

Health and wellbeing boards: leading local response to Winterbourne View

A practical guide for health and wellbeing boards

July 2014

Key points

- Leading local response to Winterbourne View is an important role for all health and wellbeing boards, irrespective of whether the local area has inpatient care placements.
- Boards will want assurance appropriate person-centred, community-based services are in place to meet the needs of any local people in this vulnerable group; to limit problems arising, manage any problems that do arise, and prevent future institutional admissions.
- Assimilating the joint plan into the JSNA and JHWS process can have significant benefits.
- Approaches used for integrated working and joint commissioning, for example the Better Care Fund, may be relevant for other complex, multi-agency issues.

Health and wellbeing boards can play a significant role in leading local response to Winterbourne View – making a real difference by helping reshape local services to improve health outcomes for children and adults with learning disabilities and/or autism who have mental health conditions or behaviour that challenges.

The abuse scandal at Winterbourne View brought into focus the need to permanently transform care and support for people in this vulnerable group. Local partners need to be working together with a sense of urgency to find solutions that are right for each individual. Local leaders – working through their health and wellbeing boards – can play a crucial role as champions for progress.

At a glance

- **Audience:** This guide is aimed at all health and wellbeing board members, and in particular councillors and commissioners.
- **Purpose:** To provide practical information and guidance on the significant role health and wellbeing boards can play in leading local response to Winterbourne View.
- **Development:** This resource was developed by a working group including NHS Confederation, the Local Government Association, NHS England, Regional Voices and the Winterbourne View Joint Improvement Programme.

Supported by

There is an opportunity for health and wellbeing boards to not only help achieve a sizeable and permanent reduction in the numbers of local people who are inpatients in secure hospitals or assessment and treatment settings, but to create a lasting legacy of local, personalised, community-based support for individuals and their families.

Commitments in the Winterbourne View Concordat and Department of Health's Transforming Care report include:

- health and care commissioners to review all current placements and support those people inappropriately placed in inpatient / hospital settings to move into community-based support
- every area to develop a locally agreed joint plan for high-quality care and support, focused on prevention and sustainability, to reduce reliance on inpatient care for this group.

Background

Transforming care and support services for people with learning disabilities or autism, who have mental health conditions or behaviour that challenges, necessitates a significant shift in the planning and practice of local commissioners. The presumption should be that services are local and integrated around the needs of the individual, and that people remain in their local communities. This approach requires more focus on community-based services, prevention and early intervention. Health and wellbeing boards (HWBs) can play a significant role in leading local change.

Recent learning disability census data identified 3,250 people with a learning disability and/or autism with a mental health condition or behaviour that challenges, who are in secure hospitals or assessment and treatment settings. Many people in this vulnerable group have been inpatients for a long time: 60 per cent for a year or more, and 18 per cent for five years or longer.

Furthermore, around one in five inpatients are in units over 100km from home. For more information see: www.hscic.gov.uk/catalogue/PUB13149/ld-census-initial-eng-sep13-rep.pdf

Case study: Gavin's story

Gavin spent many years in assessment and treatment units between the ages of 20 and 35 years. With appropriate support he is now able to live independently in his own community. He has a community learning disability nurse who visits him once a month and uses a direct payment for nine hours of support each week, including help with housework, washing and cooking. Since 2011, Gavin has been a councillor for Selby Town Council. To read more about Gavin's story see: www.local.gov.uk/web/guest/place-i-call-home/-/journal_content/56/10180/5969117/ARTICLE

The Winterbourne View Joint Improvement Programme (WVJIP), led by the Local Government Association and NHS England, is working with and supporting local areas to transform services, building on and sharing current good practice. For more information on improvement activity and support options, see: www.local.gov.uk/place-i-call-home and www.england.nhs.uk/ourwork/qual-clin-lead/wint-view-impr-prog/

At the request of local areas, the WVJIP has clarified and defined key individuals included within the remit of the programme, see: www.local.gov.uk/place-i-call-home and published status reports for each HWB area identifying progress across a number of key issues, including funding and commissioning. See: www.local.gov.uk/place-i-call-home/-/journal_content/56/10180/5765518/ARTICLE

