour, or
- being accommodated out of area.

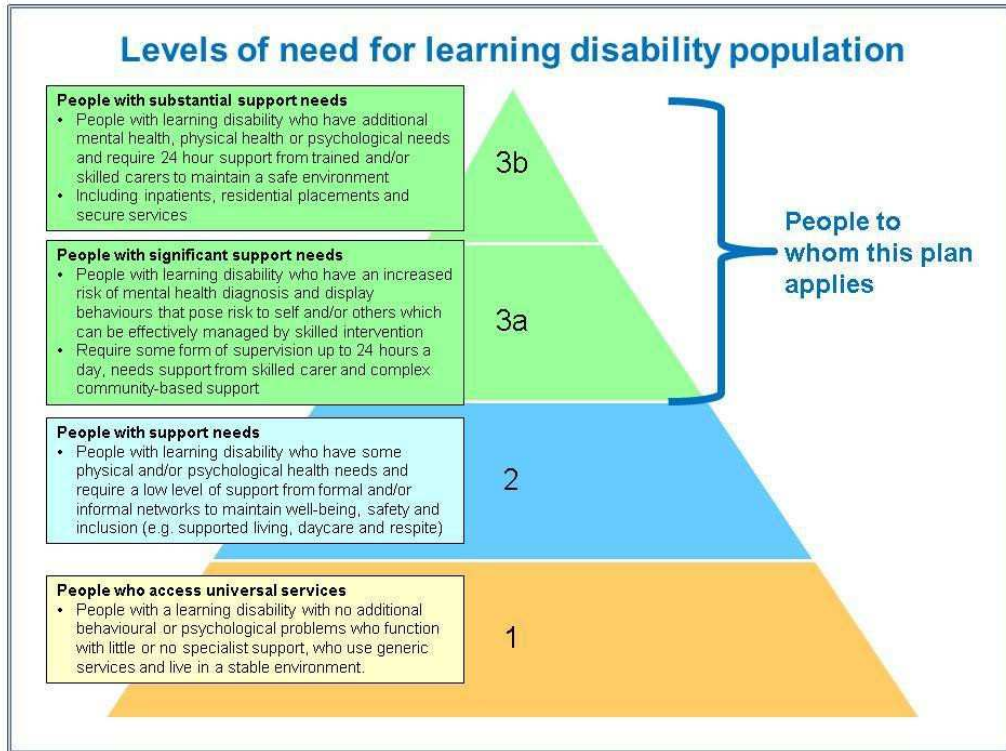
It is therefore appropriate to consider people with high support needs alongside those of people with challenging behaviour to ensure that strategies exist to minimise the number of people who are admitted to hospital, to reduce the length of stay for people in hospital and to ensure local services meet the needs of the local population.

Local strategies exist which describe the range of services available to support people in Coventry and Warwickshire with learning disabilities and autism. Further information about local learning disability services can be found at <http://coventry.ldpb.info/> and <https://www.warwickshire.gov.uk/ldpb>. This plan will be implemented while appropriately considering the Care Act 2014 and Children and Families Act 2014.

While many people with learning disabilities live at home and access universal services, the people to whom this plan refers often need more personalised support and may require periods of residential, nursing or inpatient care. **This plan complements existing strategies for people with learning disabilities and autism and highlights the actions required to ensure that the specific requirements of people with high support needs or challenging behaviour are recognised and supported by local services.**

Diagram 1 represents the levels of support required by people in the learning disability population. This plan focuses on people in levels 3a and 3b of this diagram, those who require significant or substantial support from health and care services.

Diagram 1



Due to the small numbers of people with high support needs and challenging behaviour in levels 3a and 3b of the diagram, some of the actions described in this plan will be achieved through working with Solihull to create economies of scale.

While this plan is owned and will be delivered by health and social care commissioners in Coventry and Warwickshire, activities will be carried out in partnership across Coventry, Warwickshire and Solihull, or regionally across West Midlands where appropriate and in line with the West Midlands Winterbourne Joint Improvement Programme Regional Action Plan.

What do we know about our current services?

In Coventry and Warwickshire, learning disability services for people with high support needs or challenging behaviour are commissioned by three clinical commissioning groups and two local authorities. Forensic and secure services are commissioned by NHS England.

Coventry and Warwickshire Partnership Trust are commissioned to provide the following services:

- Specialist assessment and treatment services for adults and adolescents
- Respite and day services
- Residential and domiciliary care, including home-based support services and registered care homes
- Community learning disability teams
- Secure services (commissioned by NHS England specialist commissioning)

Additional services for people with high support needs or challenging behaviour are commissioned locally through the independent sector for specialist wrap around packages of support, for supported living or for nursing and specialist placements.

To give an indication of scale, a snapshot from April 2014 indicates that **Coventry and Warwickshire provide care and support for 65 adults with significant support needs and 132 adults with substantial support needs** (levels 3a and 3b in diagram 1).

10.1 People currently living outside Coventry and Warwickshire

The needs of some people with learning disability or autism are not currently met locally, so some specialist placements are commissioned outside Coventry and Warwickshire.

