

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of:

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	10 October 2013		All

Delete as appropriate		Non-exempt
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SUBJECT: Islington Winterbourne View Improvement Plan

1. Synopsis

In May 2011 the BBC broadcast a Panorama programme exposing the severe and systematic abuse of people with learning disabilities and mental health needs placed in Winterbourne View, a private assessment and treatment hospital, spot commissioned by NHS commissioners at a cost in excess of £3,000 per week. Despite the high charge rates, poorly paid, inappropriately-trained staff, working long shifts, were left to devise their own methods of coping with vulnerable people whose behaviour they found challenging, involving water torture, slapping, pinning down and forced feeding of psychotropic medication. Numerous safeguarding alerts were raised by service users, their families and visiting professionals, but safeguarding agencies failed to detect the pattern and scale of abuse. Subsequently, six Winterbourne View (WV) care workers have been jailed and five others have received suspended sentences after admitting neglect or abuse offences.

The exposé revealed systemic failings in the safety of the public sector's approach to commissioning and monitoring residential services for people with learning disabilities, prompting a period of intense commissioning and regulatory systems analysis by the Department of Health (DH) and Care Quality Commission (CQC). The ensuing raft of policy recommendations ^{1 2 3 4} demand a whole system joined up response from NHS England, Local Authority and NHS agencies working with children and adults with learning disabilities, to ensure services are safe and deliver tangible health and social care outcomes.

¹ Winterbourne View Hospital - A serious Case review (South Gloucestershire Safeguarding Adults Board) 2012

² Winterbourne View Hospital Interim Report (DH) 2012

³ Transforming Care: A National Response to Winterbourne View Hospital, Department of Health Review (DH) 2012

⁴ Internal management review of the regulation of Winterbourne View (Care Quality Commission) 2011

In May 2013 Normal Lamb, Minister of State for Care and Support, wrote to the Chairs of Health and Wellbeing Boards⁵ recommending Boards assume strategic governance of local WV Improvement Planning as set out in the DH's WV Concordat Action⁶ expectations. This report aims to inform the Health and Wellbeing Board's strategic oversight of Islington's WV Improvement Plan by setting out:

- i. Compendium of the DH and CQC WV findings.
- ii. Summary of the *DH Winterbourne View Review Concordat Programme of Actions (2012)*.
- iii. Islington's commissioning model.
- iv. Islington's out of borough population.
- v. Islington WV Improvement Plan highlights.
- vi. WV Improvement Plan implementation governance.

2. Recommendations

The Health and Wellbeing Board is asked to:

- i. Note Islington's Winterbourne View Improvement Plan.
- ii. Agree the governance structure supporting the delivery of the WV Improvement Plan.
- iii. Agree the frequency of Winterbourne View updates to the Health and Wellbeing Board.

3. Background

3.1 Compendium of DH and CQC Winterbourne View findings

- 3.1.1 Too many people with learning disability are placed in out of borough assessment and treatment services and are staying there for too long. Further, all spot purchased out of borough placements are difficult to performance manage with regards to quality and safeguarding. At WV post placement oversight was inadequate and where it happened, focused on care planning for individual service users without including pertinent wider organisational quality issues.
- 3.1.2 A number of safeguarding referrals were made to South Gloucestershire Council Adult Safeguarding Team but were treated as individual incidents, not as a body of significant concerns. There was an over reliance on the integrity of the information provided by staff at Winterbourne View. The concerns and allegations of service users were dismissed as unreliable, the consequence of mental incapacity and illness or their desire to leave. The excessive and inappropriate use of restraint techniques at Winterbourne View prompted deterioration in people's emotional wellbeing and a spiralling escalation of behaviour which challenged, fostering an environment where physical violence was considered the norm. Staff at WV, were not trained to work with adults with challenging behaviour and they were regularly assaulted as part of the spiralling escalation of violence. The poor working environment meant that there was a high degree of staff turnover and sickness and consequently the service was further put under pressure by being understaffed.
- 3.1.3 NHS Commissioners had placed people in WV without adequate follow up monitoring provision. Commissioning agencies, on the whole, delegated the performance management of placements to



Normal Lamb letter
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⁶ The *Winterbourne View Review Concordat Programme of Action (DH)* December 2012

other teams or other organisations who did not have a clear sense of ownership of their delegated safeguarding and performance management role.

- 3.1.4 Service users at Winterbourne View had limited access to family carers and professional advocates. The closed and controlled environment at WV inhibited monitoring of the culture, atmosphere and functioning of WV. In some cases WV staff discouraged family carers from visiting on the basis that contact would upset service users and visitors were also only allowed access to a designated visitors' area. The fact that WV policy of restricted access was not contested robustly is a further indication of the lack of appropriate challenge in the system. The DH concluded that people with learning disabilities should have access to the support and services they need locally, near to family and friends.
- 3.1.5 On paper, the owners of WV, (*Castlebeck Group Ltd*) policies, procedures, operational practices and clinical governance of WV were impressive, but these were not followed by front line staff and failed to deliver quality and safety. Commissioners trusted Castlebeck's cited intentions, rather than requiring evidence of adherence.