Key questions health and wellbeing board members might ask

1. Does the board know how many local people in the vulnerable group are currently in hospital, within the local area and outside it; and does this number equate with the latest data available from NHS England?
2. Is the board aware of the planned discharge date for all vulnerable individuals, so as to ensure the required support is in place for their return to the local area?
3. Is the board working in a proactive, co-productive and collaborative way with individuals and their families, carers and advocates to identify and understand their assets, needs and priorities?
4. Will there be effective commissioning procedures and processes in place by June 2014 that will lead to a permanent reduction in the number of local vulnerable people in secure hospitals or assessment and treatment settings?
5. Will any individual on discharge from inpatient care be appropriately supported in a local, personalised, community-based setting?
6. Is the board exploring all possible integration and joint commissioning options to best deliver expanded and improved person-centred community provision?
7. Is there effective partnership working across the whole local system, including with providers, to provide appropriate local services to meet the identified needs and future anticipated needs of any local people in the vulnerable group?
8. Are appropriate services in place for prevention and early intervention for children, young people and families, including well targeted support for individuals at early risk?
9. Has the joint strategic plan been assimilated into the JSNA and JHWS process to enable a more strategic approach to commissioning services for children and adults in this vulnerable group?
10. Are there well developed, suitable and effective safeguarding procedures and processes in place locally, used appropriately?
11. Is the board clearly communicating what is being done to change how health and wellbeing services are designed and delivered?

Enablers for leading local response

This resource sets out five key enablers to guide HWBs in leading a robust and effective local response to Winterbourne View. Linked local case studies can be viewed in the appendix.

- Engaging with individuals, their families, carers and advocates
- Building a comprehensive understanding of assets, needs and priorities
- Encouraging change in commissioning behaviour

- Driving integration and coordination
- Delivering the joint strategic plan.

1. Engaging with individuals, their families, carers and advocates

Effective engagement with individuals, their families, carers and advocates, working in co-productive partnership in the planning, design, inspection and review of local community services is important. HWBs will want to ensure decisions are always made with an individual and their family's best

interests as the guiding principle. With a seat on the board, local Healthwatch has an integral role, but their efforts could be supplemented to achieve engagement more widely and deeply. Some local voluntary and community organisations are likely to have expertise in proactive and meaningful engagement. Local Learning Disability Partnership Boards (LDPBs), Autism Partnership Boards (APBs), and local mental health networks will have valuable knowledge that can be accessed. Community-based providers offer another helpful route to engagement. It will be beneficial to actively involve these local partners as local plans are developed.

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To raise public confidence in the quality of health and care provision for people in this vulnerable group, the HWB will want to communicate what is being done to change how health and wellbeing services are designed and delivered and be transparent about progress. HWB can publish and share their stocktake, status reports, and local area plan for example, and provide updates on how services are developing and numbers of inpatients in this vulnerable group decreasing.

For more guidance, see appendix: *Case study 1: Facilitating the involvement of individuals, their families, carers and advocates, in Salford.*

2. Building a comprehensive understanding of assets, needs and priorities

To support development of the joint strategic plan, the board could be asking whether there is a comprehensive picture of the assets, needs and priorities of local people in this vulnerable group.

The views and stories of individuals, their families, carers and advocates are particularly valuable as they provide first-hand accounts of their needs and experiences. They can help reveal local assets and innovative ideas for how to provide more local, personalised, community-based support. Some local areas may have already undertaken a needs assessment specifically for people in this group, which is a useful resource. Joint Health and Social Care Learning Disability Self-Assessments were completed in every local authority area in 2013 and the development of local registers for all people with challenging behaviour in NHS-funded care was a key action of the Concordat. Local LDPBs, APBs and mental health networks can have considerable expertise that is helpful to access, as do specialist learning disability community teams, specialist autism teams and community mental health teams.

Future need

Anticipating future need can help achieve better person-centred strategic planning, particularly important at transition points. People with learning disabilities or autism are living longer, and more young people are anticipated to transfer from children’s services with complex needs and behaviour that challenges. At the other end of the age spectrum, more people with a learning disability or autism are affected by dementia, potentially resulting in an increase in challenging behaviour with age. The health inequalities and high prevalence of co-morbidities experienced by people with learning disabilities should also be recognised in the planning and development of services.

Priorities

For the joint plan to be effective, boards might consider identifying a small number of key strategic priorities which will have the most impact. This might take into account the different type and complexity of individuals’ needs, the needs of carers, evidence of what works, budget constraints, and what is possible to achieve and influence in terms of service delivery.