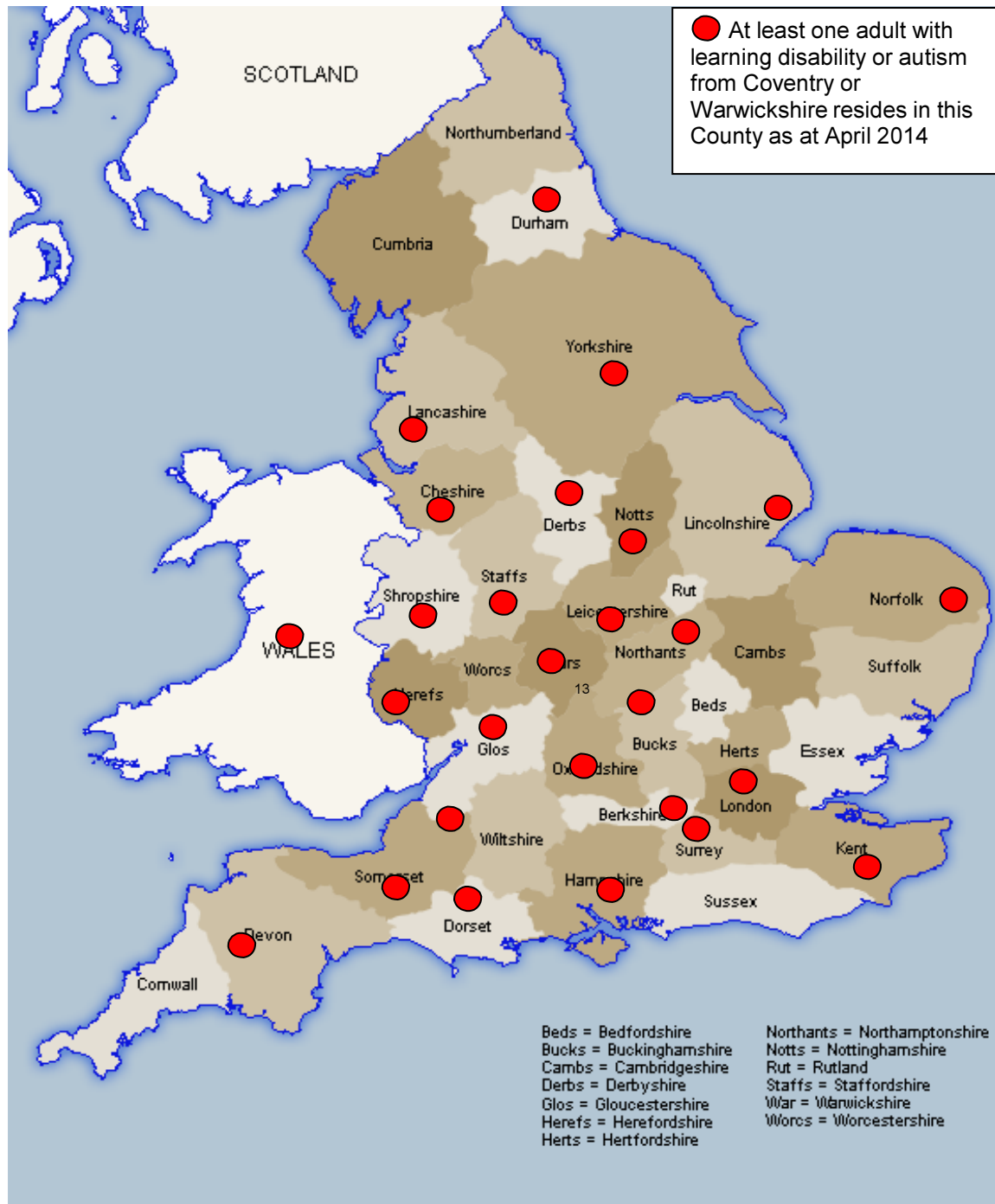
A snapshot from April 2014 indicates for Coventry and Warwickshire there are 164 adults accommodated out of area (of whom less than 10 meet the original Winterbourne criteria).

The Winterbourne review highlighted the negative impact on individuals and their families when people are placed away from their home. In Coventry and Warwickshire, following the review of people living out of area who meet the Winterbourne criteria, commissioners have agreed that all people who are placed out of area will be reviewed, and where appropriate either repatriated to Coventry and Warwickshire, or transferred to local services where they currently reside. Repatriating individuals to Coventry and Warwickshire will require the commissioning of different local services to meet individuals' needs and this is addressed through this plan.

While no children or young people from Coventry and Warwickshire were identified as meeting the Winterbourne criteria, we know there are children and young people with learning disabilities and autism who are accommodated out of area in residential schools or collages. As part of a phased approach, the current register of people is in the process of being expanded to include children and young people.

This map illustrates the geographical spread of services currently commissioned by Coventry and Warwickshire. This snapshot shows in which Counties adults from Coventry and Warwickshire are located as at April 2014. This includes all people with learning disabilities and autism who are placed out of area, not just those who meet the Winterbourne definition.

Diagram 2



What we have changed since April 2013

A clinical review group has been established and has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and move them closer to home and into less restrictive settings where appropriate. This work is continuing and is being extended to encompass all adults with learning disabilities and autism placed out of area, and those living in hospital and residential care within Coventry and Warwickshire.

Children and young people in residential care are regularly reviewed through existing safeguarding processes. As part of the on-going role of the Winterbourne Clinical Review Group, the current register of people is in the process of being expanded to include children and young people to provide complete assurance to the Winterbourne Programme Board that the system is meeting the needs of children and young people with learning disabilities and autism.

Our plan to transform services

What do we want to achieve?

Our outcomes need to reflect what our service users and carers want from health and care services. The following "I" statements have been developed through engagement with service users and carers.

- ***I am safe.***
- ***I am helped to keep in touch with my family and friends.***
- ***I have regular care reviews to assess if I should be moving on.***
- ***I am involved in decisions about my care***
- ***I am supported to make choices in my daily life.***
- ***I am supported to live safely & take an active part within the local community.***
- ***I get good quality general healthcare.***
- ***I get the additional support I need in the most appropriate setting.***
- ***I get the right treatment and medication to keep me well***
- ***I am protected from avoidable harm, but also have my own freedom to take risks***
- ***I am treated with compassion, dignity and respect.***
- ***I have a choice about living near to my family and friends.***
- ***I am cared for by people who are well supported***

These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.

