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AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Dr Gibson, Pat Jones-Greenhalgh (Vice-Chair), Graham Atkinson, Dave Bevitt, J Black, Carriline, Mark Granby, Staurt North, Andrew Ramwell, R Shori (Chair) and Jones

Non-Voting Members : Rob Bellingham

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 18 July 2013
Place:	Meeting Rooms A&B Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

3 MATTERS ARISING *(Pages 1 - 2)*

4 MINUTES OF PREVIOUS MEETING *(Pages 3 - 6)*

5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 WINTERBOURNE VIEW IMPROVEMENT PROGRAMME *(Pages 7 - 24)*

7 FRANCIS ACTION PLAN *(Pages 25 - 28)*

8 HEALTHIER TOGETHER

A statement will be made at the meeting.

9 INTEGRATED CARE IN BURY

10 COMPETENCE ASSESSMENT PROCESS - SUMMARY *(Pages 29 - 36)*

11 PRIORITY SETTING AND THE HWB WORK PROGRAMME

Members are asked to consider setting a work programme.

12 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Health & Wellbeing Board Action Plan

10th June 2013

Action No	Responsible	Action	Outcome
1	PJG/SN	Health & Social Care Reform to be included as an item at the next meeting	
2	AV	To bring the proposal for the Virtual Network hub to a future meeting	
3	DH	A Community Health and Wellbeing Assessment update would be given at the next meeting of the Health and Wellbeing Board.	
4	GA	Amendments to the Joint Health and Wellbeing strategy would be made by Graham Atkinson and Diane Halton.	
5	GA	The Joint Health and Wellbeing Strategy would be presented to Council on the 3rd July 2013.	
6	JE	Democratic services would inform Ian Chambers of the Decision of the HWB not to appoint a representative to sit on the Children with Additional Needs and Disability Partnership Group.	
7	IC	Ian Chambers/Mark Carriline would provide an update	

		at a future meeting of the Joint Committee in relation to the work of the Children with Additional Needs and Disability Partnership Group.
8	JE	Democratic Services would liaise with the National Institute for Clinical Excellence to arrange a training session for members of the HWB
9	JH/PJG	Members of the HWB would receive advice from the Monitoring Officer with regards to the legal status of the Board.
10	DH	An update on the development of the HWB priorities would be given at the next meeting.

Agenda Item 4

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 10th June 2013

Present: B3SDA, Dave Bevitt; Cabinet Member, Councillor Rishi Shori; Chief Officer, CCG, Stuart North; Community Safety Partnership, Superintendent Mark Granby; Executive Director of Adult Services, Pat Jones Greenhalgh (Chair); Executive Director, Communities and Neighbourhoods, Graham Atkinson; NHS England, Rob Bellingham.

Also in attendance:
Julie Edwards – Democratic Services.
Diane Halton – Service Manager, Public Health
Cindy Lowthian – Communities Manager

Apologies: Dr. Audrey Gibson (Chair); Director of Public Health, Dr. P. Elton; Chair of Healthwatch.

Public attendance: 1 member of the public was in attendance

HWB.87 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.88 MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on 24th April 2013, be approved as a correct record and signed by the Chair.

HWB.89 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board Action Log.

The Executive Director reported the Network Hub would support the delivery of the Health and Wellbeing Strategy and key priorities, once the strategy had been approved and priorities agreed, full proposals would be brought to the Board for consideration.

The Executive Director reported that Alison Vaughan had spoken to Naomi Ledwith and there had been a general agreement to adopt a joint Community Asset Approach for delivery of shared priorities. Initial proposals would also, be considered for an Asset register.

Dave Bevitt, B3SDA representative reported that a meeting had taken place with the Clinical Commissioning Group to discuss the Innovation Fund.

Democratic Services reported that the number of benefit claimants in Bury were as follows; Housing Benefit claimants 14,111; Council Tax Support, 17,965; Jobs Seekers Allowance, 4,666.

The Superintendent Greater Manchester Police reported that discussions were ongoing with representatives from Public Health in relation to the police "be safe, be cool" event.

Democratic Services reported that an additional member, The Deputy Cabinet Member for Adult Care, Health and Housing had been appointed to the Health and Wellbeing Board.

Members of the Board discussed the appointment of a representative to sit on the Children with Additional Needs and Disability Partnership Group.

