Joint Strategic Plan: Winterbourne View, 2014-19

Brighton & Hove City Council
Brighton & Hove Clinical Commissioning Group
Introduction

In May 2011 a Panorama programme screened an undercover investigation into abuse at Winterbourne View, a specialist hospital for people with learning disabilities and challenging behaviour or mental health problems. This resulted in convictions of a number of staff and a serious case review commissioned by South Gloucestershire Council. The Department of Health produced a final report, Transforming Care, in December 2012, and this alongside a partnership-wide Concordat set out the requirements and developments needed in all local areas.

A national Winterbourne View Joint Improvement Programme (WVJIP) was also announced to ensure all local authorities take action to minimise and remove risks to people with Learning Disabilities and Autism in specialist hospitals and work towards providing appropriate accommodation more locally and in community settings.

The abuse that was exposed by Panorama was deeply shocking and indicated not only local but systemic failures in the care and treatment of “people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging”.

In Brighton & Hove there are no specialist hospitals; however placements are made out of area for such services.

Brighton & Hove CCG now fund the Community Learning Disability Team (CLDT) to provide specialist case management to ensure that people who require placement within specialist hospitals receive effective assessment, review and discharge planning and to ensure people have good quality hospital services and remain in them no longer than is absolutely essential.
Overall there has been good progress in Brighton & Hove since 2011-12 to address the issues highlighted by Winterbourne View. There are good partnerships, good joint working between social care and health partners and with providers and we have the resources in place to ensure every individual receives high quality care planning, including discharge planning. We are developing local community services for people who may be ready for discharge, and/or those who are at risk of admission. We plan with children’s services to identify, assess and plan for young people at risk as they become adults. We have had a local improvement plan in place since the publication of Transforming Care and the Concordat to ensure we are working towards all the requirements.

Our next steps are to develop strategic actions to ensure that we have the resources in place to support those people in specialist hospital settings, and to support the wider population group including all at risk adults and children. Our strategic actions will focus on ensuring that we support this population with effective community services that promote their independence and well-being and reduce the risk of hospital admission.

The strategic actions for this client group will consider related strategies such as the Brighton & Hove Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012-2015; the Brighton and Hove Mental Wellbeing Strategy 2014-17 and the Brighton and Hove SEN* Partnership Strategy 2012-2017. (* Special Educational Needs)
Vision

The local vision for people with learning disabilities or autism in Brighton & Hove reflects that of the national Winterbourne View Joint Improvement Programme:

“Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce.

At the same time local community based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting.”

Brighton & Hove is a city that people choose to live in for its location, culture, and the range of diverse services and facilities it has to offer. Our vision is that this choice is available to all local people with learning disabilities and autism.
The Level of Need

The Joint Strategic Needs Assessment for Adults with Learning Disabilities (2011) reported that 2% of the general population have a learning disability. This means that in Brighton & Hove there are an estimated 5,053 adults aged 18 or over with learning disabilities, of whom 1,065 are estimated to have moderate or severe learning disabilities.

In March 2013 there were 1099 adults with Learning Disabilities registered with a Brighton & Hove GP practice.

The Department of Health (2001) defines learning disability as:

“A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) along with;
- A reduced ability to cope independently (impaired social functioning)
- An onset of disability which started before adulthood, with a lasting effect on development”

In general, people with learning disabilities experience worse health outcomes than the general population. The reasons for this include genetic and biological factors related to the cause of their learning disability, but also wider social determinants of health such as education, housing, deprivation, and lower levels of health literacy or poor service outcomes. The ‘Confidential Inquiry into premature deaths of people with Learning Disabilities’ (CIPOLD) found that people with learning disabilities died on average between 13 years (men) and 20 years (women) earlier than the general population. In 42% of cases deaths were considered to be ‘premature’, with the most common reason for premature deaths being delays or problems
with diagnosis or treatment and problems with identifying needs and providing appropriate care. CIPOLD also found that just under half (48.5%) of deaths were avoidable with good quality health care or public health measures; a much higher proportion of avoidable deaths than the rest of the population, (24%).