In order to achieve this ambition, our aim is to commission appropriate safe high quality services for all children, young people and adults with high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:

- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families wishes; and
- value for money.

A key principle of the transformation of services is that people should be supported to live as independently as possible. It is recognised that people's needs change over time and that people with learning disabilities and autism may need additional support at particular times to maintain their current living arrangements. This might be due to a change in their own physical or mental health or a change in their social care needs, or it might be due to a change in the existing carer arrangements. This is particularly relevant to people with high support needs and challenging behaviour, who are more likely to require additional support at particular times to avoid hospital admissions.

Another important theme is that of early identification of children and young people who are at risk of developing challenging behaviours. The way that challenging behaviour is managed for children and young people has crucial implications. Difficulties arising in childhood that are not addressed properly or sensitively can have enormous repercussions for individuals and their families later in life. Where the needs of children and young people are managed well and in an integrated way, individuals and their families will be more likely to cope well with the transition to adult services.

How will we know we have achieved our aim?

Outcome measures in national health and social care outcomes frameworks relate to this plan as detailed in Appendix B. However, it is not currently possible to drill down into this nationally collected data to identify the particular population to whom this plan applies. There is therefore an action included in the plan to develop a set of measures, sharing data between organisations where necessary, which will more accurately demonstrate an improvement in outcomes for people with challenging behaviour or high support needs.

The following measures are being considered as potential ways to demonstrate progress. Person and system level measures will be developed and used to create a Winterbourne dashboard with data collected over time to demonstrate a change in outcomes:

- Number of patients maintained in or moving to lower levels of care
- Length of stay (inpatients, residential, nursing homes)
- Number of patients in out of area placements
- Number of patients in inpatient / assessment and treatment
- Expenditure against budget and historical data
- Number of people receiving personal health budgets
- Satisfaction of individuals and families regarding service provision
- Positive increases in quality of life for individuals and families
- Reduction in health inequalities for individuals
- Population level changes in prevalence of behaviour that challenges
- Reduced number of individuals with learning disabilities and / or autism in residential school / out of area placements
- The Green Light Toolkit has been identified as a tool to measure access for people with learning disabilities to mental health services.

- The Health Equalities Framework is currently being trialled by Coventry and Warwickshire Partnership Trust and could be used to demonstrate a reduction in health inequalities for individuals.

What changes can we make that will deliver the desired outcomes?

A range of interventions are required to achieve this aim and these are expressed through a number of strategic objectives to which all partners to this plan are committed. Diagram 3 shows how the strategic objectives detailed relate to the overall aim. These objectives are underpinned by the following principles:

Principles which underpin this plan

- *Service users will be at the heart of decisions about their care*
- *Services will be commissioned which promote prevention and early help to avoid people developing challenging behaviours and avoid people requiring hospital admission*
- *Commissioners and providers of care and support will collaborate to achieve the best outcomes for service users*
- *People involved in implementing the plan will use a problem solving, 'can do' approach*

The actions in this plan will be delivered through exploring ways to deliver services differently in a way which optimises the use of existing health and social care budgets, without the use of substantial additional funds.

Diagram 3 Outcomes, Aim and Objective

Desired Outcomes	Strategic aim	Key drivers	Strategic objectives	
<p>Our outcomes need to reflect what our service users and carers want from health and care services. Developing localised "I" statements will be a focus of our engagement with service users and carers.</p> <p>The following are examples of "I" statements:</p> <ul style="list-style-type: none"> • <i>I am safe.</i> • <i>I am helped to keep in touch with my family and friends.</i> • <i>I have regular care reviews to assess if I should be moving on.</i> • <i>I am involved in decisions about my care</i> • <i>I am supported to make choices in my daily life.</i> • <i>I am supported to live safely & take an active part within the local community.</i> • <i>I get good quality general healthcare.</i> • <i>I get the additional support I need in the most appropriate setting.</i> • <i>I get the right treatment and medication to keep me well</i> • <i>I am protected from avoidable harm, but also have my own freedom to take risks</i> • <i>I am treated with compassion, dignity and respect.</i> • <i>I have a choice about living near to my family and friends.</i> • <i>I am cared for by people who are well supported</i> <p>These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.</p>	<p>To commission appropriate safe high quality services for all children, young people and adults with learning disabilities or autism who have high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:</p> <ul style="list-style-type: none"> • closer to home; • in line with best practice models of care; • Personalised and responsive to individual needs over time; • based on their own and families wishes; and • Value for money. 	Develop enablers for change	<p>Understand the current and future health and social care needs of this population</p> <p>Ensure that individuals have a voice and the opportunity to contribute to the design, monitoring and evaluation of services</p> <p>Introduce commissioning arrangements which support the model of care</p> <p>Promote a culture of positive risk management and accountability, not blame</p> <p>Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well.</p>	
		Provide a seamless health and social care service	<p>Explore the use of pooled budgets to support the provision of joined up care for people</p> <p>Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care, and which is regularly reviewed.</p>	
		Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services	<p>Agree and implement a jointly owned model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community</p> <p>Move all service users closer to home</p>	
		Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers	<p>Offer personalised packages of care and support, including use of personal health budgets and self-directed support</p> <p>Commission effective community services by developing the local market to meet the needs of the local population and provide informed choices for service users</p>	

Key actions to achieve objectives

Key Driver – Develop enablers for change

The objectives described under this key driver are those activities that we need to undertake to ensure that we have the right conditions for change. These activities will provide supporting structures and processes to enable us to make changes to services.

