



Private & Confidential

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Date: 6 May 2014

Dear Mr Ridley

**Regulation 28: Report to Prevent Future Deaths
Re: Wendy Bernadine Brown deceased**

With reference to your letter of 13 March 2014, ref DWGR/dr/1586.13.

Addressing the matters of concern:

5a)

This paragraph refers to the lessons learned from the death of WB and the complex nature of Adult Social Care. The challenges for Adult Social Care are recognised nationally with increasing pressure from major financial reductions to overall Local Authority funds, upward demographic pressures within all client groups, and concerns over the complex legislative framework that have brought about the Care Bill shortly due for Royal assent with partial enactment scheduled for April 2015 and full enactment in April 2016.

[REDACTED] is a young person with complex needs and her Grandmother Wendy Brown demonstrated both her commitment for caring for [REDACTED] and her frustration and anxieties from providing that care. There were difficulties in providing services that were available, and Mrs Brown would accept, especially over the summer of 2011, her frustrations and concerns are recorded where she believed [REDACTED] needs were not being met, carers assessments confirm this but also her commitment to maintain the majority of the caring role.

Reference is made in the Regulation 28 report to the creation of SEQOL and complexity of Adult Care. Swindon Borough Council recognises that the separation of Adult Social Care functions to a retained commissioning service and provider services located in a Social Enterprise (SEQOL) was a major change. It may be helpful to reprise the reasoning behind creation of SEQOL, and the roles they and SBC have undertaken since October 1st 2011.

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Under “Transforming Community Services” the then Primary Care Trusts (PCT) were required to separate out their provider functions from their commissioning functions. In Swindon there had been a rich history of integrated working with joint teams of PCT and SBC staff for Older People, Physical Disabilities and Learning Disabilities. Both organisations had formed the view that integration was the most effective way to meet client need, and were reluctant to let the requirement to separate health provider functions undermine the progress made; for example a protocol was in place that the Chief Executive of the PCT and the Director of Adult Social Services were to be vested in the same person, this arrangement only coming to an end as a necessary consequence of the structural changes to PCTs through Transforming Community Services, however Integrated Commissioning managers funded by both Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council continue to be a feature of the commitment to integrated working.

Swindon was not unique in arriving at a Social Enterprise as the vehicle to deliver integrated provider services, but it was unusual. In the main the Integrated Health and Social Care Social Enterprise was the approach taken by the few communities where borders of the two organisations were roughly congruent and integration was already at a more advanced stage than the norm. Health organisations were supported by DH guidance including national model contracts, no such infrastructure was available for Local Authorities in creating the commissioner provider relationship.

In support of the change both internal and external legal advice was taken and a series of internal audits carried out to understand the responsibilities of the Social Enterprise and those of the retained responsibility of the Council. In addition these audits were undertaken to give assurance that systems, process and protocol were in place prior to the formal transfer.

The working arrangements of SEQOL were established through contract and continue to be managed through monthly contract performance meetings covering quantitative and qualitative issues from Health and Social Care perspectives.

Whilst there were major structural changes inherent in the move to a commissioner provider relationship, the day to day impact on service users and carers was minimal. Staff involved in face to face contact with service users / patients were TUPE'd across to the new organisation and case allocation so there was no wholesale reorganisation of case load at that time. Contact arrangements such as the Free Phone “CareLine” for Adult Social Care enquiries was maintained as was the duty phone number for the Learning Disabilities Team. These numbers have remained constant through office moves brought about on efficiency grounds subsequent to SEQOLs creation.