The population defined within the national policy literature in relation to Winterbourne View is very broad: “people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging” and therefore includes adults with autism who do not have a learning disability.

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. (Fulfilling and Rewarding Lives: The strategy for adults with autism in England, HM Government, 2010)

The Joint Strategic Needs Assessment for Adults with Autism (2013) reported that just over 1% of the general population has an Autistic Spectrum Condition. Learning Disabilities and Autism are sometimes co-existing (approximately half of people with Autism also have a learning disability; up to 20-30% of people with learning disabilities may also be on the Autistic Spectrum), but are separate and distinct conditions and the way they affect people’s lives is extremely varied. The presence of Learning Disabilities and/or Autism increases the likelihood that an individual will experience mental health difficulties at some point in their lives.
Challenging Behaviour

The term “challenging behaviour” describes behaviour of such intensity, frequency, or duration, as to threaten the quality of life and/or the physical safety of the individual or others. 10 to 15% of people with learning disabilities nationally express challenging behaviour. Challenging behaviour is best understood as a form of communication in response to specific factors. This may for example include physical factors (pain or discomfort), emotional or mental distress, traumatic life events, inappropriate environments or unmet need. Positive Behaviour Support is the framework for understanding challenging behaviour through an assessment of its causes and functions and personalised support to address them, rather than simply managing the behaviour. A lack of planning and availability of appropriate support can lead to people with challenging behaviour being moved to out of area placements. This can be disruptive to the individual and their families, and makes it difficult to control costs and ensure service quality.

Research suggests that 40-45 people with learning disabilities in a population such as Brighton & Hove will present a serious challenge at any one time. Local needs information suggests that around 25% (approx. 200) of the clients receiving social care services exhibit some challenging behaviour, as reported by service staff. The proportion is higher for those placed outside of Brighton and Hove, rising almost 40%. Locally the open caseload of our Behaviour Support Team, who works with the city’s most challenging clients, averages at around 50 clients.

Learning disabilities and mental health

People with mild learning disabilities have an estimated 35-50% risk of mental health problems (‘Mental Health Service for people with Learning Disabilities’ (Joint Commissioning Panel for Mental Health, 2013)). Mental ill health can be missed if professionals attribute symptoms and signs to the learning disability, rather
than recognising mental ill health. Mental ill health problems may present differently in people with a learning disability. People with a learning disability and a mental health problem are at high risk of admission to hospital and residential care. Effective treatment and support services are crucial to reduce the dependency on institutions and to avoid creation of new, costly long-stay placements.

Mental ill health is also more prevalent for people with autism compared to the general population, particularly where people do not receive the support they need for their autism.

Good practice guidance for mental health service commissioning states that people with learning disabilities and/or autism should be able to access the full range of mental health services and that there should be agreed pathways and joint working to supporting people who have learning disabilities and/or autism and mental health needs.

**People with Learning Disabilities who offend**

It is estimated that 20 to 30% of offenders have learning disabilities or learning difficulties (LD JSNA, 2011) and people with autism may also be at higher risk. There need to be clear pathways of support for people with learning disabilities and/or autism who also have an offending history that puts themselves or others at risk.

**Current population of people in in-patient services**

There are currently 14 clients in specialist hospitals case managed by Brighton & Hove City Council on behalf of Brighton & Hove CCG or NHS England. (April 2014)
This represents a slight increase since Winterbourne View and the DH ‘Transforming Care’
- At the end of 2012 there were 12 clients (after 3 admissions & 0 discharges that year)
- At the end of 2013 there were 13 clients (after 5 admissions & 4 discharges that year)
- There were 3 further admissions and 2 discharges from Jan-March 2014
- There are 3 discharges planned in 2014, all planned for April/May 2014, which would bring the number to 11 (if there are no admissions over the same period)
- The 6 discharges over the last 2 years have all been for people who have been admitted from 2012 i.e. the people who have been in hospital for longer periods of time, pre-Winterbourne, are still there
- This will change as one of the discharges planned for April/May 2014 is for someone who has been in hospital since 2010, and one is for someone who has been in hospital since 2003.
- This still leaves 6 people still in hospital who pre-date the Winterbourne View era
- Therefore the hospital population seems to be characterised by a group of 6-8 people who are in hospital for relatively short periods of time (<2 years) and 6-8 people who are in for longer (>2 years, up to 16/17 years)
- This indicates that despite the current work so far, there isn’t any evidence yet that there will be a permanent reduction in numbers in hospital, which is the goal