3.2 Summary of the DH *Winterbourne View Review Concordat Programme of Actions (2012)*

The Concordat sets out the DH's key expectations of CCG's and Local Authorities (more detail and a point by point response is provided in the attached Islington WV Improvement Plan):

- CCGs to develop and hold a register of people with learning disabilities.
- All NHS funded placements to be reviewed by 1 June 2014 and move on plans to be in place.
- Where possible, commissioning agencies should provide local services for adults with learning disabilities to maintain access to formal and informal support networks.
- CCGs and Local Authorities must put in place a locally agreed joint plan to ensure high quality care and support services for people of all ages with behaviour that challenges.
- Commissioning agencies should ensure that every person in receipt of services should have a personal care plan in place, based on their and their families' needs and agreed outcomes.
- Commissioning agencies must ensure that all service users have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support should include self-advocacy and independent advocacy where appropriate
- Joint NHS and Local Authority pooled budgets are recommended.

3.3 Islington's commissioning model

Islington Learning Disability Partnership (ILDPA) is an integrated health and social care team with delegated lead responsibilities for commissioning, safeguarding, performance managing and reviewing all Islington's health and social care spot commissioned out of borough placements for adults with global learning disabilities (Global learning disabilities is defined as a person who has an IQ below 70). There is a well-established Section 75 agreement in place between the Council and the CCG, supporting a pooled budget, hosted by the Local Authority. ILDPA provides a comprehensive one stop service to young people in transition (aged 14-25 years) and adults and comprising of social work, psychiatry, psychology, pharmacy, speech and language, occupational therapy, physiotherapy and nursing services. 500 adults with learning disabilities are currently supported by ILDPA. In Children's Services an integrated Health and Social Care Service for Children with complex disabilities sits within a wider *Additional Needs and Disability Service* managed by Whittington Health.

This includes diagnostic assessment, children's therapy services, paediatricians, family counselling, early support key-working, disabled children's social workers and access to short breaks. This service works closely with ILDP to ensure a smooth transfer to adult services via the Transition service.

Residential placements of children and young people with learning disabilities and or autism with mental health needs, or behaviour that challenges are overseen by the Joint Agency Panel (JAP). This is a multi agency panel including a Children and Adolescents Mental Health Service (CAMHS) clinician and representatives from Children's social care and education services. The JAP operates an aligned budget for these cases.

Whilst JAP placements are not hospital placements, they are jointly funded across Health Education and Social Care where an individual has a range of complex needs and as such an element of the funding of these placements is NHS funded. They are therefore included in the WV service user criteria. The JAP Panel maintains strategic oversight of all children in such placements and receives multi agency placement reviews covering safeguarding, outcomes and well-being of these children placed in external provision.

Psychiatric adolescent inpatient care is now commissioned by NHS England. Some young people in such provision will meet the WV Criteria. There is currently no requirement for NHS England to inform the CCG when such placements are made and this is a concern that has been formally raised with NHS England by the CCG. Although the CCG is no longer statutorily the 'Responsible Commissioner' it is continuing to maintain an overview of cases via a local monthly CAMHS Tier 4 panel, to ensure efficient step down processes across Health, Education and Social Care.

The main provider of adolescent psychiatric inpatient beds (Simmons House) is located in Haringey and managed by Whittington Health which is also the CCG's provider of community CAMHS. There is excellent joint working between these 2 services affording a good level of protection for young people meeting the WV criteria who are placed there. Children and young people placed out of borough, not with our local provider, are monitored via the Adolescent Outreach Team (Community CAMHS) to ensure the placement continues to meet their needs and to plan for re integration back into community services where clinically appropriate.

The Children's Commissioning team is also working closely with colleagues from Education to consider the impact and potential developments of the proposed Special Educational Needs and Disability (SEND) Reforms. This includes the development of a single education, health and care plan which will replace statements of Special Educational Need as from 2015.

