

### **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](mailto: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).	Yes – there is integrated delivery teams, joint commissioners for CCG and the Local Authority. The Health and Wellbeing Board are aware of this programme.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	<p>Yes – the Social Enterprise providing health and care support in Swindon (SEQOL) are a key partner and participating in this. There is liaison with the Mental Health Trust (AWP). There is full engagement with service providers both developing new and existing services and opportunities for current and future users of service.</p> <p>There are good links with Housing services and commissioners who have helped with finding appropriate properties.</p> <p>Southern Health (specialist provider) is co-located with the Learning Disability Team run by SEQOL. Strong link with the children's transitions and a good relationship with the Specialist Commissioning Group.</p>	Examples of work with the providers around moving people from treatment and assessments to community based packages – these are service user specific	
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.	<p>Yes – the teams listed above have been involved in partnership planning in identifying move on solutions for individual service users.</p> <p>As Part of the "Adult Demand Programme" (The LAs review of all future provision) there are a number of integrated work streams looking at the future provision of service and how they are delivered.</p>	<p>Adult Programme Board presentation for Demand Prog</p>  <p>Adult Programme Board 19 June 2013</p>	


1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The learning disability work plan for 13/14 is being developed and includes the monitoring and reporting on progress of the WBV action plan and local stock take. The Learning Disability Partnership Board (LDPB) is monitoring action plan developed alongside the Learning Disability JSNA which includes monitoring and reporting the WBV Joint Programme Progress	
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	11 <sup>th</sup> July – Health and Wellbeing Board are discussing the stocktake and will be updated on progress. The Chair of the H&WB and Lead Member of Adult Social Care is aware of the WBV Programme.	
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Yes there are adequate arrangements to resolve difficulties as they arise. There will be a multi-agency case discussion involving commissioners and health professionals and if required a Best Interest meeting involving advocacy, family and relevant professionals.	
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.	NHSE local areas teams are in place and developing, HWB in place and developing CCG have a range of input into other fora (e.g. Joint Commissioning Board, H&WB, Safeguarding Board, “One Swindon”, Joint management teams) LSAB is established and is developing an accountability protocol with the HWB.	
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	None currently relating to assessment and treatment units.	
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	.Additional capacity and funding to implement multi disciplinary workforce development programme which further strengthens person centred planning and capacity building with individuals so they are supported by the wider community and therefore safer. Additional funding required to establish business case and project	<b>Workforce Development £30k (30 days training for 20 people) Project management support</b>

	management for community based support instead of out of area residential assessment & treatment facilities	for alternatives to out of area residential treatment £40k	
<b>2. Understanding the money</b> 2.1 Are the costs of current services understood across the partnership.  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.  2.3 Do you currently use S75 arrangements that are sufficient & robust.	This is understood at the appropriate levels.  There is a good understanding of funding streams with Joint Commissioners in place with budgetary responsibility.  These are in place for both adults and children and monitored through the Joint Commissioning Board.	Terms of reference of the Continuing Health Care Panel   CHC TOR.docx	
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.	All budgets are aligned with a clear sharing of risk  N/A to pooled budgets but forecasting for potential cost includes transitions is across all budgets with consideration of the SEND policy. Yes – see Adult Demand Programme and Strategy for Care (weblink: <a href="http://www.swindonccg.nhs.uk/media/file-browser/Swindon%20CCG%20Strategy%20for%20care.pdf">http://www.swindonccg.nhs.uk/media/file-browser/Swindon%20CCG%20Strategy%20for%20care.pdf</a> )		
<b>3. Case management for individuals</b> 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.	Yes (these include specialist provision in both children and adults services)  Yes – service specifications are in place which outlines the role and function of the Community Team for People with Learning Disabilities. This includes enabling people to live as independently as possible, reducing dependency on long term care, avoid hospital admissions but ensuring where they are needed, discharge processes are timely and that everyone will receive joined up	Service spec :  Service Spec CT FINAL.doc	