**Identified barriers to progress**

These are some of the perceived issues/barriers to a short-term and long-term reduction in numbers in hospital:

- There is reviewing function in place and commissioning support, but for the long-stay group, there may need to be much more resource-intensive initiatives to explore alternatives. This additional resource may include; more multi-disciplinary involvement (e.g. specialist forensic assessment), robust challenges to
clinical decision making, review of legal frameworks that can support people in the community, capital investment in alternative provision, bespoke housing, commissioning with new providers, joint commissioning with other bodies. This is likely to require looking strategically at funding streams and consider pooling of budgets and resources.

- There needs to be a more detailed analysis of children and adults and the factors that affect risk of admission. These will include needs/conditions but equally the way people are supported and the services they do or don’t receive. This work does happen now, but it is at an individual rather than strategic level (e.g. planning for individuals coming through transition from children’s services)
- There needs to be a more detailed analysis of the use of hospitals – building on the above summary of admission/discharge trends – to include reasons for admission, what could have prevented admission, discharge destinations & actions to address any gaps in preventative interventions
- Hospitals need to be commissioned with clear contracts, service specifications, performance monitoring and quality assurance – this work is in progress
- There needs to be a clear joint commissioning strategy for learning disabilities and autism for the city to ensure suitable services are available and that reasonable adjustments are made in mainstream services for this client group.
- There needs to be absolute clarity on the respective roles and accountabilities of NHS England, CCG & local authority.
Governance

Governance for this strategic plan is achieved through our “Winterbourne View Joint Improvement Steering Group”, which meets every 2 months and includes representatives from commissioning and assessment services at B&HCC and B&H CCG.

In addition our responses to Winterbourne View are reported to the Safeguarding Board, our Care Governance Board, Learning Disability Partnership Board, the CCG’s Quality Assurance Committee, & the Health & Well-Being Board.

Governance and sign-off of this strategic plan will be through the Brighton Hove City Council’s Care Governance Panel and Brighton & Hove Clinical Commissioning Group’s Quality Assurance Committee.

Performance of local health and social care services.

The annual Learning Disability Self-Assessment Framework (LDSAF) process has overseen and assessed the quality and effectiveness of local health services (mainstream and specialist) accessed by people with learning disabilities, for the last 5 years. Each year the LDSAF is amended and updated to take account of emerging priorities and in 2013 for the first time it included social care services and therefore gave an overview of quality and effectiveness across health & social care.
In 2013 for the first time there was also an autism self-assessment exercise, to monitor progress against national and local strategies for adults with autism.

For Brighton & Hove there were positives that included

- Good joint working between Brighton & Hove City Council and Brighton & Hove CCG
- Learning Disability Liaison function at our local acute hospitals
- Learning Disability Health Facilitation and a good uptake of Health Checks and Health Action Plans
- Good performance in helping people with learning disabilities and autism access employment and local community services
- Significant improvement planned for diagnostic services for adults with autism and training programs for staff

There were also areas where improvement is needed

- We need to improve data collection from primary care and across the health system about health conditions and uptake of screening for diseases, treatment and interventions for people with learning disabilities and improve data collection on numbers of people with autism
- We need to increase the number of people with learning disabilities who get an annual statutory care review
- We need to increase the number of services that receive annual contract and quality reviews
- We need to improve information for people with autism and do more to ensure reasonable adjustments are made in mainstream services
Engagement

There are a variety of engagement activities in place to ensure that strategic plans for this population group are supported by professionals, stakeholder groups, families and people with learning disabilities and/or autism. There is a Learning Disability Partnership Board which includes people with learning disabilities and family carers, as well as representation from relevant statutory services, providers and the community & voluntary sector. The LD Partnership Board meets quarterly and is a consultation forum for all aspects of strategy and service delivery for adults with Learning Disabilities. Similarly there is an Adult Autism Stakeholder Group which meets quarterly and is responsible for overseeing the delivery of the Brighton & Hove Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012-2015. The strategy itself was developed after extensive consultation and engagement. This group includes professional stakeholders from across the public sector as well as the community and voluntary sector (including carers groups and groups that support people with autism) and a group member who is a family carer. Some professional stakeholders and members are also individuals with autism.