Delegated decision:

1. Health and Social Care Reform would be considered at the next meeting of the Health and Wellbeing Board.
2. The Health and Wellbeing Board would not appoint a representative to sit on the Children with Additional Needs and Disability Partnership Group.
3. The Health and Wellbeing Board would not appoint members, to sit on other bodies as representatives of the Board, unless otherwise agreed at a meeting of the Health and Wellbeing Board.
4. The Assistant Director of Learning, Children's Services would provide regular updates to the Board in relation to the progress of the Children with Additional Needs and Disability Partnership Group.

HWB.90 PUBLIC QUESTION TIME

There were no questions from Members of the Public.

HWB.91 TOWNSHIP AREA PLANS AND THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board considered a verbal presentation from the Communities Manager, Cindy Lowthian. The presentation contained the following information:

Bury Council has six Township Forums; each council consists of all Councillors representing that area and co-opted advisory group of local representatives.

The performance of Township Forums can be assessed in relation to the progress they are making in developing and implementing priorities within their Township plan. Promotion of health and wellbeing features as a priority in all six township plans.

The Township Co-ordinators have worked with public health analysts to access updated health profiles for each township. The Communities Manager has met with representatives from the Clinical Commissioning Group in relation to developing links between with the Patient Cabinet and the Township Forum.

In discussions that followed Members of the Board, raised the following issues:

- The CCG would like to assist the Township Forum to further involve GP's in the work of the Township Forums.
- Public health data should be used to ensure that resources are correctly targeted to areas of greatest need.
- Plans should be developed as a result of engagement with members of the public and community groups.
- Plans should be co-produce with help from different stakeholders
- Plans should be evidence based.

Delegated decision:

The report be noted.

HWB.92 JOINT HEALTH AND WELLBEING STRATEGY 2013-18

The Executive Director of Communities and Neighbourhoods reported that Health and Wellbeing Being Strategy had been presented to the Clinical Commissioning Group and the Health Scrutiny Committee for comment.

The Executive Director of Communities and Neighbourhoods reported that the clinical commissioning group had requested that information relating to the prevalence of dementia be added to the document.

The Executive Director of Communities and Neighbourhoods reported that the health scrutiny committee had raised the following issues:

- Needing clarity on measures and performance in order for the committee to scrutinise effectively, yet understanding many of the key actions are long term aspirations.

- More clarity on how the "Hub" would work, particularly on how that would be reflected in terms of delivering the Township Plans in the future.

- What measures will be taken to ensure effective ongoing communications and engagement during the life of the Strategy? Can the Next Steps section be enhanced to reflect and reassure on this?

Delegated decision:

1. The Executive Director of Communities and Neighbourhoods would include within the strategy, the comments raised at the Clinical Commissioning Group and the Health Scrutiny Committee.
2. The Health and Wellbeing Strategy for 2013-2018 be approved.

HWB.93 DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELLBEING BOARDS

Members of the Health and Wellbeing Board discussed the benefits of signing the Disabled Children's Charter for Health and Wellbeing Boards.

The Executive Director, Children's Services reported that the Children's Trust has adopted a similar charter and the Assistant Director of Learning

would be able to provide evidence to the Board in relation to the information contained within the Charter.

Delegated decision:

1. The Disabled Children's Charter for Health and Wellbeing Board by signed by the Chair on behalf of the Health and Wellbeing Board.
2. The Assistant Director of Learning, Children's Services would provide the Health and Wellbeing Board with an update in relation to the Disabled Children's Charter for Health and Wellbeing Board.
3. The Joint Health and Wellbeing Strategy for 2013-18 would be presented at the Council meeting on the 3rd July 2013.
4. The Health and Wellbeing Board would continue to review the Health and Wellbeing Strategy for 2013-18.

HWB.94 COMMUNITY HEALTH AND WELLBEING ASSESSMENT

The Service Manager, Public Health reported that work on the Community Health and Wellbeing Assessment (CHWB) would continue. A refresh of data held by the local authority and the Clinical Commissioning Group was underway.

In response to a Board member's question, the Service Manager reported that she would contact officers from the New Economy service.

Delegated decision:

A Community Health and Wellbeing Assessment update would be given at the next meeting of the Health and Wellbeing Board.

HWB.95 NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE TRAINING OFFER

Delegated Decision:

A training session with the National Institute for Clinical Excellence be arranged for members of the Health and Wellbeing Board.