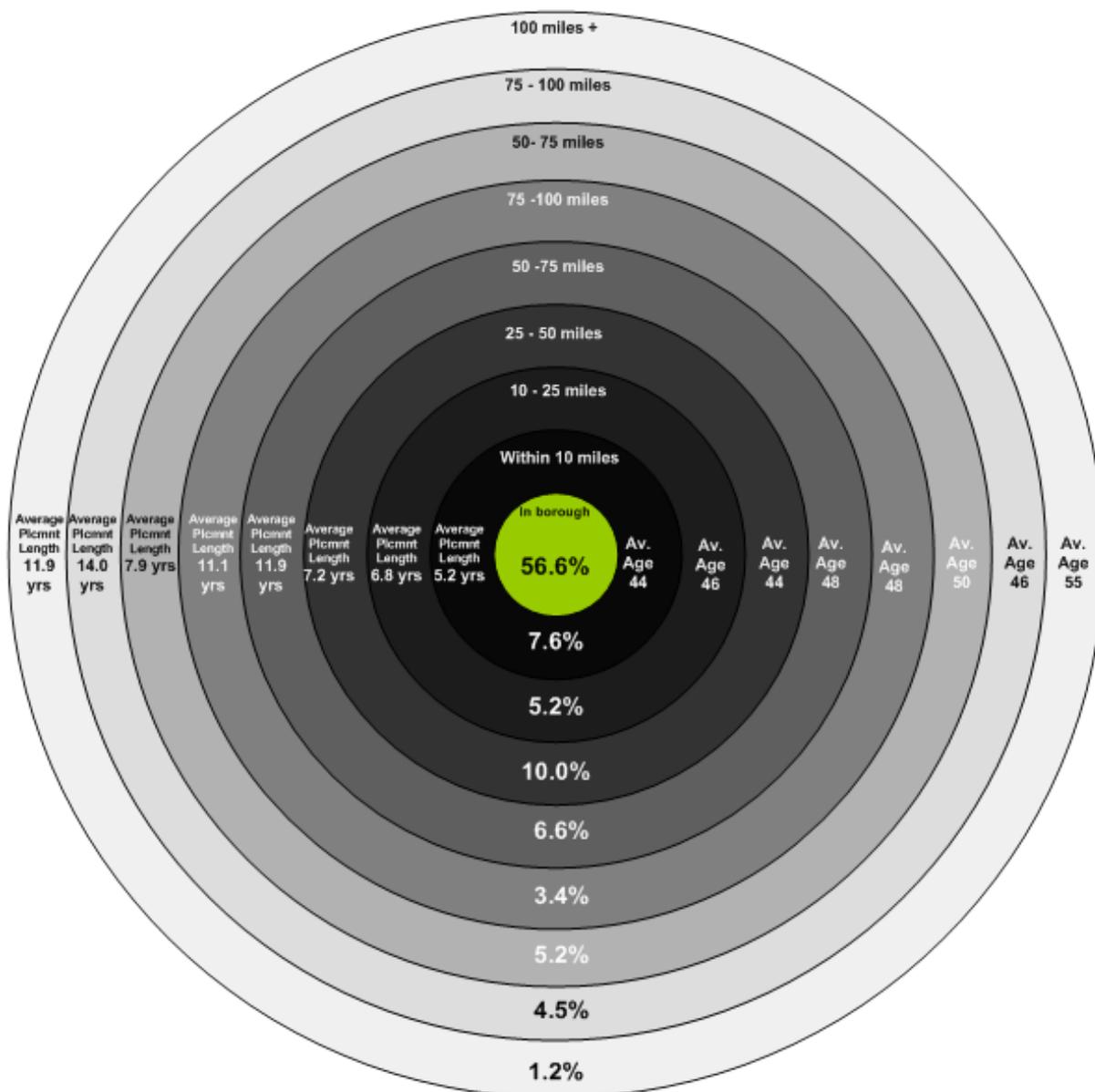
3.4 Islington's out of borough population

3.4.1 Adults

135 adults with global learning disabilities are supported by Islington in out of borough placements representing 20% of the adult learning disabled population. 115 people are directly funded by Adult Social Services, 12 people are funded by the CCG, and eight people are externally funded via the North London Forensic Contract. Of the social services cohort approximately: 31 people are placed in care homes within a 10 mile radiance of Islington; 29 people live within a 10-50 mile residence; 28 people live within a 50-100 mile radiance; and 27 people live in residential accommodation over a 100 miles away from Islington.

Of the NHS funded cohort, five adults are receiving care in assessment and treatment in-patient units; eight adults are receiving care in Specialist Commissioning Forensic provision; and seven adults are receiving longer term care in NHS continuing care residential placements. Figure 1. describes the distance from Islington, placement length and average age of adults receiving care, in out of borough placements.

Figure 1. Analysis of adult out of borough placements



3.4.2 Children and Young People

In June 2013, there were a total of seven children who were in receipt of met the WV criteria. Five were placed in residential provision funded through the Joint Agency Panel and two were placed in psychiatric inpatient care. Of the five children in JAP funded placements, all were placed in residential provision out of the Borough. One of these young people has now moved into adult services having turned 19 and the other four are regularly reviewed via the JAP review processes. Three of the four young people are placed in 52 week residential placements and hence their legal status is that they are Children Looked After by the Local Authority (CLA) and as such are subject to regular statutory CLA review processes.

Of the two young people in psychiatric inpatient care, (fully NHS funded), one of these was placed in Simmons House and one was placed out of borough. Both of these young people are no longer in hospital and are now supported in the community.

3.4.3 Islington's accommodation market place

Islington has an underdeveloped accommodation market. This is due to the density of the population, size of the borough and land costs being at a premium. Islington has two residential care services for adults with severe and profound learning disabilities both provided by LBI. In comparison, CQC indicates that Haringey has 31, Hackney 11, Barnet 31 and Enfield 43 residential care homes. Similarly Camden has three residential care services for adults with learning disabilities in borough.

3.5 Islington's Winterbourne View Improvement Plan highlights

Islington's integrated commissioning arrangements and service provision for people of all ages means that the borough is well placed to meet the DH Concordat requirements. The joint Children and Adults Islington WV Improvement Plan is attached in Appendix A and details current performance and how we plan to improve beyond the core requirements set out by the DH. The Key actions are as follows:

