

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.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Consideration is being given to the most effective way of producing an Additional Behavioural Support Strategy and forming a Steering Group.		
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.	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.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	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.		
	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.		
	The Board annually monitors the Health Self Assessment results and action plan (which includes a measure on individuals living in acute settings). From		

1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.

1.6 Does the partnership have arrangements in place to resolve differences should they arise.

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).



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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.


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.

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

<p>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.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>disputes to be raised, discussed and resolved (see embedded guidance for Complex Care Panel).</p>  <p>COMPLEX CARE PANEL GUIDANCE 09</p> <p>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.</p> <p>No issues around Ordinary Residence or the responsible commissioner.</p> <p>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.</p>	
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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</p>	

<p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>	<p>included education. (see Complex Care Panel spreadsheet below)</p>  <p>Complex Care Panel Spreadsheet.xls</p> <p>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.</p> <p>No. Bury does not currently operate under S75 arrangements as local arrangements have proved to be both sufficient.</p>		
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children’s services.</p> <p>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.</p>	<p>There are no current pooled budgets or arrangements to share financial risk, however these development areas are currently under consideration.</p> <p>See 2.4</p> <p>See 2.4</p> <p>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.</p> <p>The CCG and local authority will be exploring opportunities to develop joint funding alongside the Additional Behavioural Support Strategy.</p>		
<p>3. Case management for individuals</p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>	<p>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.</p> <p>Yes.</p> <p>No. Delivering the programme will require adjusting existing priorities.</p>		

<p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>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.</p> <p>However, the CCG has commissioned both CHC and complex care leadership.</p> <p>Where appropriate the commissioned advocacy service is available to support both individuals and family members.</p>	
<p>4. Current Review Programme</p> <p>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.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>The CCG is aware of the numbers of people they commission for.</p> <p>The CCG has a register of people and families affected. Ongoing reviews will be undertaken. (please see review template as embedded below).</p> <p></p> <p>Bury CCG Review proforma post Winter</p> <p>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.</p> <p>Alongside this review the team also undertake unannounced half day reviews. This involves an in depth review of an individual patient. Review</p> <p></p> <p>EXAMPLE half-day Review Template.doc</p> <p>Template attached.</p>	

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.

4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.

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

4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes

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.

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.

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.

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

4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.

provision. In rare circumstances where this is not available CCG would be charged to commission the provision

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.doc

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

	<p>offered.</p> <p>Reviews involve psychological staff, as appropriate, to thoroughly understand the individual's behavioural support needs.</p> <p>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.</p> <p>Embedded is a template of the placement review document.</p>  <p>CCG placement review 3.doc</p>		
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>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.</p> <p>Recent reviews have been completed in line with Winterbourne requirements.</p>		
<p>5. Safeguarding</p> <p>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.</p>	<p>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.</p> <p>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.</p>		

<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> <p>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.</p> <p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to</p>	<p>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.</p> <p>Yes. CQC meet regularly with the Local Authority Head of Procurement and Adult Safeguarding Manager to discuss activity within the Bury Area.</p> <p>The Adult Safeguarding Board currently has the review as a standing agenda item, with operation support coming from their working group.</p> <p>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.</p> <p>The sharing of information and good practice locally is facilitated by operational groups.</p> <p>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.</p> <p>The CCG's Case Manager has access to the CCG's Designated Nurse and the Adult Safeguarding Lead.</p> <p>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 .</p> <p>Yes. These links are facilitated through Bury Council's Strategic Safeguarding Team.</p>		
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concerns.	The CCG has recently appointed an Adult Safeguarding Lead to strengthen this further.		
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>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.</p> <p>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.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>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.</p> <p>There is also a Greater Manchester LD leads meeting that is working jointly to look at this area with potential for future collaborative commissioning.</p> <p>Not currently as the joint commissioning requirements have yet to be developed; but the CCG and local authority are working towards joint reviews.</p> <p>Both Health and the Local Authority keep detailed information on people who are placed out of the Borough, this is not currently jointly shared.</p> <p>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.</p> <p>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.</p> <p>The local authority Market Position Statement addresses management of the social care market locally.</p> <p>Not currently.</p> <p>Yes. We are currently aware of the current costs and are able to apply trends data to predict needs forecast.</p>		

<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>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).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>Yes, contracts have been recently reviewed and renewed and offer a wide range of services to customers.</p> <p>As mentioned in 1.9 support in developing the plan would be welcomed, linked to additional behavioural support needs.</p> <p>Yes – where appropriate as some people may not be able to (or may not wish to) move locally.</p> <p>Legal (Mental Health Act), availability of local services.</p>		
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples’ move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>CCG will be able to assess commissioning requirements on an individual basis and highlight gaps in local provision.</p> <p>Yes, advocacy services are contracted through an external providers. The contract is reviewed annually and contracts are monitored.</p> <p>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.</p>		
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Not currently – work is in progress to address this.</p> <p>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).</p> <p>Under the Mental Health Act, a RAID service is in place (but this is not specific to learning disability customers / patients).</p> <p>No, commissioning intentions have not yet been developed.</p>		

<p>9. Understanding the population who need/receive services</p> <p>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.</p> <p>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.</p>	<p>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.</p>		
<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p>	<p>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.</p>		

<p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>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.</p> <p>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.</p> <p>Market Position Statement for Learning Disability Services will be regularly refreshed to reflect changing needs and demands as the market for care services develops.</p> <p>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.</p>		
<p>11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress.</p>	<p>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.</p> <p>Market Position Statement for Learning Disability Services will be regularly refreshed to reflect changing needs and demands as the market for care services develops.</p> <p>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.</p>		

11.2 Does this include an updated gap analysis.	The JSNA and associated strategies, such as the Mental Health Strategy contain high level gap analysis, including feedback	
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.	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.....