HWB.96 LEGAL ADVICE FOR THE HEALTH AND WELLBEING BOARD

Delegated Decision:

Members of the Health and Wellbeing Board would receive advice from the Monitoring Officer with regards the legal status of the Board.

Pat Jones-Greenhalgh
Chair

(Note: The meeting started at 2pm and ended at 2.50pm)

Agenda Item 6

BRIEFING NOTE FROM

PAT JONES-GREENHALGH, EXECUTIVE DIRECTOR ADULT CARE SERVICES, BURY COUNCIL

9 July 2013

Winterbourne View Improvement Programme

Background
In May 2011 the BBC programme Panorama aired a programme showing the appalling abuse of patients at the Winterbourne View Hospital in South Gloucestershire. The patients at Winterbourne View featured in the programme were people with varying degrees of learning disability who were in patients at the Hospital.

As a result of the programme the Department of Health carried out a complete review of the service the main ethos throughout the report was that “only local action can guarantee good practice, stop abuse and transform local services” and to do this local health care and care services must take action to:-

1) Develop a person-centred approach to commission placements, taking into account views of people with learning disabilities and their families
2) Ensure there are flexible community-based services
3) Focus on early detection, prevention and long-term support to prevent people reaching crisis levels and having to go into hospital.
4) Deliver care for the individual so that we can understand factors which might distress people and make behaviours more challenging.
5) Make reasonable adjustments for people with learning disabilities who have mental health needs so that they can make use of local generic mental health facilities.
6) Ensure services are carefully planned to care for children who are transitioning into adulthood and adult services in order to avoid crisis.

Over the last 2 years both Health and Local Authority services have been working toward a joint improvement programme based on the recommendations put forward in the Winterbourne View report, and in July this year a joint progression report “The Winterbourne Stocktake” was completed detailing progress against some of the key recommendations. The full Stocktake report is embedded below..

Stocktake
Winterbourne View Jc

Progression Against Winterbourne Recommendations
Both Health and Local Authority Services have been working towards improving quality of care for people with both complex needs and learning disabilities.

Summarised below are some of the “highlights” noted within the Stocktake report.

- Additional Behaviour Support Strategy is in the process of being developed.
- Market Position Statement has been developed which looks at gaps in provision within Bury and how to fill those gaps.

- The “Living Options Group” looks at housing needs of individuals and ensures that those individual needs are match to housing accommodation and available support.
- Quality assurance checks on providers (with the involvement of self advocates) is currently being piloted.
- Where individuals fall outside normal funding arrangements – the Complex Care Panel will take over the review to ensure patient care is not compromised.
- Health and Local Authority learning disability teams are now entering their 6th year of co-location.
- Advocacy services are available to not only support the patient but also their families.
- Bury CCG have commissioned a mental health case manager jointly with the North East sector.
- A template has been developed and is in use whereby patient reviews are benchmarked against Winterbourne recommendations. Reviews also involve psychological staff in order to fully understand the individual behavioural support needs.
- The Greater Manchester LD leads meeting is working towards potential collaborative commissioning.
- Transition workers in both Children’s and Adult services are working collaboratively to ensure service transition is seamless.

Next Steps

Services will continue to be developed which will improve the services provided to the “Winterbourne cohort” as well as developing services around the more generic learning disability provision.

In development are:

- The Learning Disability Partnership Board will monitor the new joint Self Assessment Framework for learning disability services.
- Potential for pooled budgets/joint funding.
- Extension of the co-location model (currently in operation within the learning disabilities teams) across the wider health and social care spectrum.
- CCG developing an initial contact letter for out of area placements – in line with national protocols.
- Joint patient reviews between Health and Local Authority.

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 are no specific joint delivery programs however the Local Authority and CCG are working closely together to deliver shared outcomes. Consideration is being given to the most effective way of producing an Additional Behavioural Support Strategy and forming a Steering Group.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Strategic housing unit sits within Adult Care Services in Bury which enables close working relationships around housing needs for people with learning and other disabilities, including input to a housing strategy for vulnerable people. The 'living options group' within Adult Care Services looks at housing needs of individuals and matches them to available housing and support. The Complex Care Panel holds tri-partite discussions which covers education and children. When the Additional Behavioural Support Strategy is produced, specialist commissioning will be present to contribute in relation to commissioning of behaviour support.		
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.	The Local Authority has developed a Market Position Statement to identify and try to fill current market gaps in Bury provisions. The CCG have a planning function across 3 local CCGs which ensures the reviews that patients receive are being fed into the Additional Behaviour Support Strategy.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The Board annually monitors the Health Self Assessment results and action plan (which includes a measure on individuals living in acute settings). From		