Objective	Rationale	In order to do this we will
<p>Understand the current and future health and social care needs of this population</p>	<p>Wherever possible, local services must be available to meet the needs of our local population. In order to understand what services are required, we need to understand the needs of the local population of children young people and adults with learning disabilities and autism who have high support needs or challenging behaviour.</p>	<ul style="list-style-type: none"> • Co-ordinate available data from NHS Arden Commissioning Support, Clinical Commissioning Groups, Local Authorities, education services and specialist commissioners at NHS England to ensure that we have a central record of all people in this population including children and young people • Under-take and document a joint strategic needs assessment for this population which identifies the services required to meet the needs of our population. This needs assessment will include the housing, care and support, education and employment needs of individuals. • Work in partnership to forecast the future needs of our population, in particular considering the needs of children and young people as they reach transition and the needs of people who are due to return from specialist commissioning.
<p>Ensure that individuals within this population have a voice and the opportunity to contribute to the design, monitoring and evaluation of services</p>	<p>We must ensure that opportunities exist for people with learning disability or autism who have high support needs or challenging behaviour to provide their views about services which they access. This is equally relevant for people who are currently living out of area. As this is a minority group within the wider learning disability and autism population, we must be confident that we have made every effort to engage these individuals and their carers in a way which enables them to communicate their needs and wishes.</p>	<ul style="list-style-type: none"> • Ensure that terms of reference of both Learning Disability Partnership Boards and carer forums in Coventry and Warwickshire describe how people of all ages with high support needs and challenging behaviour are represented • Ensure that meaningful consultation and engagement activities, which focus on people with high support needs and challenging behaviour, are built into the action plans for all objectives in this plan as appropriate • Ensure that any consultation and engagement plans describe how people who are currently living out of area will be given opportunities to contribute • Explore access to advocacy services for people with high support needs and challenging behaviour / people who live out of area • Develop information that is accessible for people with high support needs and challenging behaviour • Ensure we meet the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards

Objective	Rationale	In order to do this we will
<p>Have commissioning arrangements in place which reinforce the model of care</p>	<p>An important objective for this plan is to implement a model of care which provides additional support to people with high support needs and challenging behaviour to maintain independent living arrangements wherever possible. Where people do require a period of residential, nursing or inpatient care, they should be accommodated locally and supported to return to more independent living as soon as is appropriate. In order to achieve this, our commissioning arrangements and payment mechanisms need to reinforce our desired model of care. We want to think innovatively about how we can do this.</p>	<ul style="list-style-type: none"> • Undertake a research project which will explore the incentives that can be used by commissioners to support the model of care. This project will look at examples of best practice and seek input from of service users, carers and providers and will produce an options appraisal for commissioners which will propose potential mechanisms to reinforce the model of care. • Depending on the outcome of this project, commissioning arrangements will be altered across health and social care.
<p>Promote a culture of positive risk management and accountability, not blame</p>	<p>A culture of positive risk management supports the provision of care and support that is personalised and maintains the independence of service users. We want to enable our service users to have the freedom to take make choices and to take some risks in their day to day lives in a supported and safe manner. In order to do this, the culture needs to span the health and social care system, including commissioners, providers and front line carers and support workers.</p>	<ul style="list-style-type: none"> • Reinforce positive risk management through existing and new strategies and service specifications • Equip and upskill health and social care practitioners to adopt a positive risk management approach via a programme of awareness raising and development sessions • Engage with the wider market and ensure that service specifications reflect the core principles of positive behaviour support. • Implement a risk stratification process which will enable organisations to identify, understand and mitigate risks to individuals and organisations (including financial, risk to self and others, safeguarding, quality assurance and contract monitoring)

Objective	Rationale	In order to do this we will
<p>Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well</p>	<p>We need to be confident that the services that we commission provide high quality care and support which meets the needs of individuals in line with our model of care. It is important that we are transparent about our outcomes so that service users and carers can hold us to account. We want to do more of what works well, and intervene early where services are not delivering the outcomes we want to see.</p>	<ul style="list-style-type: none"> • Develop joint contracting and monitoring arrangements to monitor cost, location and quality of services • Develop a Winterbourne dashboard of outcome measures for this population which will be measured over time to demonstrate progress towards our aim • Develop a process for tracking individuals through the system to ensure that the model of care is meeting the needs of individuals and successfully keeping people out of hospital wherever possible • Determine what information can be shared between organisations under existing information sharing agreements and modify agreements if necessary to enable joint monitoring of individuals • Work with service users and carers to provide them with information which enables them to hold commissioners and providers to account for the quality of local services. • Support a culture of accountability by convening a joint forum for learning lessons from what has worked well and what needs improvement.

Key Driver – Provide a seamless health and social care service

Many people with high support needs and challenging behaviour will require care and support from services which have traditionally been commissioned by health or social care. In order to provide comprehensive and personalised care and support for individuals, care and support needs to be more closely integrated between health and social care commissioners and providers. These objectives describe how we will work together more effectively to do this.