- i. Islington has undertaken a comprehensive analysis of the future care and accommodation needs of young people in transition and adults with learning disabilities over the next few years across the health and social care needs continuum. The needs analysis quantifies demand forecast variables including: demographic growth; the needs of aging family carers; and preferred personalised models of accommodation provision. Work is well underway to increase the supply of local extra care supported housing giving people currently placed out of area, the opportunity to move back into Islington. Barnsbury Park a new extra care supported accommodation scheme for ten adults with autism and high needs opened in May 2013. Leigh Road, a similar scheme for 17 service users with learning disabilities is currently being built and will open in 2014. Two further potential building sites have been identified which it is anticipated will deliver a further 26 extra care supported accommodation flats over the next four years.
- ii. Camden and Islington are working together to scope need across both boroughs and explore whether there is an opportunity to jointly commissioning Assessment and Treatment provision more locally.
- iii. A Transition Board supporting best practice transfer of care responsibilities between children's and adult services is well established, led at a senior level across adults, children's social services and education services. A key achievement of the programme has been to secure invest to save funding to develop local transition services for younger adults to reduce the number of young people moving out of the borough. Work is on-going to inform a restructure of transition services, develop performance indicators and develop more local accommodation and support schemes in line with WV and value for money expectations.
- iv. ILDP provides a one stop comprehensive service for the health and social care needs of adults with a global learning disability, via a Section 75 pooled funding agreement, meeting a key DH expectation.
- v. ILDP and GP practices are currently refreshing the Islington register of people with learning disabilities. ILDP have created an Access database which supports the strategic extraction of key data, e.g. does a person exhibit behaviour which challenges and do they have a Health Action Plan.
- vi. Adult's services have drafted a Positive Behaviour Support policy, setting standards, approved approaches, reporting and monitoring processes for working with people with learning disabilities whose behaviour challenges, including the use of restraint and psychotropic medication. Once ratified this will form part of Islington's legal contractual expectations with in-house and external block and spot contracted care providers. Completion date is October 2013 with roll out planned to externally commissioned contracts by March 2014.

- vii. Islington has commissioned a new ‘*Circles of Protection*’ service from Elfrida and C404, providing a buddying service for adults living in isolated out of borough placements with infrequent visits from family. The service also provides training for family carers on how to recognise abuse and practical support to maintain contact. The service has received referrals for 21 adults with learning disabilities and the training of family carers is well under way.
- viii. Children’s services are undertaking a comprehensive audit of the needs of Children and Young People in Islington with Autism which will inform service planning. This will include the views of Children and Young People their parents and carers and wider stakeholders.
- ix. The CCG has identified additional investment for our CAMHS Neuro Developmental Team to enable them to undertake assessments in a more timely manner, significantly reducing waiting lists and increasing capacity to undertake cognitive assessments. This will result in earlier diagnosis which will help to ensure that appropriate behaviour support is provided earlier.
- x. The Children’s commissioners are working closely with Education colleagues in order to ensure that we are able to deliver improved and effectively joined up services as part of the proposed SEND Reforms. A key element of this is the implementation of a joint Health, Education and Social Care Plan for every child with learning disability who was formerly the subject of a statement of Special Educational Needs. This will include all children included in the WV criteria.

3.6 Islington WV Improvement Plan implementation governance

Commissioning leadership of the adults WV Improvement Plan is provided by the Disability Programme Joint Commissioning Team and operational leadership sits with ILDP. Both teams report to the CCG and LBI Commissioning and Finance Group, which meets monthly. The Islington WV Improvement Plan implementation is overseen by the ‘Keeping People Safe’ sub group which reports to the Learning Disability Partnership Board. The Partnership Board membership includes family carers and people with learning disabilities. The Adult Safeguarding Board and CCG Quality and Governance Group also receive regular updates on the WV Improvement Plan performance. The governance structure is set out in Figure 2. for Adult Services and Figure 3. for Children’s Services.