	2013 the Board will annually monitor the new joint Self Assessment Framework (SAF) for Learning Disability Services. The Board also receive wider reporting. Example - in May 2012 Pennine Care NHS Foundation Trust (provider) reported procedures in relation to DNAR (do not attempt resuscitation) orders for patients who lack capacity and associated actions for improvement. The Board will consider quality assurance processes and contract compliance during the next quarter (see embedded draft Board minutes – June 2013).  C:\Documents and Settings\N.Hine\Desk A pilot is on-going (with the involvement of self advocates) to carry out quality assurance checks on Providers in relation to person centred planning.
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	The Health and Wellbeing Board has a clear joint strategy which priorities include “An increase in people feeling safe and secure as a result of adult care service” and “A reduction in the number of child protection plans”. The HWB has and continues to develop strong links with safeguarding services and through the JSNA is also driving local commissioning of health care, social care and public health services. The Health and Wellbeing Board received an update at their July 2013 meeting and will receive regular updates.
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The HWB has no mechanism for resolving disputes as such, and would use normal organisational routes for resolving issues/disputes and complaints. The HWB however does have the power to vote and to make recommendations. However, the Complex Care Panel arrangements allow

	disputes to be raised, discussed and resolved (see embedded guidance for Complex Care Panel).  COMPLEX CARE PANEL GUIDANCE 09		
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.	Clear structures are in place. These structures are interlinked locally through the LSP and have also have defined links with both national and regional bodies.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	No issues around Ordinary Residence or the responsible commissioner.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Due to the small physical and population size of the Bury area resources are extremely limited. No specific areas for support have yet been identified, however, additional external support to further develop the delivery plan would be welcome around developing the Additional Behaviour Support Strategy.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	The costs of current services are well understood within the local authority and the CCG and are monitored and benchmarked across other local authority areas. We are taking an open book approach across both organisations as to the sharing of information.		
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.	Yes – both health and social care fund in line with needs assessments. There is also a 'complex care' funding panel which agrees joint elements of funding for people with complex needs. The panel meets weekly. Where a case falls outside normal CHC or local authority funding arrangements, the Complex Care Panel meets to review the case and potential packages of care and agree funding splits to ensure patient care is not compromised through separate funding decisions. This		

2.3 Do you currently use S75 arrangements that are sufficient & robust.	included education. (see Complex Care Panel spreadsheet below)  Complex Care Panel Spreadsheet.xls The funds for patients who require low/medium/high secure services is held by the North West specialist commissioning team, hosted by the Cheshire, Wirral and Warrington Area Team. No. Bury does not currently operate under S75 arrangements as local arrangements have proved to be both sufficient.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk. 2.5 Have you agreed individual contributions to any pool. 2.6 Does it include potential costs of young people in transition and of children's services. 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.	There are no current pooled budgets or arrangements to share financial risk, however these development areas are currently under consideration. See 2.4 See 2.4 There is no joint strategy – however there are mechanisms in place to ensure the appropriate sharing of financial strategies and more detailed information are made available between the CCG and council as appropriate. The CCG and local authority will be exploring opportunities to develop joint funding alongside the Additional Behavioural Support Strategy.		
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. 3.3 Does it have capacity to deliver the review and re-provision programme.	The learning disability teams (Local Authority and Health) have been co-located for the last 5 years and work very closely together. Plans are in place to build on this with wider integration across health and social care. Yes. No. Delivering the programme will require adjusting existing priorities.		

3.4 Is there clarity about overall professional leadership of the review programme. 3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Due to the change from NHS to CCG, formal structures are still in the process of being embedded. However there is clear leadership within organisational management structures, clinical structures, and within the LD teams. However, the CCG has commissioned both CHC and complex care leadership. Where appropriate the commissioned advocacy service is available to support both individuals and family members.		
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. 4.2 Are arrangements for review of people funded through specialist commissioning clear.	The CCG is aware of the numbers of people they commission for. The CCG has a register of people and families affected. Ongoing reviews will be undertaken. (please see review template as embedded below).  Bury CCG Review proforma post Winter Social Care customers are reviewed annually. Low/Medium Secure Patients are reviewed on a monthly basis by a case manager. Each patient is reviewed with regards to their treatment, clarity of where they are on the care pathway, identification of any issues regarding safeguarding, egress from secure services. Alongside this review the team also undertake unannounced half day reviews. This involves an in depth review of an individual patient. Review  EXAMPLE half-day Review Template.doc Template attached.		