This joint plan will be taken to both these engagement groups for consultation.

This Strategic Plan will be consulted on widely and input will be sought from:

- People in specialist placements and their families
- People with learning disabilities, autism and family carers
- Providers of social care & health services, specialist provision and community & voluntary sector groups
- Learning Disability Partnership Board
- Adult Autism Stakeholder Group
- Public Health
- Children’s services
- Education/further education
- Employment Support
- Housing
- Mental Health services
- Police/CJS/Offender management services
### Service Provision

#### Community Learning Disability Team

The Community Learning Disability Team (CLDT) is an integrated service, jointly funded by the Brighton & Hove City CCG and Brighton & Hove City Council. The team members are employed by Brighton & Hove City Council and Sussex Partnership NHS Foundation Trust.

The CLDT consist of Care Management and Social Work, Nursing, Occupational Therapy, Speech and Language Therapy, Physiotherapy, Behaviour Support, Psychology & Psychiatry.

| Behaviour support | The Behaviour Support Team (BST) is part of the psychology team at CLDT. The BST provides assessment and plans aimed at reducing levels of challenging behaviour. Other professionals can refer clients to the team and the waiting time for a first assessment is 4 weeks or less. The team also provides training to all provider staff in supporting people with challenging behaviour. The team is currently developing tools to monitor quality standards and to share best practice through a local Positive Behaviour Support Network. |
| Psychology | The psychology team offers assessment and treatment of people with LD and psychological difficulties, directly and/or through those who support them. The team also offers training and consultancy to other professionals to increase understanding of supporting people with LD and psychological difficulties. |
They can also formally assess if a person have a learning disability.

| Psychiatry | This service provides diagnosis and support for adults with LD and mental health disorders that are residents in Brighton & Hove. Referrals to the service are from GPs or other doctors. |

**Support for Mental Health & Learning Disabilities**

Locally there is a Community Mental Health Nurse with a lead in learning disabilities to support fair access and appropriate support in mental health services. The nurse supports clients, provides advice to colleagues who support people with LD and provides training other mental health access teams across the city.

**Local providers of accommodation & support**

Brighton & Hove has a wide range of services for people with learning disabilities, including accommodation and support services such as residential care, supported living & shared lives, day services and outreach services. Within each of these service types certain providers and services specialise in providing services to people with complex behaviours, autism, and mental health problems.

Historically there has been a lack of accommodation service provision for adults with complex challenging behaviours. To address this, a Framework for Complex Needs was created in 2011 and is used to commission bespoke services for complex individuals where there are no available alternatives. To date one service has been created comprising of 4 flats with individualised support. A second new service will be opening in late 2014/early 2015 to meet the needs of complex young people coming through transition.
Outside of the Framework for Complex Needs services are developed to meet the needs of this population with several providers significantly expanding their local provision to meet need. There are now also two providers in the city who specialise in working with people with learning disabilities and complex behaviours that may include forensic risks as well as mental health problems.

There is an ongoing need to continue to develop local service provision to meet the needs of complex clients coming through transition from children’s services, returning to the community from hospital setting, and for those people whose needs change and increase whilst living in the local community. Current capacity will meet some of the demand, but there is a significant need for detailed planning and commissioning of specialised services for these individuals. This needs to include the development of bespoke housing solutions alongside personalised and skilled support.

**Respite services**

Respite services offer short-term breaks for people with learning disabilities who live with unpaid carers. Respite can take a number of forms: short term residential care, family placement, and outreach. Brighton & Hove City Council has its own residential respite service, offering short breaks to 14 people at a time, including 2 places that are used as emergency respite for people in crisis. Other residential respite services are spot purchased from independent providers for individuals as the need arises.