Figure 2. Governance of the Winterbourne View Action Plan – Adult Services

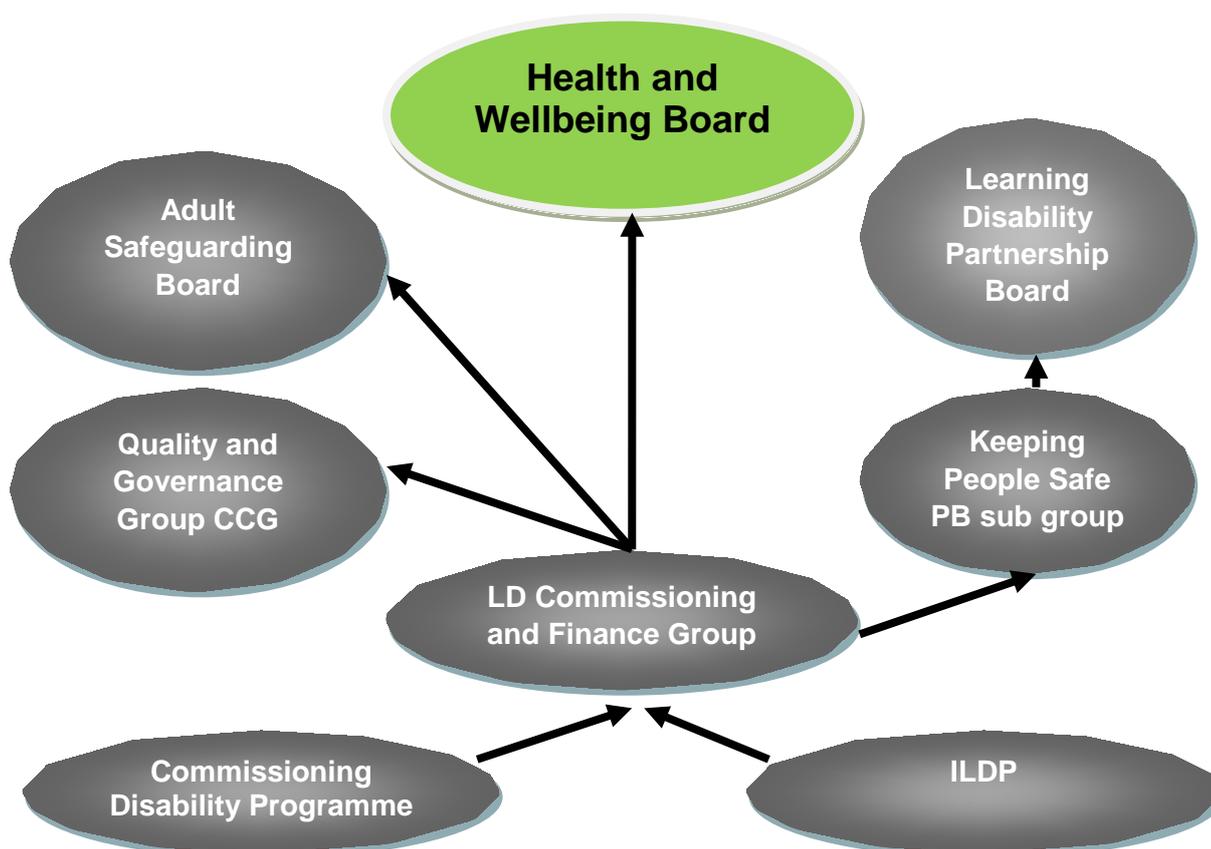
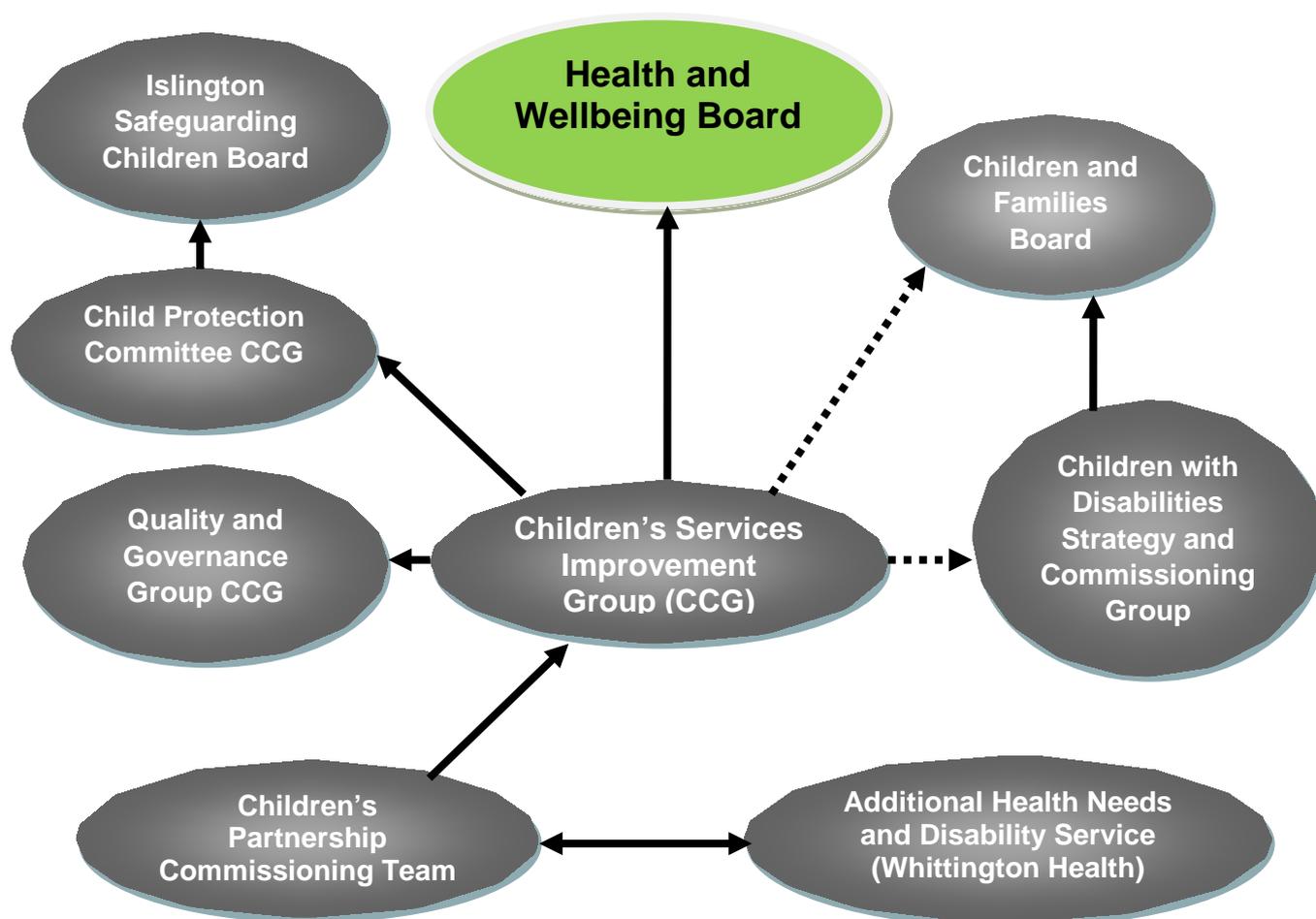


Figure 3. Governance of the Winterbourne View Action Plan – Children’s Services



4. Implications

4.1. Financial implications

The proposals from the Islington Winterbourne Review Improvement Plan will be funded from existing resources within the Islington Learning Disabilities Partnership (ILDP) pooled budget.