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	A pilot is on-going (with the involvement of customers) to carry out quality assurance checks on Providers in relation to person centred planning and person centred reviews. This will deliver improved outcomes for customers and have a positive impact on their care. The recruitment process for a chair of Bury HealthWatch is currently underway.
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	All information around Local Authority LD customers is held on a central care management system which includes records of placements, case history review documentation etc. The CCG has developed a database that has mapped in area and out of area individuals receiving funding from the CCG. The database is used by the CCG and can also inform out of borough commissioners should concerns need to be shared.
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	The local authority case management system holds information about who is the case manager for that individual. All case managers have a responsibility to ensure information regarding the individual is current and reviews are held regularly. The CCG also has clarity around the ownership, maintenance and monitoring of local registers. CCG are currently working on developing a first point of contact.
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes. The Local Authority has opened its independent advocacy support services to all vulnerable adults (and their representatives/family) whenever help and support is required. The three secure services in the north west have independent advocacy contracts which provide a self advocacy model and provide the statutory IMHA service. For service users placed in independent sector hospital provision then the individual hospitals either commission their own advocacy provider or have an SLA with local services to provide the statutory IMHA

	provision. In rare circumstances where this is not available CCG would be charged to commission the provision		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Bury CCG have a commissioned mental health case manager jointly with the North east sector who is familiar with the Winterbourne concordat particularly standard 1. Each review incorporates the WV proforma as part of the assessment alongside identifying any safeguarding or MCA/DOLs concerns. Each service user has a file located within the complex care team available for audit purposes. The review proforma has been shared within the CCG including the clinical lead. The MH case manager is offered supervision by the complex care lead and has started to make links with the local CLDT and LA to enable a joint review process. Quality of reviews and good practice is monitored via case file audits, the supervision of staff undertaking reviews and monitoring of safeguarding outcomes. The secure case managers meet weekly for clinical supervision and all findings are discussed within the team. Issues are highlighted to supplier managers to ensure they are address appropriately if they require a contractual response. Embedded below is a copy of the WV proforma.  Winterbourne View proforma June 13.do		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Each service user reviewed by the CCG has an individualised care plan, as per the WV concordat, that includes multidisciplinary agencies from within the environment. Individuals have their needs discussed at reviews this includes the types of behavioural support		

	offered. Reviews involve psychological staff, as appropriate, to thoroughly understand the individual's behavioural support needs. Secure services – during the in depth reviews – care plans are reviewed in line with national guidelines, staff are interviewed and there is a detailed report of findings. Embedded is a template of the placement review document.  CCG placement review 3.doc		
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 health and social care customers have a clear review schedule, ensuring a minimum of an annual review. Each customer is also monitored throughout the course of the year. Recent reviews have been completed in line with Winterbourne requirements.		
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.	ADASS protocols are embedded within local multi agency policy and practice – where arrangements are out of area again local policy guidance re: supporting host authority throughout investigations is clear. Policy documentation will be reviewed in 2013-2014 and will again ensure compliance with ADASS Dec 2012 guidance. CCG are currently working to adopt an initial contact letter for out of area placements with the host CCG, in line with the National Protocol for out of area placements.		

5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	In Bury safeguarding training is mandatory for care providers. Clauses around risk are included in all local and out of area provider contracts. A standard format of risk assessment has also been included in the multi-agency safeguarding thresholds document which has been disseminated to all provider agencies and operational staff through a series of briefings and training sessions. One to one training sessions are also delivered by the Safeguarding Strategic Team should they be required.		
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.	Yes. CQC meet regularly with the Local Authority Head of Procurement and Adult Safeguarding Manager to discuss activity within the Bury Area.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	The Adult Safeguarding Board currently has the review as a standing agenda item, with operation support coming from their working group.		
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.	The Adult Safeguarding Board in the process of restructuring the Board groups, these issues and monitoring of such are going to be reviewed by the Operational Working Group which in turn is governed the Safeguarding adults Board.		
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.	The sharing of information and good practice locally is facilitated by operational groups. There are clearly established links between the local CQC inspector, the CCG Designated Nurse and the local authority's Safeguarding Manager. The links have been established between specialised commissioning at NHS England. The CCG's Case Manager has access to the CCG's Designated Nurse and the Adult Safeguarding Lead.		
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.	Not specifically, however the CSP are considering a more generic piece of work around hate crime which will include looking at risk of vulnerable adults living within Bury communities .		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to	Yes. These links are facilitated through Bury Council's Strategic Safeguarding Team.		