Objective	Rationale	In order to do this we will
Explore the use of pooled budgets to support the provision of joined up care for people	The existence of separate budgets for health and care services can present a barrier to the provision of personalised packages of care and support for individuals, particularly where there is disagreement about which organisation funds which eligible needs and services. We are committed to working together to find ways to streamline funding of packages of care and support which fit the model of care. Strategic benefits would include a move to lead commissioning arrangements.	<ul style="list-style-type: none"> All three clinical commissioning groups and both local authorities are already working together to combine funding under the better care fund. The individuals meeting the criteria of this plan will be considered as part of wider work in this area Form a small working party with representation from all partners to this plan who will identify opportunities for pooled budgets. We will start small by testing the use of pooled budgets, with two pilots (one each in Coventry and Warwickshire). Following the pilot we will explore formal arrangements for pooled budgets.
Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care	The provision of personalised packages of care and support begins with an assessment which provides a complete picture of individuals' needs. Undertaking an integrated assessment which captures all of an individual's needs will provide a more positive experience for service users. Integrated assessments may also represent greater value for money by reducing repetition of effort for professionals undertaking assessment.	<ul style="list-style-type: none"> Explore existing models for assessment including a holistic functional assessment tool that could be used by a wide range of professions. Produce competency based role description for single point of contact / care coordinator and trusted assessor as part of the model of care. In all service specifications, include requirement for providers to deliver personalised assessments which are shared with others and to undertake reviews at least annually or more often as appropriate.

Key Driver – Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services.

A key principle of the transformation of services is that people should be supported to live as independently as possible and we want to reduce the time that people spend in hospital or residential facilities. This is particularly relevant to people with high support needs and challenging behaviour, who are more likely to require additional support at particular times to avoid hospital admissions.

Objective	Rationale	In order to do this we will
<p>Agree and implement a jointly owned pathway and model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community</p>	<p>We need a model of care which is responsive to individuals' needs.</p> <p>We recognise that people's needs change over time. This might be due to a change in their own physical or mental health or a change in their social care needs, or it might be due to a change in existing carer arrangements. People with learning disabilities and autism may need additional support at particular times to maintain their current living arrangements.</p>	<ul style="list-style-type: none"> • Work jointly to develop and test a pathway and model of care with the engagement of service users, carers and staff • Once the pathway is tested and signed off by all organisations, the pathway will be embedded into all governance structures and services will be jointly commissioned which comply with the model of care • Explore commissioning of early intervention services to provide 24 hour supported living outreach to people wherever they reside across Coventry, Warwickshire and Solihull • Improve pre-crisis responsiveness through development of an early warning score and escalation protocol for learning disabilities • Insert something about
<p>Move all service users closer to home</p>	<p>We want to provide services which keep people in our local population as close to home and to their families, friends and communities as possible. Good progress has already been made to review the needs of people who fit the Winterbourne criteria and to move them closer to home where possible. We want to build on this good practice by expanding this programme of work to all people currently placed out of area.</p>	<ul style="list-style-type: none"> • Collaborate to build on existing good practice in order to establish a joint clinical review team across Coventry and Warwickshire funded by all partners. This team will review all people currently placed out of area and where appropriate commission or coordinate packages of care and support which enable them to move closer to home. • Commission the clinical review team to provide care coordination to support the model of care and reduce the length of time people spend in hospital in Coventry and Warwickshire. • Link into existing processes to review children and young people placed out of area or living in residential care to give complete assurance to the Winterbourne Programme Board that the needs of children and young people are being met.

Key Driver – Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers

The individuals to whom this plan applies have a wide range of different care and support needs. We want to personalise services to individuals to enable people with high support needs or challenging behaviour to live as independently as possible and to support the families and carers of our service users.

Objective	Rationale	In order to do this we will
<p>Offer personalised packages of care, including use of personal health budgets and self-directed support</p>	<p>The different needs of individuals are best met through packages of care and support that are personalised, rather than fitting people into existing services. Personal health budgets and direct payments are a good way of providing flexible financial arrangements to enable personalised packages of care and support. Direct payments are already quite widely used and we will work to increase the opportunities for people to access personal health budgets.</p>	<ul style="list-style-type: none"> • Ensure personalisation is a key theme that runs through all strategic plans and communication and workforce plans. • Use the relevant markers of the Think Local Act Personal's Making It Real checklist to promote personalisation and community support • Link into wider work to introduce personal health budgets to ensure that consideration is given to how these can be used to provide care and support for people with high support needs or challenging behaviour • Engage clinicians and win hearts and minds to support the pro-active use of personal health budgets.
<p>Commission effective community services by developing the local community market to meet the needs of the local population and provide informed choices for service users</p>	<p>In order to deliver our model of care through local care and support that is personalised to the needs of our service users, there need to be providers in our local market who can deliver the care and support we want to commission. This will require us to work pro-actively to develop the market locally, through working with existing and potential new providers of community services. As the market develops, we need to ensure that service users, families and carers are supported to make informed and safe choices about their care and support.</p>	<ul style="list-style-type: none"> • Understand and map the local market and compare this to our needs assessment and the needs of individuals in our local area • Develop a procurement strategy to meet our local needs and engage with existing and potential new providers to help them understand what is expected • Revise all service specifications across health and social care to reflect our model of care and positive behavioural support core principles • Develop a communication strategy to help service users and families understand the care and support that is available

Monitoring progress and reviewing our plan

The Winterbourne Strategy Group will have overall responsibility for delivering the actions in this plan and will report on progress to the Joint Commissioning Boards in Coventry and Warwickshire via the Transforming Care for People with Learning Disabilities Board. All three CCGs and two local authorities will be represented on the Winterbourne Strategy Group and will share responsibility for implementation of the plan.

A diagram of the Winterbourne governance structure is attached at Appendix C.

Progress with the plan will be reviewed at monthly meetings of the Winterbourne Strategy Group. Outcome measures once developed will be reviewed regularly as appropriate.

This plan describes the work programme for 2014 to 2016. The plan will be reviewed in 2016 to determine whether a separate Winterbourne plan is still required, or whether the work can be incorporated with wider learning disability strategies.