The ILDP pooled budget has a gross expenditure budget of £29.012m for the 2013/14 financial year. The CCG’s contribution to the pooled budget is £3.558m and the Council’s contribution is £25.454m. The proposals should not create a budget pressure for Islington CCG or Islington Council. If any pressures are created from the recommendations in this report, they will need to be contained within the pooled budget and offset by management actions.

A key risk to the ILDP pooled budget is a potential reduction in funding. Islington Council continues to be impacted by the reduction in Central Government funding and this is set to continue in future years. This is due to a combination of a cut in government grants, together with additional costs outside of the Council’s control, for example, the changes in the borough’s population meaning that more people need council services. As a consequence, savings will have to be identified across all departments to mitigate the reduction in funding.

4.2. Legal Implications

The Department of Health Winterbourne View Review Concordat: Programme of Action (December 2012) makes clear that those responsible for local authority-funded adult safeguarding services must ensure that systems and processes provide assurance that essential requirements are being met and that governance systems deliver high quality and appropriate care.

4.3. Equalities Impact Assessment

An Equalities Impact Assessment has been completed and the Islington WV Improvement Plan positively promotes the social inclusion of people with learning disabilities and their family carers. There are no negative equalities implications.

4.4. Environmental Implications

An environmental impact assessment has been completed. The Islington WV Improvement Plan proposes building local services which will have local environment implications. The implications will be considered as part of the authorisation process for developing each new site. Building local provision however will significantly reduce transportation environmental implications.

5. Conclusion and reasons for recommendations

The events at WV were an extreme and unacceptable example of failings in commissioning systems and there are lessons to be learnt by all commissioning agencies involved in placing people with learning disabilities in out of borough placements. Islington is well placed to meet the requirements of the DH Concordat as outlined in the action plan. Priorities for the future include investing in a local accommodation market; implementing Transition programme actions; an Islington Adults Positive Behaviour Support policy and in Children’s Services, the development and implementation of a single Education, Health and Care plan for all children by 2015 in line with the Government’s Special Educational Need and Disability reforms.

Background papers: Islington Accommodation Procurement Plan

Attachments: Islington Winterbourne View Improvement Plan

Final Report Clearance

Signed by
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Date

Received by
Head of Democratic Services
Date

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Islington Winterbourne View Improvement Plan (September 2013)

No.	DH requirement	Islington's current activity/preparedness	Islington Actions	Target Date	Lead/ Agency
1	<p>CCGs must develop a register of all people with learning disabilities/autism, who also have mental health conditions or behaviour that challenges and who are accessing NHS-funded care.</p> <p>DH target: 31 March 2013</p>	<p>The DH core requirement has been met.</p> <p>Islington CCG and LBI jointly commission ILDP who hold a register of adults with learning disabilities/autism, who also have mental health conditions or behaviour that challenges and who are accessing NHS-funded care.</p> <p>As of Sept 2013 ILDP are responsible for the care of 17 adults with global learning disabilities who are in receipt of the following types of NHS funded care:</p> <p>Assessment and Treatment In Patient Services – five NHS Specialist Commissioning Forensic Services -five Residential Continuing Health Care– seven</p> <p>In addition, the Community Mental Health Teams are responsible for the care of three adults who have very mild learning disabilities, and are supported in Specialist Commissioning Forensic Services.</p> <p>All children in placements which are either fully or part funded by the NHS are monitored either via the Joint Agency Panel placement reviewing system or the monthly CAMHS Tier 4 panel. WV is now a standing agenda item for both Panels.</p>	<p>1.1 ILDP to continue to maintain a central register of adults with a global learning disability/ autism. Work is under way to rationalise data recording systems with the aim of making the register a live database resource.</p> <p>1.2 Whittington Health's Additional Needs and Disability Service to ensure that any young person with LD / Autism who also has a mental health condition or behaviour that</p>	<p>Original target met in Mar 2013, improvements are on-going</p> <p>Sept 13</p>	<p>LBI Sue Powell (Service Manager, ILDP)</p> <p>Michael Woolcott (Head of Information Services, LBI)</p> <p>Clive Blackwood (Assistant Director CAMHS)</p>

			challenges is maintained on a central register.		and Children's Therapy Services Whittington Health)
2	<p>CCGs to maintain a local register of all people diagnosed with global learning disabilities.</p> <p>DH target: 1 April 2013.</p>	<p>The DH core requirement has been met, but enhancements to be actioned.</p> <p>ILDLP holds a local register of all people with global learning disabilities known either social services or Islington GP practices. A project is currently underway to refresh and consolidate the registers held by ILDP and GP Practices.</p>	<p>2.1 Project underway to refresh the Learning Disability Register</p> <p>2.2 The register to include a record of whether or not service users have a Health Action Plan (HAP). GP's or other allied care professionals, service users and family carers will be prompted by ILDP to complete a HAP.</p> <p>2.3 Also linked to the register, ILDP to become the central repository for HAPs and with permission, will share people's HAPs with allied health and caring professionals.</p> <p>2.4 The Additional Needs and Disability Services will maintain a register of all children and young people with Global Developmental Delay</p>	<p>On-going</p> <p>Sep 2013</p>	<p>LBI Sue Powell (Service Manager, ILDP)</p> <p>Clive Blackwood (Assistant Director</p>