concerns.	The CCG has recently appointed an Adult Safeguarding Lead to strengthen this further.		
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.	Each individual in assessment and treatment/ in patient settings have a minimum six monthly review with the NES case manager. Links are being established with partner agencies to jointly review these individuals and identify any local unmet need to inform commissioning intentions. There is also a Greater Manchester LD leads meeting that is working jointly to look at this area with potential for future collaborative commissioning.		
6.2 Are these being jointly reviewed, developed and delivered.	Not currently as the joint commissioning requirements have yet to be developed; but the CCG and local authority are working towards joint reviews.		
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.	Both Health and the Local Authority keep detailed information on people who are placed out of the Borough, this is not currently jointly shared.		
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.	The local Learning Disability Strategy is due for refresh and refocus in light of Winterbourne View. A more detailed (local authority) Commissioning Intentions Plan will be produced to underpin the Strategy. The intention is for the Strategy to address prevention and early intervention to reduce hospital placements and include consideration of the need for a re-provision programme. The local authority Market Position Statement addresses management of the social care market locally.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Not currently.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Yes. We are currently aware of the current costs and are able to apply trends data to predict needs forecast.		

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).	Yes, contracts have been recently reviewed and renewed and offer a wide range of services to customers. As mentioned in 1.9 support in developing the plan would be welcomed, linked to additional behavioural support needs. Yes – where appropriate as some people may not be able to (or may not wish to) move locally. Legal (Mental Health Act), availability of local services.		
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. 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.	CCG will be able to assess commissioning requirements on an individual basis and highlight gaps in local provision. Yes, advocacy services are contracted through an external providers. The contract is reviewed annually and contracts are monitored. Bury Local Authority is currently in the process of training a new cohort of BIA's who will be available for consultation should it be required.		
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.	Not currently – work is in progress to address this. This is a work in progress. It will be addressed as part of the refresh of the Learning Disability Strategy (which will review crisis response). Under the Mental Health Act, a RAID service is in place (but this is not specific to learning disability customers / patients). No, commissioning intentions have not yet been developed.		

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. 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.	The local authority's Market Position Statement for Learning Disability Services is aimed at existing and potential providers of all learning disability support services. It represents the start of a dialogue with providers about the vision for the future of the local social care market for all individuals with learning disabilities, outlining current supply, a breakdown of current spend, and highlights potential future opportunities for providers. A range of provider services have approached the local authority to discuss developing services, including those for people with complex needs and challenging behaviour. Providers are required to demonstrate a person centred approach. Providers are also expected to sign up to a PCP charter. Specifications for services to be tendered are developed taking account of PCP. Information includes age/gender and cultural considerations if these are important to the individual. Demographic data is considered when developing all commissioning strategies.		
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.	Children's Services have a Commissioning a Procurement Team who ensure the needs of children and young people have services throughout transition based on assessment of individual need and also evidence levels of support identified. The transition workers in both Children's and Adult services work collaboratively to ensure that this process is timely and joint assessments are completed to align a seamless service. Future integrated commissioning will align further with integrated assessments across Health, Education and Social Care. The Complex Care Team carries out transition planning, which starts at the age of 14 years.		

10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	The local authority's Market Position Statement for Learning Disability Services outlines the projected population of Bury (aged 18 and over) with moderate and severe learning disabilities from 2012 to 2030. This data is broken down into age categories. The Market Position Statement also outlines potential areas of opportunity for providers to deliver improved and innovative services based on local commissioning information and feedback / consultation with local service users. Market Position Statement for Learning Disability Services will be regularly refreshed to reflect changing needs and demands as the market for care services develops. In addition the refreshed JSNA will assist in future mapping and commissioning of services and this includes trend analysis of vulnerable groups i.e. Disability, Long Term Conditions, LDD alongside community assets to meet future demand.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress.	As stated above, the Market Position Statement also outlines potential areas of opportunity for providers to deliver improved and innovative services based on local commissioning information and feedback / consultation with local service users. Market Position Statement for Learning Disability Services will be regularly refreshed to reflect changing needs and demands as the market for care services develops. In addition the refreshed JSNA will assist in future mapping and commissioning of services and this includes trend analysis of vulnerable groups i.e. Disability, Long Term Conditions, LDD alongside community assets to meet future demand.		