**Specialist hospital services**

The Selden Centre is a 10 bedded local in-patient service for people with learning disabilities based in Worthing & run by Sussex Partnership NHS Foundation Trust. The Selden Centre is for any adult with a
learning disability who has behaviour that challenges, and whose needs cannot be met through reasonable adjustments to generic mental health wards. This may be in the form of mental illness or other complex needs. People may be admitted either informally or under the Mental Health Act. Care at the Selden Centre is provided by a team of 30 multi-disciplinary professionals including nurses, occupational therapists, speech and language therapists, psychologists and psychiatrists.

Brighton & Hove CCG had 5 in-patients using Selden Centre between October 2010 and January 2014. In-patients received support with mental health, behaviour, physical health, communication and a review of medication. The length of stay for these 5 clients ranged between 5 months and 11 months.

When a client is needed of a specialist hospital service but cannot be accommodated at the Selden Centre, a referral is made to an out of city hospital in the NHS or independent sector. This accounts for the majority of hospital placements.

The workforce

We need to ensure we have a workforce that can provide high quality services to people with complex needs. Our package of support offers staff across the sector training in Positive Behaviour Support, the Mental Capacity Act, Deprivation of Liberty Safeguards, Safeguarding, reducing Restrictive Practices, Autism and a very wide range of other relevant training to support and competent and professional workforce. Our expectations of providers are that they offer staff the support and supervision they need and have processes in place to include and involve the views of the people they support and family carers.
## Our Strategic Objectives

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<td>1</td>
<td>Ensure all hospital placements are good quality, appropriate and reviewed regularly, with a focus on effective intervention &amp; timely discharge</td>
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<tr>
<td>2</td>
<td>Review &amp; enhance the local resources in place for crisis intervention and prevention of admission</td>
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<td>3</td>
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<td>4</td>
<td>Review and improve how children and young people considered to be in the at risk group are identified, assessed and planned for</td>
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Rationale

Those individuals who are admitted to specialist hospitals must receive the best possible service. Our specialist reviewing officer has case management responsibilities for all in-patients and ensures that each receives regular review and plans for discharge are discussed at the earliest stages.

We will also ensure that there are appropriate and effective services in place to meet the needs of our local population. This includes ensuring that hospital services are actively commissioned and monitored. It also includes ensuring that community services are developed to meet the needs of people living in the community, preventing unnecessary admissions and facilitating timely discharge.

Strategic Actions:

Maintain a local register of people in hospital placements
- To include all patients in hospital placements who may be funded by Brighton & Hove CCG or NHS England
- This includes patients that may be in local SPFT services, other NHS facilities or independent hospitals out of area
• Data collected will monitor trends including admissions, discharges, numbers in hospital & length of stay

Ensure each placement receives regular review and that reviews meet all requirements of WVJIP
• Each individual to have personalised care plan
• Evidence of engagement and agreement with families and carers
• A discharge plan & estimated discharge date
• Assure compliance with Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards
• Comprehensive physical health check & check person is on local health registers
• Detail of treatment being received, including milestones and outcomes to be achieved
• Detail of meaningful activities engaged in throughout the week
• Incidents of restraint
• Safeguarding alerts
• Identified independent advocacy to support the move on

Maintain robust processes for placement monitoring and discharge planning
• Quarterly meetings with Reviewing Officer, Operational Manager and Commissioners (LA & CCG)
• Discuss and review care plan and discharge plan at each meeting

Maintain and develop joint commissioning arrangements with B&HCC/CCG
• Agree and implement mechanisms for joint commissioning
• Review pathway & protocol for agreeing admissions
• Ensure agreements are in place for funding of clients being discharged
• Establish contacts with commissioning, quality assurance and Safeguarding teams local to hospitals

**Develop robust outcome based commissioning and contract monitoring for hospital services**

- Develop framework of ‘preferred’ providers’
- Use ‘Ensuring Quality Services’ document to commission specialist services and require assurances that Providers follow best practice in relation to;
- Use of Physical Interventions
- Quality assurance procedures
- GP registers & annual health checks,
- Staff recruitment, retention, support & training
- Family carer involvement and advocacy
- Safeguarding policy and practice
- Client involvement
- Whistle blowing
**Strategic Objective 2:**