					CAMHS and Children's Therapy Services (Whittington Health)
3	<p>People with global learning disabilities or autism in <u>in-patient care</u> will have a Personal Care Plan based on their own and their family's needs and agreed DH target: 1 June 2013</p>	<p>This DH core requirement has been met.</p> <p>ILDLP has lead responsibility for the development, maintenance and quality assurance of Personal Care Plans for all people in receipt of health or social care support, but care planning activity may be delegated to providers.</p> <p>All adults in receipt of NHS funded care have a Personal Care Plan in place which is subject to regular review and updating.</p> <p>All children and young people with global learning disabilities or autism in inpatient care already have a Personal Care Plan based on their needs.</p>	<p>3.1 ILDP to retain delegated responsibility for brokering, safeguarding and performance managing social and health spot placements, all of which should be reflected in Support Planning activity.</p> <p>3.2 ILDP to lead the production of Personal Care Plans setting clearer expectations with providers about the quality, content and outcomes of care commissioned.</p>	On-going	LBI Sue Powell (Service Manager, ILDP)
4	<p>Health and care commissioners to review all current hospital placements and support everyone inappropriately placed</p>	<p>This requirement has been met.</p> <p>All adult service users in NHS funded placements have received a statutory review within the last 12 months.</p> <p>All adult service users in receipt of NHS funded care</p>	<p>4.1 Islington and Camden commissioners are scoping the need for a local Assessment and Treatment and Step-down service.</p> <p>4.2 Joint commissioning to publish</p>	<p>January 2014</p> <p>Com-</p>	LBI Laura Gordon (Snr commissioning Manager,

	<p>in hospital to move to community-based support.</p> <p>DH target 1 June 2014.</p>	<p>have an allocated Social Worker or a Community Psychiatric Nurse.</p> <p>A group has been established to oversee discharge planning for all people in hospital in-patient and forensic settings, where this is appropriate.</p> <p>Currently ILDP are seeking placements for five people who have been assessed as being ready for step-down provision or the placement is no longer meeting their needs. The challenge in Islington has been finding appropriate local community placements for people to move onto due to an underdeveloped local a provider market. Partly as a fall out of WV there is a shortfall in available suitable step down accommodation.</p> <p>Children's Services identified two young people who had learning disabilities and mental health needs and were placed in NHS in-patients services. Both young people have been reviewed and their care plans have been appropriately updated and they have since been discharged from in-patient care. They have allocated social workers and an allocated lead health professional.</p>	<p>an accommodation needs analysis 2013-2019 and future accommodation procurement plan</p>	<p>pleted</p>	<p>Joint Commissioning)</p>
5	<p>CCG to work with the Local Authority to establish who should be the first point of contact for service users.</p>	<p>This requirement has been met.</p> <p>ILDP is the first point of contact for people with learning disabilities. ILDP is a multi-disciplinary health and social care service, jointly funded by the CCG and Islington Council via a Section 75 pooled budget. The service provides a one stop shop specialist support service including: pharmacy; psychology; psychiatry, nursing, physiotherapy, occupational therapy, speech and language therapy, brokerage and social workers.</p>	<p>5.1 ILDP to continue to provide a first point of contact for adults with learning disabilities, family carers and allied health, social and independent sector stakeholders.</p>	<p>On-going</p>	<p>LBI Sue Powell (Service Manager, ILDP)</p> <p>Clive Blackwood (Assistant Director CAMHS)</p>

		<p>The <i>Additional Needs and Disability Service</i> provide a first point of contact with links into wider services, including CAMHS (Children and Adolescent Mental Health Services). The service is also managed by Whittington Health). This first point of contact is provided in partnership with Centre 404 which is a voluntary sector provider that is commissioned by the Council to provide support to families with disabled children.</p> <p>The <i>Additional Needs and Disability Service</i> is a Health and Social Care service funded by both the CCG and Islington Council. In addition, all young people who meet the WV criteria already have a lead professional involved in their care planning that children and/or their families know they can contact.</p>			and Children's Therapy Services Whittington Health)
6	<p>People with learning disabilities and family carers to receive the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support should include self-advocacy and independent advocacy where appropriate for the person and their family.</p>	<p>This expectation has been met</p> <p>Currently ILDP routinely consider service users' advocacy needs during assessment and Support Care Planning activity. ILDP refer service users to Independent Mental Capacity Act (IMCA) services or commission independent advocacy support when service users do not have family advocates or when there is a conflict of interest with the family. ILDP also provides emotional and practical support to family carers to maintain contact with relatives.</p> <p>Islington commissions an independent Health Advocacy Service for adults with mild to severe learning disabilities, provided by the Elfrida Society. The service promotes self- advocacy. It provides advice on healthy living and accessible health information.</p>	<p>6.1 A Circles of Protection Scheme was commissioned April 2013. The service aims to build informal family and advocacy circles of protection around service users by:</p> <ul style="list-style-type: none"> • Supporting family carers to maintain contact with service users • Training and empowering family carers to detect and report suspected abuse and performance issues. • Commissioning volunteer advocates 	On-going	Laura Gordon (Snr commission-ing Manager, Joint Comm-issioning)