For more guidance, see appendix: *Case study 4: Using a dementia care pathway for people with learning disabilities in Northamptonshire.*

3. Encouraging change in commissioning behaviour

HWBs can improve outcomes for the group concerned by encouraging a significant change in local commissioning behaviour – to focus consistently on high-quality care, as well as placing increased emphasis on prevention and sustainable local care and support solutions across all age groups.

A strategic whole-system approach

HWBs can support a strategic whole-system approach to local commissioning. The development of the joint strategic plans could be assimilated into the JSNA and JHWS process, since these are based on continuous strategic assessment and planning.

Strengthening local capacity

To reduce dependency on hospital-based services, it is important that HWBs ensure local commissioners strengthen local capacity through provision of local, personalised care and support in the community. This might include infrastructure that enables independent living such as personalised day support, supported accommodation, and specialist clinical support including clinical psychology and psychiatry, and skilled community care staff. To expand capacity and choice, commissioners might also consider innovations in clinical care and treatment, including assistive technology, telecare and telehealth. Boards can support a whole local system approach, looking beyond the boundaries of conventional health and care services to meet the wider wellbeing needs and aspirations of the vulnerable people concerned – encompassing the opportunities, activities, resources and relationships available in their local communities. Care reviews for people in out-of-area placements also can provide valuable insight, particularly as to why the placements happened.

Some people may need access to assessment and treatment settings as part of their care pathway. To significantly reduce average ‘inpatient’ time, boards will want to ensure that where such services are commissioned they are time limited, as close to home as possible, focused from the point of admission on planning for discharge into the local community, and involve regular care reviews.

Prevention and early intervention across the life course

Commissioning services across the life course, which anticipate and prevent as well as manage care, can help achieve better health outcomes. How support is managed for children and young people has implications for the individual and their families later in life. Early identification of risk factors and proactive intervention can prevent challenging behaviour developing and limit or avoid crises. The development of local crisis intervention services can help ensure that when crises do occur, people are supported to remain in their community. Effective transition planning will help ensure continuity of support and stop people slipping through the net, especially when they move from child to adult services.

Safeguarding

Boards will inevitably be concerned that there are suitable, well developed safeguarding processes and procedures in place locally, and used appropriately. They will also want to ensure close partnership working with local safeguarding children and adult boards.

Working closely with providers

HWBs will want to have considerable influence on the delivery as well as commissioning of services to achieve the level of integration required for transforming care of people in the vulnerable group. This necessitates a more inter-cooperative relationship with providers whereby they are more actively involved in design and development, and work more closely

with commissioners to get the outcomes needed. New provider entrants and existing provider reform can help expand local capacity, and increase pace of change. For more information, see: *Stronger together: how health and wellbeing boards can work more effectively with providers* www.nhsconfed.org/hwb

For more guidance, see appendix: *Case study 2: Supporting vulnerable individuals to stay in their own homes in Dudley* and *Case study 3: Making use of personal budgets to support independent living in Trafford*.

4. Driving integration and coordination

Integrated working and funding across the whole local health and care system will be necessary to ensure rapid, effective expansion and improvement in person-centred, community provision.

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Links to wider work

Proposals in the joint strategic plan for addressing needs and priorities can set the foundation for joined-up commissioning and be used to support stronger service integration. Boards may see opportunities in joint financing arrangements that could better meet these needs and priorities.

Integrating personal budgets (social care) with new personal health budgets (NHS) for vulnerable service users could promote greater service integration at the level of the individual. Boards may also want to consider utilising new funding mechanisms for integrated work, including the Better Care Fund.

For more information, see: www.local.gov.uk/integration-better-care-fund

Pooling resources and aligning these with strategic priorities in the joint plan can release significant additional funding capacity. It may also need the transfer of resources from some existing services and the decommissioning of others, and perhaps development of shared services with neighbouring local areas. Such arrangements will need careful management. More formalised accountability mechanisms may be required. Boards could make use of new forms of governance to secure more effective resource use, such as linking joint commissioning plans to an overarching Section 75 agreement. The WVJIP can provide work to support more flexible financial arrangements; for more information see: www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/5615915/ARTICLE

At different levels

HWBs will consider integration at several different levels: across funding organisations, including local authorities and the NHS (local health and specialised commissioning); across funding streams, such as criminal justice services; through coordinated care pathways across physical and mental health and wellbeing services; and on improving the transition between children’s and adults’ services. HWB may also wish to use existing work making links across regions where a cross or sub-regional response is required.