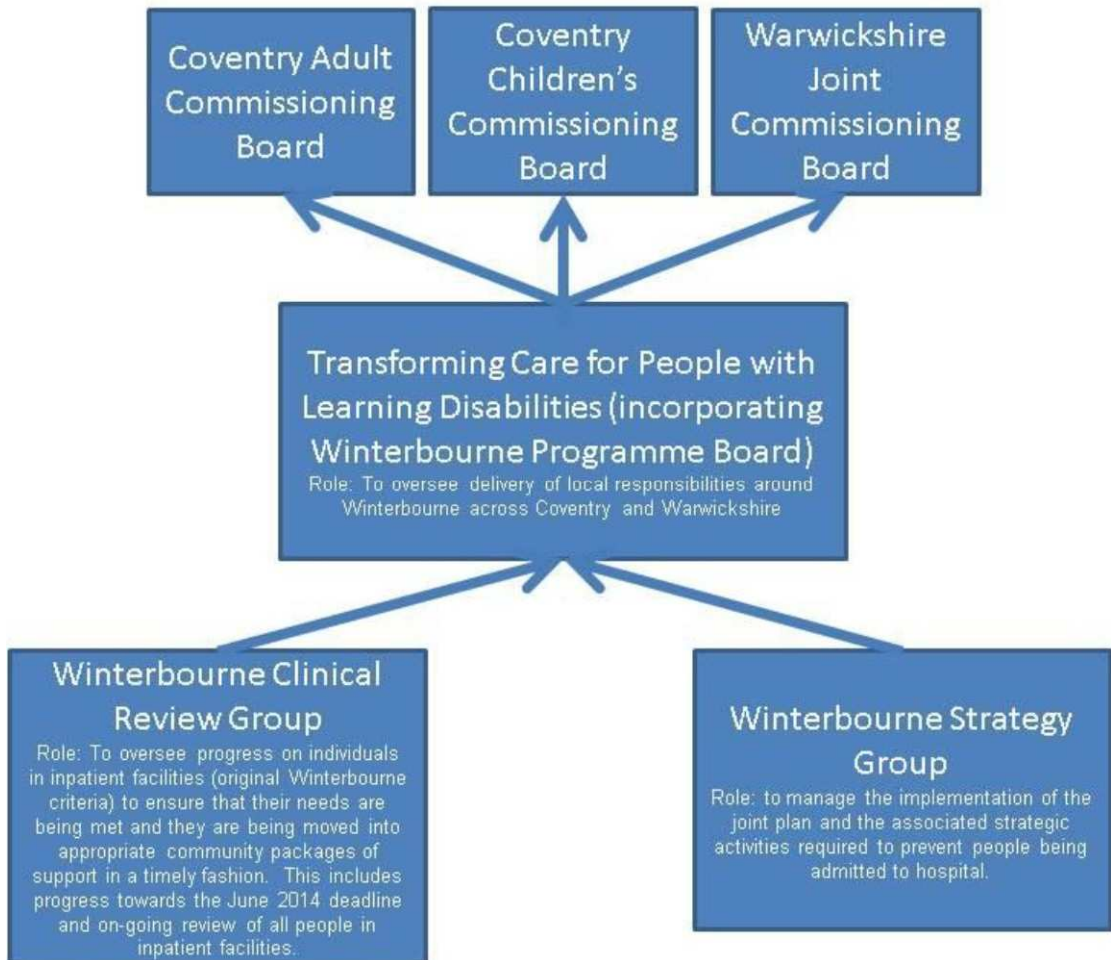
Appendix A Helping you understand the words we use.

Appendix B National outcome measures which relate to this plan

Strategic Objective	Adult Social Care Outcomes Framework 2014/15	CCG Outcome Indicator Set and NHS Outcomes Framework 2014/15	Public Health Outcomes Framework 2014/15
<p>Agree and implement a jointly owned pathway / model of care that reflects best practice and maintains people in their community</p> <ul style="list-style-type: none"> • Move all service users closer to home • Commission early intervention services to provide 24 hours supported living outreach to people wherever they reside • Improve pre-crisis responsiveness through development of an early warning score and escalation protocol for learning disabilities 	<p>1E Proportion of adults with a learning disability in paid employment</p> <p>1G Proportion of adults with a learning disability who live in their own home or with their family</p> <p>1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like*</p>	<p><u>Domain 1</u></p> <ul style="list-style-type: none"> • Reducing premature deaths in people with learning disabilities (measure in development for future years) <p><u>Domain 2</u></p> <ul style="list-style-type: none"> • Health related quality of life for people with a long term mental health condition <p><u>Domain 4</u></p> <ul style="list-style-type: none"> • Responsiveness to in-patients' personal needs NHSOF4.1 • Patient experience of community mental health services NHSOF 4.7 • Improving people's experience of integrated care (measure in development for future years) <p><u>Domain 5</u></p> <ul style="list-style-type: none"> • Patient safety incidents reported NHS OF 5a 	<p><u>Improving the wider determination of health</u></p> <p>1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation</p> <p>1.8 Employment for those with long term health conditions</p> <p>1.18 Social isolation</p>

Strategic Objective	Adult Social Care Outcomes Framework 2014/15	CCG Outcome Indicator Set and NHS Outcomes Framework 2014/15	Public Health Outcomes Framework 2014/15
Offer individualised packages of care, including use of personal health budgets and self-directed support	1B Proportion of people who use services who have control over their daily life * 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments 3C The proportion of carers who report that they have been included or consulted in decisions about the person they care for		
Introduce a single assessment of needs and ensure needs are regularly reviewed	3E Improving people's experience of integrated care (TBC)		
Develop funding models which support the provision of joined up care for people			
Develop the local community market to meet the needs of the local population and provide informed choice for service users, including good quality housing and building based services	3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services 3D The proportion of people who use service and carers who find it easy to find information about support		

Governance Structure for Winterbourne Activities



Winterbourne View Update

Report to Scrutiny Board 5

Pete Fahy - Assistant Director, Commissioning and Transformation

Jon Reading - Head of Strategic Commissioning

Sue Davies – Head of Partnerships CRCCG

Purpose

To provide Health and Social Care Scrutiny Board (5) with an overview of action taken within Coventry and Warwickshire as a response to Winterbourne.

