

# Southend-on-Sea Borough Council

Report of the Corporate Director  
Department for People

to

Health & Wellbeing Board

on

11 February 2014

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## Update on progress of the Winterbourne View Joint Improvement Programme

People Scrutiny Committee – Executive Councillor: Councillor Lesley Salter

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### 1. Purpose of Report

To update Members of the Board on the progress of the Winterbourne View Joint Improvement Programme

### 2. Recommendation

Members of the Board are asked to note the progress made to date

### 3. Background

Members of the Board will be aware of the issues following the scandal of Winterbourne View from previous reports to the Board. In summary, following the exposure of unacceptable abuses in a private hospital, Winterbourne View, a Joint Improvement Programme was agreed across Social Care and Health to prevent further abuses occurring and to raise the quality of life for those people with learning disabilities who have challenging behaviour. The review found that nationally a significant number of people were placed away from their community and in restricted settings. They also found poor co-ordination across health and social care in the commissioning for people with learning disabilities.

The Winterbourne View Joint Improvement Programme in the Winterbourne transition document recommended 2 main objectives:

- 1) Placing people whose behaviour challenges in the area in which they live and in community settings.
- 2) Developing joint plans between health and social care with pooled budgets (Section 75 agreements) for people whose behaviour challenges.

### Progress

- 1) Placing people whose behaviour challenges in the area in which they live and in community settings.  
The Winterbourne View transitions process has to date been delivered by the relevant local authorities and CCGs working together as South Essex Winterbourne Improvement Group. This covers representatives from the 4 South Essex CCGs and 3 local authorities.

The South Essex Winterbourne View Improvement Group has, during the last 6 months, made sure that reviews including CPAs are done as best as possible and that people are enabled to move appropriately. In that process:

- Unlike many areas, Southend-on-Sea has only had to place one person locally from a Heath Close Hospital (Billericay) into local accommodation. This was done via a Section 256 financial agreement whereby health funds are transferred to the local authority. The placement is now working well and is in-keeping with our approach to enable people to be as independent as possible. Another potential placement from the Specialist Commissioning Group was deemed an Ordinary Resident of another borough. This was due to the good practice in supporting people with learning disabilities that has been developed over the past four years.
- The Commissioning Support Unit (CSU) on behalf of the Clinical Commissioning Group (CCG) informs local partners of people appropriate to move back to the local area.

At present, there are no other placements of Southend-on-Sea residents who are appropriate to move. We will seek to make sure with the CCG that we know of all Southend-on-Sea residents including those in secure units placed by the Specialist Commissioning Group (SCG) who may be appropriate to move in the future. (The SCG is responsible for placing people with very complex needs in secure units.)

**We have succeeded in achieving the national June 2014 target of placing all individuals in local community settings.**

- 2) Developing joint plans between health and social care with pooled budgets (Section 75 agreements) for people whose behaviour challenges.

Both Southend CCG and Southend-on-Sea Borough Council are working closely together to develop integrated plans. Our Pioneer status is a real opportunity to do this effectively for people whose behaviour challenges.

Initially the expectations from the National Winterbourne planning group was that each area would develop Section 75s partnership agreements for people whose behaviour challenges.

Our approach in Southend-on-Sea will help us to build towards the best practice model described in the Winterbourne Transition document. We

are in a good position, given our earlier Professor Mansell inspired work where we commissioned approved provider services that work well with people whose behaviour challenges. It also builds on the close working of our respective health and social care co-located Learning Disabilities teams. We have also agreed a joint approach to community based crisis support; and locally based sustainable approaches for developing joint plans for people whose behaviour challenges. We are on track to deliver this ambition.