Build on existing work

There may be existing local integrated plans and care pathways based around particular work areas with this vulnerable group, e.g. pathways developed by the local LDPB or APB, or child and mental health services (CAHMS). In some local areas, liaison and diversion teams are being introduced to ensure people in this vulnerable group who are in prison or police custody have joined-up health care and support. These pathways can be used as a building block for closer integration

across wider services or to support maximisation of improved life outcomes from different parts of the system.

Working across HWB boundaries

Given likely low numbers of local people in this vulnerable group, and the highly specialised nature of some necessary care and support services, consideration might be given to working across HWB boundaries, e.g. undertaking a needs assessment jointly, sharing data, designing care pathways covering combined HWB areas to best meet needs, pooling resources to invest in shared specialist services to prevent inpatient admissions. For more information on HWBs working across boundaries, see: www.nhsconfed.org/hwb

5. Delivering the joint strategic plan

Alignment

Joined-up plans with consistent priorities and outcomes for this vulnerable group can strengthen coordination, prevent cross-purpose working, and avoid gaps or duplication across the whole local system. Alignment is important between the joint plan and other local assessments and plans.

A toolkit has been published by the Association of Directors of Adult Social Services (ADASS), designed to help local partners develop a local joint strategic plan, and to check that the right supports, services and reviews are in place. It also sets out key questions board members might ask to be assured appropriate local actions are being taken in response to Winterbourne View. See: *Getting Things Right: a response to Winterbourne View* www.westmidlandsiep.gov.uk/index.php?page=863

Oversight and accountability

Board members can use both 'soft' governance mechanisms, such as shared culture, common purpose

and trust, and 'hard' mechanisms, to hold each other to account. The JHWS is the most important 'hard' mechanism and incorporating the joint plan within this process can have significant benefits. Overview and Scrutiny committees can be used to ensure understanding of the health and care needs of the vulnerable group concerned, that health inequalities experienced by them are being reduced, and health and care services are integrated around their needs. For further information, see: *A guide to governance for health and wellbeing boards* at www.nhsconfed.org/hwb and *Health and wellbeing boards: a practical guide to governance and constitutional issues* at www.local.gov.uk/publications/-/journal_content/56/10180/3896494/PUBLICATION

Again it will be important that HWBs communicate what is being done to change how services are being designed and delivered for this vulnerable group, and are transparent about progress.

Monitoring and reporting on outcomes

Boards will want to be assured that there are robust systems for monitoring performance as well as evaluating whether and how outcomes have changed as a result of what they are doing. Regular monitoring can enable early intervention when performance suggests quality standards or outcomes may suffer. Any monitoring like this may also involve the local authority's Overview and Scrutiny function.

To assess how the local area is doing, it will be important for HWBs to examine relevant data. NHS England publish a quarterly data collection for all NHS commissioners in order to help local areas monitor progress against the commitments outlined in *Transforming Care* and the *Concordat*. The data includes information about transfer arrangements for patients currently in inpatient care. See: www.england.nhs.uk/2014/03/18/wvc-data/

Additional resources for health and wellbeing boards

- The WVJIP has published a Core Principles document to support the commissioning of high quality and safe services which meet the needs of this group. See: www.local.gov.uk/place-i-call-home/-/journal_content/56/10180/5971490/ARTICLE
- The Government's Transforming Care report and Concordat outline the commitments by partners to improving care and support for people with learning disabilities and/or autism and behaviour that challenges following Winterbourne View, see: www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response
- The Winterbourne View Concordat outlines four key milestone dates for local areas, see: www.local.gov.uk/place-i-call-home/-/journal_content/56/10180/6015966/ARTICLE
- As part of the WVJIP, a stocktake of progress against the Transforming Care and Concordat commitments was completed by all local authorities with local partners, with an analysis of findings and good practice examples published in October 2013. For more information, see: www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/5615959/ARTICLE
- Letter from Norman Lamb, Minister of State for Care and Support, to chairs of health and wellbeing boards, May 2013. See: www.england.nhs.uk/wp-content/uploads/2013/05/130517-Letter-to-HWBs.pdf
- Inclusion North has published a short guide on the various Winterbourne View reports. These resources may be helpful for local engagement work. Also included is a set of questions from the Yorkshire and Humber Family Carers Network that families and people with learning disabilities might want to ask local board members and commissioners. See: www.inclusionnorth.org/resources/information-packs/winterbourne-view

Further information