

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

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

Date: 2nd February 2012

Gateway Reference number: 17155.

Dear colleague

DH REVIEW - WINTERBOURNE VIEW: UPDATE AND ACTION NEEDED

This letter is to set out action to be taken forward by NHS bodies and local authorities in advance of the report of the Department of Health review following the events at Winterbourne View hospital. People with learning disabilities continue to face real health inequalities and it remains a priority for the NHS to work to improve health outcomes for this excluded group.

Background

The letter of 21 September (Gateway reference **16651**) set out the background to the DH Review following the events at Winterbourne View¹. The Written Ministerial Statements published on 31st October and 8th December provide further details on the different elements of the review.²

CQC review

CQC's focused inspection programme reviewing care provided for people with learning disabilities in hospitals and care homes is now nearing completion.

¹ <http://www.dh.gov.uk/health/2011/09/the-week-issue-215/#1pol>

² <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111031/wmstext/111031m0001.htm#1110311000005>
<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111208/wmstext/111208m0001.htm#11120856000010>

As at 27th January, 138 inspection visits had been completed, 66 to NHS locations, 47 independent healthcare providers and 25 adult social care providers.

27 inspection reports have been published so far and can be found on CQC's website.³ Whilst it is too early to say how representative these reports are, they highlight concerns about the poor quality of care provided to people with learning disabilities and poor understanding and practice on the use of restraint.

The CQC focused inspection programme will enable us to assess how effective services are for people with learning disabilities; and what needs to be done to drive up standards and quality of care.

The concerns raised by Winterbourne View and the CQC inspections relate to issues that the whole health and social care system needs to consider. No health care and social care system is without risk and we must be vigilant in quickly identifying and dealing with any cases of abuse in all settings.

In addition to the priority attached to reducing inequalities in the NHS Operating Framework for all people, including those with learning disabilities, this letter confirms the continued priority assigned to addressing inequalities and driving up standards for this important group.

Local action needed

This letter is to remind commissioners of the minimum action we expect them to take to drive up standards at a local level.

Co-ordinating Lead Commissioning

The letter of 21st September asked agencies to appoint a lead commissioner to coordinate the work of all commissioners of patients/residents for any facility where CQC advise that regulatory action may be taken, to ensure the welfare of the individual residents.

Where lead commissioning arrangements are not already in place and the facility is a health care organisation we would expect the host PCT to take this lead commissioner role. PCTs need to satisfy themselves who they are commissioning services for and from where. This may include where the PCT has not directly commissioned services themselves eg they have commissioned services from a provider trust, or services have been sub-contracted out. Similarly, where the facility is a residential care home we would expect the host local authority to take this lead commissioner role.

³ <http://www.cqc.org.uk/ldreview>

Local agencies need to ensure that there are effective communication links between commissioners, care coordinators and safeguarding teams in reviewing placements.

Safeguarding

Local authorities have the lead responsibility for coordinating safeguarding arrangements locally. They are also responsible for putting in place inter-agency frameworks. It is vital that all commissioners and providers across health and social care within a locality understand how to respond to any safeguarding concerns that have been identified. A clear multi-agency approach is critical.

The Government has already declared its intention to strengthen safeguarding arrangements to prevent and reduce the risk of significant harm to adults in vulnerable situations. The Government will seek to legislate to put Safeguarding Adults Boards on a statutory footing, ensuring that organisations involved in safeguarding have to make a coordinated contribution to local adult safeguarding work.

Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing strategies

PCTs should work with local authority colleagues to ensure that there are joint strategies for commissioning individualised services for people with learning disabilities who challenge in preparation for the outcomes of the DH Review into the events at Winterbourne View. The review is looking at the model of care, however, there is already extensive best practice guidance published by the Department, including the two Mansell reports and guidance to commissioners.⁴

Commissioning should be based upon need identified within JSNAs and joint health and wellbeing strategies. JSNAs and joint health and wellbeing strategies are a fundamental part of informing the planning and commissioning cycle at a local level, ensuring that decisions about services should be made as locally as possible, involving the people and communities who use them.⁵

⁴ *Services for people with learning disabilities and challenging behaviour of mental health needs: Report of a Project Group* (Chairman: Prof J L Mansell). London HMSO (1993); *Services for people with learning disabilities and challenging behaviour of mental health needs Report of a Project Group* (Chairman: Prof J L Mansell). Revised edition Department of Health (October 2007); Commission for Social Care Inspection, Mental Health Act Commission, Healthcare Commission. *Commissioning services and support for people with learning disabilities and complex needs: National report of joint review*. London: (2009) See also SCIE Knowledge Review 20: *Commissioning person centred, cost effective local support for people with learning disabilities*: Eric Emerson and Janet Robinson (July 2008); *Commissioning Specialist Adult Learning Disability Health Services: Good Practice Guidance* Department of Health (2007).NDTi <http://www.ndti.org.uk/publications/ndti-publications/commissioning-services-for-people-with-learning-disabilities-who-challenge/>

⁵ Guidance on JSNAs and joint health and well-being strategies can be found at: <http://healthandcare.dh.gov.uk/draft-guidance/>

Learning Disability Partnership Board reports for 2011/12 and the summary report published on the Learning Disability Observatory website provide important information and are a useful tool for measuring progress locally.:

<http://www.improvinghealthandlives.org.uk/projects/partnershipboardreports>

Subject to the Health and Social Care Bill, from April 2013, local authorities and clinical commissioning groups will each have equal and explicit obligations to prepare JSNAs, and this duty will be discharged through the health and wellbeing board. Health and wellbeing boards will also be required to develop joint health and wellbeing strategies setting the priorities for collective action based on the needs identified within JSNAs, and this should form the basis for future commissioning plans.

Health checks for people with learning disabilities

The Government is committed to ensuring that continued arrangements for annual health checks for people with learning disabilities are in place. We have recently announced that the arrangements for GP practices to provide annual health checks as an enhanced service will be rolled forward into 2012/13. From April 2013, the NHS Commissioning Board will decide on the most appropriate arrangements for securing ongoing health checks for people with learning disabilities. Commissioners are asked to continue to take action to support the improved take up of these health checks. As in previous years the numbers of health checks provided in each area from 1st April 2011 to 31st March 2012 will be published by the Learning Disability Public Health Observatory.⁶

Learning Disability Health Self Assessment 2012/13

The annual Learning Disability Health Self-assessment will be issued by all Strategic Health Authorities in England for completion by Primary Care Trusts in 2012/13. As in previous years, the results of the learning disability Health Self-assessment will also be published by the Public Health Observatory and will be used to review progress in addressing health inequalities. This will include an assessment of the effectiveness of joint strategies to address the needs of people with a learning disability with behaviours that challenge.

Conclusion

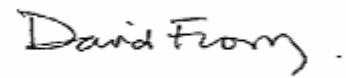
PCTs and local authorities need to work together to assure themselves that they are continuing to take all action needed to improve outcomes for people with learning disabilities in preparation for the outcomes of the DH Review into the events at Winterbourne View.

⁶ <http://www.improvinghealthandlives.org.uk/projects/annualhealthchecks>

Yours sincerely

A handwritten signature in black ink, appearing to read "David Behan". The signature is fluid and cursive, with a large initial 'D'.

**David Behan CBE
Director General
Social Care, Local Government
and Care Partnerships**

A handwritten signature in black ink, appearing to read "David Flory". The signature is in a cursive style with a period at the end.

**David Flory CBE
Deputy NHS Chief Executive**