- Introduction
- Concordat
- National Requirements
- Delivering an Integrated Response
- Discharging Responsibilities for Winterbourne
- Current Position
- Case Study



Introduction

- May 2011, BBC's Panorama programme revealed criminal abuse by staff of patients at Winterbourne View Hospital
- Care Quality Commission (CQC) inspections
- Government review (Department of Health) around lessons learnt published June 2012, followed by the full Government response to Winterbourne in December 2012.





**A BOLDER
PEOPLE
DIRECTORATE**



Concordat



- Concordat between commissioners and providers of health care and Local Government agencies developed by the DH. Concordat is a commitment to change and improve services delivered to people with learning difficulties associated with challenging behaviour.

‘All parts of the system – commissioner, providers, the workforce, regulators, government, all agencies, councils and providers, the NHS and the Police – have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.’

National Requirements

- Development of a local register of patients with Learning Disability or Autism and Challenging Behaviour in Assessment and Treatment units by April 2013
- Review all placements by 30 June 2013
- Move everyone inappropriately placed in Assessment and Treatment Units to community based support by 1 June 2014.

Delivering a Co-ordinated Response



- Roles and responsibilities
- CQC
- NHS England
- CWPT
- Coventry City Council
- Coventry and Rugby CCG

Discharging Responsibilities for Winterbourne



- Clinical Review group
- Inclusion of children/young people
- Sub-regional Plan/Coventry Local Plan
- Governance



Current Position

- A register of Coventry & Warwickshire patients in place
- Review of all patients in Assessment and Treatment units completed by target date (30 June 2013)
- Care closer to home/in most appropriate settings
- Originally 7 Coventry people meeting Winterbourne criteria.
- Four discharged to residential settings.
- Three remain in hospital settings of whom one is planned to move to residential care in Coventry –December 2014. Two still require support in Assessment and Treatment beds.

Case Study

- Patient A foster placement breakdown due to behaviours/ mental health
- Several unsuccessful placements
- Family member issues contributed/safeguardings
- Detained at Brooklands hospital under Section 3 of the Mental Health Act for a long period
- Multi-disciplinary decision to place in residential care in Birmingham
- Positive therapeutic relationships with staff and other residents
- Slowly rebuilding skills and accessing community opportunities

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10th December, 2014

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

For more details on items, please see pages 2 onwards

30 July 2014

- Coventry and Warwickshire Partnership Trust (CWPT) Quality Account
- West Midlands Ambulance Services (WMAS) Quality Account
- Patient Transport Services
- Follow up to Peer Review of Adult Social Care

10 September 2014

- Coventry Safeguarding Adults Board Annual Report
- Adult Social Care Local Account
- Patient discharge/winter pressures from UHCW
- UHCW Quality Account

15 October 2014

- Public Health – progress since joining the Council
- Learning Disabilities Strategy
- Increased Community Support through Telecare
- Winterbourne

19 November 2014

- Director of Public Health Annual Report
- Sexual Health Services – proposed re-commissioning
- Overview of the Care Act and Coventry's Preparations for when this becomes Legislation
- ABCS Implementation
- Adult Social Care Complaints and Representations Annual Report 2013-14

10 December 2014

- Mrs D – Progress following SCR
- Winterbourne View
- Update on the Care Quality Commission Wave 1 Pilot Inspection

7 January 2015

- Towards Children and Young People's Emotional Health and Well-being

11 February 2015

- Clinical management of large scale chronic diseases

18 March 2015

- Review of the Health and Wellbeing Board
- Impact of different Models of Primary Care delivery

22 April 2015

- Coventry and Warwickshire Partnership Trust – progress following CQC Inspection

Date to be determined

- Social Isolation
- NHS Targets
- Community Mental Health Services
- Increase in smoking in during pregnancy
- Update on Sexual Health Services
- Implementation of the Director of Public Health Annual Report recommendations regarding primary care

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

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Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
30 July 2014	Coventry and Warwickshire Partnership Trust (CWPT) Quality Account	Tracy Wrench (Director of Nursing)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report
	West Midlands Ambulance Services (WMAS) Quality Account	Anthony Marsh, CEX	The Board has asked to receive a short presentation from WMAS on its Quality Account 2014/15, with commentary on measures being taken to address improvements to targets not achieved. They are also interested to have information about the “make ready” process, its impact on the service and patient care in terms of efficiency, effectiveness and financial considerations.	Annual Report and informal Scrutiny meeting 02/07/14
	Patient Transport Services	Steve Allen/ Clare Hollingworth CCG	Review of progress since the Board discussed at its 5 March 2014 meeting the delayed plans to re-commission Patient Transport Services in Coventry and Warwickshire following concerns raised by Healthwatch. West Midlands Ambulance Service to be invited to attend.	SB5 05/03/14
	Follow up to Peer Review of Adult Social Care	Mark Godfrey	Review of progress on the recommendations arising from the Peer Challenge of Adult Social Care that took place in March 2013, including a focus on personalisation, client centred care and managing the adult social care budget. NB The Peer Challenge report specifically recommended that some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely and that the Board consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.	Recommendations from Peer Challenge
10 September 2014	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach / Isabel Merrifield	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2013/14 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Annual Report

