Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	There is a Joint management Group across the local authority and lead Clinical commissioning Group. This group includes operational staff and commissioning officers		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	There is good engagement from commissioned housing providers, and care support providers. Specialist external health consultants have been employed to undertake health elements of reviews. They have provided summaries regarding their findings which is being fed back to providers and informing commissioning. NHS regional specialist commissioners declined to engage with this method of external review or to have local authority involvement, and took a single agency approach. Two people have been identified from secure care that are ready for discharge to the community before June 2014.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	A Draft project plan has been written which is to be agreed by the integrated commissioning group. The development of alternative service provision has commenced		

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The Integrated commissioning group (ICG) is overseeing project work. Regular reports are being made to the LDPB on progress		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	A Report on progress is to be presented at the September H&WB Board		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The Escalation process for conflict resolution is to report to the ICG or in urgent cases to the Chief Operating Officer of the Clinical Commissioning Group (CCG) &Local Authority Service Director.		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	Local accountabilities are understood by organisations and partnerships. There is less clarity at regional and national levels. There will be on-going dialogue with regional commissioning teams.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Ordinary Residence issues are already arising, there are currently two individuals identified as becoming ordinary resident within the county as a consequence of this work. There may be further financial and management issues in relation to patients from other authorities who will become County residents. There are risks that other authorities may place people in independent living in the county who will then become ordinary resident, and also that individuals may be placed in residential care within the county but who in the future may be subject to a treatment order and then become the aftercare responsibility of the authority		Support for placing authorities to retain responsibility

1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	The ability to procure accommodation in a timely manner is the biggest risk to placing people in the community. Capital for development of accommodation services will be required which is not readily available at this time. Requests for capital funding to support the programme will be made to the local authority and CCG, however national allocations would help programme delivery.		Capital for development o suitable accommodatio and alternative support option
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Current spend is known for people placed by local commissioners; we are seeking to understand secure care costs which are part of a regional block contract and managed by NHS England .		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	A Financial strategy is to be developed and agreed by the H&WB Board by September '13.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	. No s75 agreement is in place locally		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	There is no pooled budget in place locally		
2.5 Have you agreed individual contributions to any pool.	N/A		
2.6 Does it include potential costs of young people in transition and of children's services.	N/A		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	To be determined by the strategic integrated commissioning group		
3. Case management for individuals			

3.1 Do you have a joint, integrated community team. 3.2 Is there clarity about the role and function of the local community team.	The Project Team is working with local services to review and assess individuals excepting low secure patients who are responsibility of regional commissioners.		
3.3 Does it have capacity to deliver the review and re-provision programme.	The team has the capacity to undertake reviews, assessments and develop support plans.		
3.4 Is there clarity about overall professional leadership of the review programme.	Professional leadership is through the project steering group.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	All patients have named workers and advocacy arrangements in place where required		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	All reviews were completed by the end of May. Commissioning and Operational staff are meeting to clarify actions, lead workers for each person and commissioning requirements.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	There is limited understanding of the needs of people reviewed by specialist commissioners Specialised commissioners have undertaken their own review process. Local commissioners have recently met with specialised commissioning colleagues to discuss the results of these reviews to facilitate planning for individuals.		Clarity around role and expectations of specialised commissioning in relation to Winterbourne actions.
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	All individuals and their carers/advocates were invited to participate and contribute to the review process.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	We have registers in place however recent guidance around CCGs and commissioners holding personal		Clarity around commissioners

	identifiable information has meant we can no longer hold this information. We are actively considering how and if this information should be held in the future		and CCGs sharing and holding personal identifiable information
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Recent national policy prevents CCGs from holding or sharing personally identifiable information therefore CCGs cannot hold, manage or co-ordinate registers We had a local register of information that was submitted to EMIAS in November 2012 however CCGs cannot maintain these registers due to the prohibition on holding personal identifiable information. Further work is therefore required to develop a suitable process for maintaining the register.		Policy on CCGs having access t personally identifiable information
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	All reviews have included service users, carers and advocates		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	External Consultants were employed by health to carry out reviews in conjunction with local practitioners. The Joint steering group (made up of local clinicians and commissioners) scrutinised each review carried out by the Consultants..		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Very good information was completed by specialist behavioural support consultants.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All reviews have been completed		