		Islington commissions consultation and information disseminating forums for service users (Power and Control group) and family carers (Family Carers reference group, the Way forward group and the Carers Hub)	to regularly visit and befriend patients		
7	Every borough will put in place a locally agreed joint plan for high quality care and support services for people <u>of all ages</u> with behaviour that challenges, that accords with a model of good care.	<p>Islington has a <i>Joint LBI and CCG Joint Commissioning Strategy 2013-2017</i> in place, which sets out the vision for learning disability services. In addition to this we are currently developing an Islington policy setting standards and approved approaches for working with people whose behaviour challenges. This policy will form part of in-house and externally commissioned block and spot commissioned accommodation services contract agreements.</p> <p>In Children's Services, any residential unit part funded by the NHS is regulated by Ofsted and expected to have behaviour policies that accord with a good model of care.</p> <p>For children in hospital the regulatory body is the CQC. The implementation of these policies is monitored in general through the inspection process and individually through the mechanisms outlined above.</p>	<p>7.1 Production of an Adults Positive Behaviour Support policy setting standards, approved approaches, reporting and monitoring processes for working with people with learning disabilities who's behaviour challenges, including the use of restraint and psychotropic medication.</p> <p>7.2 Adoption of Islington's positive behaviour support policy to be included in block and spot placement contracts via contract variations.</p> <p>7.3 ILDP have implemented a placement review management checklist for reviewing officers to quality check strategic provider performance as well as the service user's experience of care, picking up for example staff vacancies and excessive sick leave. A review of the effectiveness of this new approach to be completed</p>	<p>Oct 2013</p> <p>March 2014</p> <p>March 2014</p>	<p>LBI Maggie Paris (Service Manager LD services)</p> <p>Laura Gordon (Snr Commissioning Manager,)</p> <p>Sue Powell (Service Manager, ILDP)</p>

			7.4 ILDP to embed the Islington Health Placement protocol to ensure host CCG's are informed when Islington places a person in their area, key contacts are exchanged and expectations made explicit supporting the sharing of quality and safeguarding concerns. A review of the effectiveness of this new approach to be completed	March 2014	Sue Powell (Service Manager, ILDP)
8	Pooled budget arrangements are highly recommended.	<p>This recommendation has been fully met.</p> <p>Islington CCG and LBI have a well functioning Section 75 pooled budget arrangement for learning disability services in place. The budget pays for ILDP and all commissioned services for adults with learning disabilities including continuing health care.</p> <p>Childrens Services already have an aligned budget in place for placements made through the Joint Agency Panel. Children's Services are committed to this arrangement continuing.</p> <p>CAMHS inpatient care is now commissioned by Specialist Commissioning (NHS England)</p>	Islington CCG and LBI to continue our commitment to the section 75 pooled fund arrangement.	On-going	CCG/LBI

9	<p>DH and Department for Education (DfE) plan to introduce a new single assessment process and the Education and Health Care Plan will replace the current system of statements and learning difficulty assessments for children and young people with special educational needs.</p>	<p>Islington has formed a joint working group (Children's and Adults Social Care, Education and Health) to start to consider the new single assessment process and the Education and Health Care Plan. The group has already mapped current assessment process and plans in place and has started to document what needs to occur to develop the single plan and process.</p>	<p>9. 1 The development of a single plan and assessment process for children and younger adults with special educational needs will occur in line with the requirements and timeframe of the Children and Families bill.</p>	<p>Ongoing</p>	<p>David Wainwright Children's Services and Joint Development Working Group.</p>
10	<p>DH and DfE will work with independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood.</p>	<p>Islington has a Transition Programme Board and an allocated Transition Project Manager leading a transformational review of Islington's model and service structure. Senior representatives of adults, children's social services and education services steer the Transition Programme.</p> <p>Islington has a Transition Team which supports all young people from the age of 14 years of age who will be eligible to transition to adult social services from the age of 18 onwards. The team is based within ILDP. Placements for young people under the age of 18 are agreed at a Joint Agency Panel meeting, involving health, education and Children's and Adults Social care professionals, where agreement is sought following input of key workers and family carers.</p>	<p>10.1 Transition Programme Board to oversee actions including:</p> <ul style="list-style-type: none"> • Implement Joint Transition staffing re-structure • Establishment of a set of Key Performance Indications for the new model of Transition • Development of a Transition Operational Plan covering all services involved in Transition. 	<p>March 2014</p>	<p>LBI Gary Hamilton (Transition Programme Manager)</p>

		<p>Islington has plans to develop a 14 unit transition move on house with the aim of supporting people to become as independent as possible and remain living locally.</p>	<ul style="list-style-type: none"> • Commissioning of a Transition Move on House for young people with learning. Pilot started in May 2013 • Commissioning of a Community Access Project providing life skills training for young people coming through transition and living in the family home. 		
		<p>Children's Services have done a recent audit that has highlighted that some children and young people with learning disabilities and their families are not receiving sufficient support regarding behaviour management.</p>	<p>10.2 Children's Services to consider, within existing resources, improvements to behaviour management support for children and young people with learning disabilities and challenging behaviour.</p>	<p>March 2014</p>	<p>Candy Holder, Head of Special Educational Needs</p>
11	<p>DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness.</p>	<p>Awaiting guidance</p>	<p>Awaiting guidance</p>		