11.2 Does this include an updated gap 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 JSNA and associated strategies, such as the Mental Health Strategy contain high level gap analysis, including feedback Not currently as most work is currently under development/in pilot phase.		

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

This document has been completed by

Name……

Organisation……..

Contact……

Signed by:

Chair HWB ……

LA Chief Executive ……..

CCG rep……..

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No	Theme	Recommendation	Current CCG position / action required	Lead	Date for action	RAG
3	Common set of values	The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	Bury CCG constitution is compliant with the NHS Constitution. Assessed at authorization. To be reviewed annually			
4		The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.	Bury CCG constitution compliant with guidance 4. Assessed at authorization. To be reviewed annually			
7	NHS constitution	All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.	Bury CCG compliant with guidance 5 To be reviewed annually			

123	Responsibility for monitoring delivery of standards and quality	GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a	Complaints now collated are provided to NHS England LAT. Bury CCG have retained GP with experience + organisational memory to oversee complaints / concerns for GP. Additionally PMO collated soft intelligence form sectors All reviewed at Q&R and escalated to LAT if required Bury CCG to empower + inform GPs of responsibility			

		continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.				
137	Intervention and sanctions for substandard or unsafe services	Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm. In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service.	Processes in place			
141	Taking responsibility for quality	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	Robust structure across commissioning / quality and safeguarding Collaboration with NES / GM LAT Weekly incident reporting and monthly quality report to Q&R and GB for scrutiny			
142	Clear lines of responsibility supported by good information flows	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	Robust process for information flow			
174	Candour about harm	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	Bury CCG compliant within constitution and employment principals			
176	Openness with regulators	Full and truthful answers must be given to any	Bury CCG compliant within			

		question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).	constitution and employment principals			
177	Openness in public statements	Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.	Bury CCG compliant within constitution and employment principals			
178	Implementation of the duty. Ensuring consistency of obligations under the duty of openness, transparency and candour	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	Bury CCG compliant within constitution and employment principals			
183	Criminal liability	There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it.	Bury constitution compliant with guidance 184. Processes in place for dealing with non-compliance. Employees will adhere to the standards of employment and the 7 principals of public life			
184	Enforcement by the Care Quality Commission	It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation: • Knowingly to obstruct another in the performance of these statutory duties; • To provide information to a patient or nearest relative intending to mislead them about such an incident; • Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the statement in the performance of their duties.	The CCG will take assurance on this recommendation from providers in their responses to the Francis report. Francis compliance action plans received from main providers PAHT & PCFT			

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Health and Wellbeing Board
Competence Assessment Process

Step 1: Identify competencies required of the board and it's individuals
An initial set of competencies has been developed based on the function of the Health and Wellbeing Board. These need to be agreed as a Board and amended or added to as necessary.

Step 2: Assess as a Board where you collectively feel you are at in relation to these competencies using the scoring approach

Step 3: Assess as an individual where you personally feel you are at in relation to these competencies using the scoring approach

Step 4: RAG status on the scoring – 0 or 1 = RED; 2 = AMBER; 3 = GREEN

Step 5: Identify which individuals have a score of 3 in certain areas as they could be able to cascade their knowledge to others

Step 6: Identify which competencies need intervention to improve them either as a board or individually
It is suggested that competencies of 0 or 1 need to be addressed as a priority. Competencies of 2 would be desirable to be improved further but would be less urgent.

Step 7: Identify appropriate interventions to address gaps
- Is training needed and if so what courses are available?
- Is there a team or organisation that could come and talk about that area or provide information?
- Is there an opportunity to learn this from another health and wellbeing board?
- Is a member of the Board a specialist and could cascade their knowledge?