5b)

Commissioners role in managing community care processes and spend ran in shadow form from 1st April 2011 up to the go live date of October 1st 2011. The work of SEQOL staff is verified by Senior Social Work Practitioners with access to an exceptions panel, made up of senior commissioning managers, for cases outside the delegated authority of the Verifications team. Initially there was a high volume of cases requiring

consideration by exceptions panel, but overtime the numbers have significantly decreased allowing the Exceptions panel to focus on the most complex of cases. Particular reference is made to the timeliness within which applications both from the funding perspective and service nature are processed. Prior to, and continuing after, the death of WB support was provided by SBC commissioners to the Learning Disability team, not exclusively to, but including the Transitions workers. The purpose of this support was to provide a focus on compliance with the Adult Services assessment requirements so that applications from the Learning Disability team could be dealt with efficiently without repeated queries and clarifications being necessary before public funds could be allocated. Essentially this was a temporary "pre-verifications" process, coaching LD staff in presenting the right information in the right format at the right time. Commissioners continue to work closely with SEQOLs Learning Disability team with both organisations signed up to a series of Workstreams designed to seek better outcomes for Learning Disability service users and carers.

██████████ case was managed through the Transitions process. Swindon Borough Council along with partner organisations had, and continues to have a Transitions Protocol in place. This involves the Adult Transitions team (a SEQOL Team) in the planning of young people in transitions from year 9 (14 years) onwards. Changes to legislation formally extending the transitions process for young people to age 25 has required the Transitions protocol to be revisited and re-launched. Work is in progression finalising the new protocol, whilst transitions is not uniquely the preserve of Learning Disabilities the majority of young people in transition have a learning disability with the management of the Transitions and transitions workers resting in SEQOLs Learning Disabilities Team. Transition therefore forms an important part of the Learning Disability Workstreams referred to above.

The Verification process is supported by a contracts team and dedicated brokers and placement officers who access the services that are identified in support plans. The contracts team are involved in the establishing of service arrangements and the monitoring of such contracts. There are many commissioning challenges for Adult Social Care reported nationally, and Swindon is not immune to such challenges. We believe that the structure allows for these challenges to be addressed and the commitment to the workstreams in the Learning disability area demonstrates our commitment to improve in this area. In addition we have recognised that further development of the local service offer is required and a Market Position Statement is in draft form and due to be published in the coming months. This will look at current services, any potential gaps in service provision, and how we develop and/or commission further services in Swindon.

5c)

In this paragraph you make reference to the lack of appeal process with particular reference to CHC funding. As referred to above there is an exceptions panel made up with Senior Managers which deals with cases where resolution has not been achieved by the Verifications team with SEQOL. Should there be unresolved matters after exceptions panel has considered the matter then the Adult Social Care complaints procedure is available to Service users and Carers alike.

Swindon Borough Council hosts the Continuing Health Care Team, with the same manager having responsibility for the Continuing Health care budget and Community Care budget which helps avoid a lot of the disputes between Local Authority and Health organisations experienced elsewhere. There is an appeal process for CHC the first stage of which can be dealt with locally on the basis that the panel considering the appeal is not made up of those involved in the original decision. The CCG has access to an Independent review panel; as set out in Department of Health guidance.

Conclusion

The complexity and potential for delays in decision making that are the core to the section 28 report are real issues. The actions described: robust contractual arrangements and management, the use of internal audit, development initiatives regarding process and extensive workstreams seeking to improve Learning Disability services are all pertinent to the concerns raised. It would be overstated to state that they arose directly as a result of the death of Wendy Brown, but the actions, both predating her decease and continuing thereafter do address the areas of concern and seek to provide a robust, joined up service by Provider and commissioner alike.

An immediate action taken is that, were services over and above the indicative budget are requested, the indicative budget can be agreed pending any additional information required to ensure that some services are in place in a timely manner. As detailed above, services were agreed for ██████ in September 2011 however her grandmother did not feel that the services available in Swindon could meet her granddaughter's needs. Direct Payments were available to WB from November 2011, she had originally identified a group of personal assistants that she wanted to provide services to ██████. These Personal Assistants subsequently did not take up the offer from Wendy and during this time Direct Payments continued to be accumulated within her designated account whilst she sought alternative services. It was during this time that the commissioning team introduced Wendy to a support provider who would operate under an Individual Service Fund to where she could have greater control over how the support was provided and by whom. This also allowed greater flexing of the services.

During the weeks and months preceding Wendy's death, feedback was that she was happy with the services which were provided to ██████ and the flexibility this allowed.

Yours sincerely

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Strategic Commissioner Adults

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Head of Policy, Adult Social Care