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey/ Pete Fahy/ David Watts/ Gemma Tate	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item
	Patient discharge/winter pressures from UHCW	Rebecca Southall (UHCW) / CCG/ ASC	To include review of effectiveness of 2013/14 winter arrangements and preparations for 2014/15. To include CCG, provider organisations and social care.	Annual item
	UHCW Quality Account	Andy Hardy (Chief Executive)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report c/f from 30/07/14
15 October 2014	Public Health – progress since joining the Council	Dr Jane Moore / Ruth Tennant	Public Health transferred from the NHS to the Council in April 2012. A report has been prepared highlighting progress and achievements since the transfer and the Board would like to review this.	Informal work planning meeting 18/06/14
	Learning Disabilities Strategy	Mark Godfrey/ David Watts/ Lavern Newell	To contribute to the planned review of the strategy	c/f from 2013/14
	Increased Community Support through Telecare	Pete Fahy/ Michelle McGinty	To review the delivery of the high level strategy agreed with health partners, with recommendations to be made to CM (Health and Adult Services) on how the delivery of the strategy is progressed. The Board is interested to hear about the impact with regard to the Aylesford and its proposed cessation; and to understand any changes to the impacts identified.	CM(Health and Adult Services) 17/06/14 Cabinet 17/06/14

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Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Winterbourne	Pete Fahy/ Jon Reading	To consider the report prior to its sign-off by the Health and Well Being Board in November 2014	
19 November 2014	Director of Public Health Annual Report	Dr Jane Moore / Ruth Tennant/ Tanya Richardson	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities. (Depending on focus of the report, this could be considered by Scrutiny Co-ordination Committee instead)	Annual agenda item
	Sexual Health Services – proposed re-commissioning	Dr Jane Moore / Nadia Inglis	The Council's Public Health service is re-commissioning sexual health services for the City in partnership with colleagues in Warwickshire. This will provide an opportunity for the Board to review progress once the new contract has been awarded, including how recommendations made at its 2 April 2014 meeting have been followed up.	SB5 02/04/14
	Overview of the Care Act and Coventry's Preparations for when this becomes Legislation	Mark Godfrey/ Emma Bates	Progress report to be submitted to a future meeting of the Board in six months including information on the financial implications. To include information on the Safeguarding Boards preparedness. (Steve Mangan and Mark Godfrey to attend)	SB5 30/04/14 and 30/07/14
	ABCS Implementation	Pete Fahy	The People Directorate is undertaking a significant programme of transformation affecting local people, the organisation, partners and resources. The Board would like to review progress with implementation and understand the impacts, particularly in relation to the way we have worked with partners.	Informal work planning meeting 18/06/14
	Adult Social Care Complaints and Representations Annual Report 2013-14	John Teahan	To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements.	

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
10 December 2014	Mrs D – Progress following SCR	Brian Walsh / Simon Brake	To review progress against the action plan put in place following the Serious Case Review into the death of a vulnerable adult Mrs D, considered by the Board on 18 December 2013.	SB5 18/12/13
	Winterbourne View	Pete Fahy/ Jon Reading	To consider the report prior to its sign-off by the Health and Well Being Board in November 2014 (This items was originally scheduled for October but deferred)	
	Update on the Care Quality Commission Wave 1 Pilot Inspection	Josie Spencer	To provide an update to the Board on progress on the improvements implemented following the Care Quality Commission Inspection.	SB5 April 14
7 January 2015	Towards Children and Young People’s Emotional Health and Well-being	Pete Fahy	To consider the report by the West Midlands Quality Review Service into Child and Adolescent Mental Health Service in Coventry and Warwickshire. A number of partner organisations have been invited to the meeting to discuss this report.	
11 February 2015	Clinical management of large scale chronic diseases	CCG	To review how pathways are being managed in primary care for a range of challenges including diabetes	
18 March 2015	Review of the Health and Wellbeing Board		The Board would like to review the effectiveness of the working of the HWBB organisationally and corporately.	SB5 30/07/14
	Impact of different Models of Primary Care delivery	Sue Price (Local Area Team) / Ruth Tennant/ CCG	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. (Needs to link with any Health and Well-being Board work)	c/f from 2013/14
	<i>Tobacco Control Strategy (to be agreed by the Chair)</i>	Berni Lee	To seek approval for the Tobacco Control Strategy – a Cabinet report will be going on 14 th April.	Forward Plan

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Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
22 April 2015	Coventry and Warwickshire Partnership Trust – progress following CQC Inspection	CWPT	To review progress against the action plan put in place following the Care Quality Commission’s review of the Trust, particularly in relation to the enforcement notice and issues relating to Quinton Ward.	SB5 30/04/14
Date to be determined	Social Isolation		The Board would like to understand the extent of social isolation in the city and particularly how this is addressed when people are being supported to live in their own homes. This may involve discussions with representatives of the third sector.	Informal work planning meeting 18/06/14
	NHS Targets		Performance against NHS targets has been raised as a national concern this year, particularly in relation to waiting times for cancer. The Board would like to understand the extent to which targets are being met locally.	Informal work planning meeting 18/06/14
	Community Mental Health Services	Josie Spencer	To provide information to the Board on the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working.	SB5 10/9/14
	Increase in smoking in during pregnancy			
	Update on Sexual Health Services		To provide an update on sexual health services following the re-commissioning of services for the City in partnership with colleagues in Warwickshire. Suggested that this item is held summer 2015.	SB5 19/11/14
	Implementation of the Director of Public Health Annual Report recommendations regarding primary care	Dr Jane Moore	The Board would like an update of the implantation of the recommendations contained within the DofPH annual report 2014.	SB5 19/11/14

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Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Patient Transport		To look at the patient transport service and how well it is serving Coventry residents visiting UHCW.	SB5 19/11/14

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