COMPETENCE ASSESSMENT PROCESS - SUMMARY

Function	Associated Competencies	Board skills / competencies?				Individual skills/ competencies?			
		***Score 0 – 3 where**:* *0 – not got this currently* *1 – some competence in this but definitely need more input* *2 – reasonably competent in this but would benefit from more input* *3 – very competent in this and confident could share with others*							
		0	**1**	**2**	**3**	**0**	**1**	**2**	**3**
Understanding of the structure, roles and responsibilities of the Health and Wellbeing Board	- Understanding of the role of the Board		I	II	IIII		II	III	II
	- Understanding of the role of Champions		I	III	III		I	IIIII	I
	- Understanding the chairing role		I	I	IIIII		I	II	IIII
Strategic influence over commissioning decisions across health, public health and social care	- Understanding of health context			IIII	III		II	IIII	I
	- Understanding of public health context			IIII	III		I	IIII	II
	- Understanding of social care context			II	IIIII		II	II	III
	- Common and agreed understanding of what it means to operate at a strategic level		I	I	IIIII			III	IIII
	- Understanding of commissioning processes			IIII	III		II	III	II

COMPETENCE ASSESSMENT PROCESS - SUMMARY

		Board skills/ Competencies?				Individual skills/ competencies?			
		0	**1**	**2**	**3**	**0**	**1**	**2**	**3**
Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people.	- Ability to challenge appropriately		I	III	III		I	III	III
	- Ability to involve key stakeholders		II	IIII	I		II	III	I
	- Understanding of appropriate involvement techniques		I	III	II		II	III	I
	- Knowledge of the local population and any potential barriers to engagement		I	IIIII	I		I	IIII	II
	- Knowledge of existing local networks within the population and the Virtual Network		I	IIII	II		I	IIIII	I
Bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be	- understanding of what health and wellbeing means within the local context			IIII	III		I	IIII	II
	- Understanding of the JSNA and the process by which it is developed			~~IIII~~	II		I	III	III
	- Understanding of how a joint strategy is developed and possible formats			IIII	III			III	IIII

		Board skills/ Competencies?				Individual skills/ competencies?			
best addressed. This will include Recommendations for joint commissioning and integrating services across health and care									
		0	**1**	**2**	**3**	**0**	**1**	**2**	**3**
	- Understanding of partnership models and joint working arrangements possible between health and social care and the benefits of these and challenges to them		I	II	IIII		II	II	III
Drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed	- understanding of education context		I	IIII	II		II	II	III
	- understanding of housing context		I	IIIII	I		IIII	II	I
Involve local people in the preparation of Joint Strategic Needs Assessments and the development of joint health and wellbeing strategies	Ability to translate complex strategic information into language and formats which are accessible to the general population to contribute meaningfully to		I	IIII	II			IIIII	II

Training Requirement

Function	Associated Competencies	Training need RAG	Training to meet this
Understanding of the structure, roles and responsibilities of the Health and Wellbeing Board	- Understanding of the role of the Board		-
	- Understanding of the role of Champions		-
	- Understanding the chairing role		-
Strategic influence over commissioning decisions across health, public health and social care	- Understanding of health context		- Informal briefing from other board member – PE / PJG
	- Understanding of public health context		- Informal briefing from other board member – PE / PJG
	- Understanding of social care context		-
	- Common and agreed understanding of what it means to operate at a strategic level		-
	- Understanding of commissioning processes		- Understanding the commissioning cycle and legal framework - Presentation from commissioning and procurement
Strengthen democratic legitimacy by involving democratically elected representatives and patient	- Ability to challenge appropriately		- Managing differences - Understanding conflict for members

representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people.	- Ability to involve key stakeholders		- Understanding who the key stakeholders are - Accessing local representative groups for their input
	- Understanding of appropriate involvement techniques		-
	- Knowledge of the local population and any potential barriers to engagement		- Access demographics of the local population - Involving stakeholder to address barriers
	- Knowledge of existing local networks within the population		- Understanding links with the Virtual Network
Bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care	- understanding of what health and wellbeing means within the local context		- informal briefing from other board members - PJG / DB
	- Understanding of the JSNA and the process by which it is developed		- informal briefing from other board members – PJG / MC / PE
	- Understanding of how a joint strategy is developed and possible formats		-
	- Understanding of partnership models and joint working arrangements possible between health and social care and the benefits of these and challenges to them		-

Drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed	- understanding of education context		- Informal briefing from other board member – GA / PJG / MC
	- understanding of housing context		- Informal briefing from other board member - GA
Involve local people in the preparation of Joint Strategic Needs Assessments and the development of joint health and wellbeing strategies	- Ability to translate complex strategic information into language and formats which are accessible to the general population to contribute meaningfully to		- Use key stakeholder to try to involve young people in this

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