**Review & enhance the local resources in place for crisis intervention and prevention of admission**

**Rationale**

Preventative work cannot always avert crisis situations where individuals need additional support at short notice, including at times needing a hospital admission. We will ensure that there is a clear pathway and set of responses available in crisis situations, both to prevent admission but also to ensure that necessary and unavoidable admissions are managed and take full account of the needs of the individual.

**Strategic Actions:**

**Develop a detailed understanding of need and risk**
- Conduct detailed and ongoing local needs assessment
- Analyse the factors that affect hospital admissions and discharges
- Develop recommendations for responses required to support individuals and their family during periods of crisis or escalating need

**Develop Preventative and Crisis Pathways for Adults with Learning Disabilities or Autism**
- From a detailed needs analysis, invest in preventative community support services such as intensive crisis response service/assertive outreach response service)
Improved pathways are being developed through our local Positive Behaviour Support Network – this includes looking at preventative pathways and pathways for people in crisis.
Strategic Objective 3:

Ensure all local services provide good quality, safe services for people in the defined group

Rationale

The quality of life of this population and the risks of hospital admission are affected not only by the responses of specialist services, but also the responses and performance of mainstream services. All services are accountable for ensuring that an individual’s needs can be met in the local community. We will therefore ensure that a range of local services are able to actively support this client group.

Strategic Actions:

Review processes for commissioning, monitoring, review & quality assurance of all services for people within defined group

- Review process for monitoring all specialist services (health & social care)
- Develop a set of outcomes for specialist services
- Commission and review specialist services in full partnership with providers, family carers and people with learning disabilities and/or autism
- Commission individualised services for people with complex needs
- Consider the needs of local workforce to support people with complex needs
- Develop tools and practices and support good practice through local ‘Positive Behaviour Support Network’
Ensure Safeguarding processes and recording are robust and allow monitoring of trends and appropriate responses

- Review how data on location of abuse is collected and monitored and how this information is used to inform commissioning actions
- Ensure the Safeguarding Adults Board meets requirements of Transforming Care
- Ensure A&E and hospital staff have required level of training and knowledge in Safeguarding procedures

Ensure local health services can meet the needs of people with learning disabilities and Autism

- Review Green Light project to ensure accessibility of Mental Health provision for people with Learning Disabilities and Autism
- Review data held at A&E
  - Review the processes in place for monitoring and responding to trends on where people are admitted from
  - Review the processes in place for monitoring and responding to trends on frequent attendees
- Review specialist resources available in CLDT
- Continue to provide Health Facilitation, Learning Disability Liaison in acute services and an Enhanced Service within General Practices
- Review the performance of and outcomes of local health services in light of the findings of CIPOLD
Strategic Objective 4:

Review and improve how children and young people considered to be in the at risk group are identified, assessed and planned for

Rationale

In order to give young people the best possible chance of a fulfilling life in the community, it is our duty to ensure we plan effectively for their care from the earliest stages. This means taking a ‘whole-life’ approach to their care planning and ensuring the transition to adult life is planned with the individual at the centre.

Strategic Actions:

Identify at risk young people in transition and ensure planning is in place for community services

- Identify all at risk young people through regular transitions planning meetings
- Ensure all individuals have a transitions worker and detailed transitions plan
- Ensure that planning includes linking with police, criminal justice colleagues, forensics, to ensure high-risk behaviours can be supported in our community

Ensure services are in place for early intervention in childhood

- Identify prevention and crisis resources available or needed that can respond to keep people in the community
- Monitor and review the use of out of area services for children, commissioning local alternatives where necessary
- Identify service gaps in children’s & adults – social care, mental health, education

### 1. Ensure all hospital placements are good quality, appropriate and reviewed regularly with a focus on effective intervention & timely discharge

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### 2. Review & enhance the local resources in place for crisis intervention and prevention of admission

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