5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Safeguarding is discussed with providers as part of the contract monitoring process and providers are required to let commissioners know of any safeguarding concerns when they occur. In addition there is the expectation that local areas will let commissioners know of any safeguarding concerns as appropriate (as per good practice guidance)...		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Support providers are given full assessment and risk management info and supported to understand the implications of this. Case managers are employed for out of area inpatient placements to monitor placements and ensure appropriate plans are in place for each patient.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	CQC do not routinely inform LA or CCGs of inspection outcomes except where enforcement actions are required. There are quarterly information sharing meetings with CQC. And we act jointly where appropriate to address concerns		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	LSCBs and NSAB are not regularly updated about review arrangements – The HWBB commissioning structure oversees this work and it is reported to partnership Board. Work of this nature requires clear accountability and reporting and should not be subjected to different lines of accountability, however reports will be made to the respective safeguarding Boards for information as appropriate.		Clarity about accountability and reporting arrangements

5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	Out of area placements are monitored through Contract Review meetings and through individual CPA meetings which are attended by Case Managers and Care Co-ordinators. Any safeguarding issues are highlighted and addressed through these routes.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	All providers are expected to have robust safeguarding arrangements in place and this is monitored through contract review meetings. .		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	The CSP and safeguarding Adults Board has undertaken work to consider the outcomes from serious case reviews and taken action to address issues of bullying and hate crime		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes :		EMIAS AUDIT REPORT
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Individual outcomes and requirements are being collated to develop overall commissioning plans		
6.2 Are these being jointly reviewed, developed and delivered.	Care pathways are being developed jointly. Further work is required to develop funding agreements and alternative future support arrangements.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Number of people placed out of area is known, all jointly funded people are commissioned by LA.		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Future commissioning intentions are yet to be developed. This will be overseen by the integrated commissioning group		

6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams. 6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Regional commissioners have not engaged fully with local services. We are continuing to seek agreement with regional commissioners Future funding arrangements are yet to be assessed and agreed across the partnership.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed. 6.8 Is your local delivery plan in the process of being developed, resourced and agreed. 6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment). 6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	Local advocacy contracts are in place and additional funding is available for this work. Current project plan is being developed. Local services cannot guarantee that all persons will be re-provided by 01/06/14 within current resources and available services. Our ambition is to develop and provide accommodation and support in the least restrictive environment, however for some individuals appropriate interim arrangements may need to be made. Supported Living accommodation cannot be developed within the timescale and legal issues re: DoLs may prevent SL opportunities, e.g. a recent case in the CoP took over a year to reach decision. Development of specialist accommodation and the capital finance to do so will restrict options. which may lead to interim placements being made		Is the requirement to move people from inpatient settings or to provide the most appropriate future care arrangements
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	As above In each review it has been identified whether the		

7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	person will need support over and above what a local team would usually provide to inform CCG commissioning. Local advocacy contracts are maintained and reviewed, not out of county arrangements subject to other LA arrangements. BIAs will be involved on an individual basis as required as part of the provision process.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development.	Local services are utilising a scenario generator to determine future crisis, community and emergency support arrangements. We have specialist Community Assessment and Treatment Teams whose role is to work with providers and patients to avoid hospital admission where appropriate and possible. Additional local services such as step up / step down, enhanced SL options are being considered for development alongside enhanced community based support services To be completed as per the delivery plan		
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	Information is contained in JSNA and Health needs assessments and will be included within the market position statement for social care		

	Current market development and procurement activity, being designed to meet needs.		
9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Yes		

10. Children and adults – transition planning			
10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	The needs of young people in transition are yet to be factored into future planning requirements and further work is required to develop this.		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	This will be modelled as part of the delivery plan going forward based on local population and health needs assessment		
11. Current and future market requirements and capacity			
11.1 Is an assessment of local market capacity in progress.	Market analysis is underway – early indications suggest insufficient capacity in specialist residential and SL environments. Planned tender for SL services will address some issues of enhanced services.		
11.2 Does this include an updated gap analysis.	This will be completed following market analysis		
11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	The LD Steering Group has been set up in order to validate and plan next steps for the reviews of in patients . The group includes clinicians and commissioners and has been key in ensuring appropriate plans are developed for patients who are currently in hospital		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

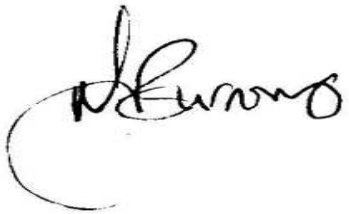
Name……Jon Wilson, Service Director……

Organisation……Nottinghamshire County Council……..

Contact……0115 9773985……

Signed by:

Chair HWB …… 

LA Chief Executive … 

CCG rep…