<p>3.3 Does it have capacity to deliver the review and re-provision programme.</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>services to meet agreed needs.</p> <p>Review and re-provision is undertaken on a case by case basis. Of those individuals remaining in Assessment and Treatment Units, there are clear transition and move on plans in place.</p> <p>A review programme was in place and actions taken during 2011/12.</p> <p>There are currently under 5 individuals with learning disabilities in Assessments and Treatment Units. All cases are individual allocated to a named worker.</p>		
<p><b>4. Current Review Programme</b></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>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>There are fewer than 5 individuals who are part of the current review programme – they and their families have been fully supported in developing an individualised moving on plan where move-on is appropriate. Here Move On is not appropriate at this time, users and families are involved and supported through the care planning process.</p> <p>Yes and reviews completed</p> <p>Carers and advocacy were involved in the review in 2011/12. People with learning disabilities and Health Watch are active members of the LDPB.</p> <p>The LSAB has a Service User Forum.</p> <p>There is a comprehensive register of people with learning disabilities linked to GP registration.</p>	<p>Terms of reference for the Service User forum:</p> <p> LSAB SUF Minutes 040413 (Final).pdf</p>	<p>The question around 'behaviour that</p>

<p>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</p> <p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p> <p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>A comprehensive learning disability register is in place and is jointly owned by CCG and LA</p> <p>Appropriate advocacy was provided</p> <p>There is a verification process in place in Swindon. Successful transition of individuals back to community settings.</p> <p>As identified in 4.7 yes.</p>	<p>Outline of Verifications Process</p>  <p>Verifications process.doc</p>	<p>challenges' needs clarification as to the expectations of such a register.</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>Yes</p>		
<p><b>5. Safeguarding</b></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>Yes – where a local authority notifies the teams about the need for a safeguarding process to be instigated involving their service users, care managers are involved in the process as much as possible. This may also extend to where a concern is not directly related to their individual but may have an impact on their well-being. (e.g. a whole home investigation)</p>		
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.</p>	<p>Through Contract compliance processes, officers will instruct providers on their responsibilities regarding local safeguarding procedures. There are forums with providers to discuss overall requirements and developments in practice. Housing services do provide instruction on safeguarding and all provider staff can</p>	<p>Roles and purpose of provider forum</p>	

	<p>attend Council run safeguarding training free of charge. Risk assessments are also monitored through the contract compliance visits.</p>	 Role and Purpose.doc  Safeguarding Training Strategy   Adults at risk of harm Training Strategy - 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>CQC provide the LA with weekly list of reports published in the south. Bi monthly meetings are held with commissioners (health and social care), the head of policy and safeguarding manager. Here significant non-compliance is identified the CQC will notify commissioners and if necessary the safeguarding manager. This may result in support being offered to providers, contract compliance action or large scale safeguarding procedures.</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>There is an overall action plan on Winterbourne View which is monitored at board meetings and by the operational group. Children's board members are also aware of the priorities regarding future provision of specialist placements. The LSAB and LSCB has the same independent chair.</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>The action plan outlines responsibilities regarding placements and concern and matters relating to the Mental Capacity. The latter has also been raised at the Mental Capacity Act Steering Group.</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>Commissioner offers group supervision to senior practitioners in SEQOL and individual support is given on a case by case basis. All placements in hospital settings come under joint commissioning arrangement and are made through a specialist placements panel. Any placements that are eligible for CHC funding are dealt with by a panel chaired by Joint Commissioner and LA rep.</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 concerns.</p>	<p>The Community Safety Manager is a member of the LSAB. There are good links with the Anti-Social Behaviour Team who can and do become involved with individual safeguarding concerns as necessary.</p> <p>See 5.3. The safeguarding manager regularly meets with CQC managers and liaises with Compliance Inspectors. Safeguarding Adults service sits within commissioning and has close links with contacts officers and managers. Commissioners have close relationships with safeguarding staff in SEQOL and AWP – both commissioned to manage safeguarding processes. LSAB chair has regular meetings/ conversations with safeguarding manager and quarterly meetings with the DASS.</p>		
<p><b>6. Commissioning arrangements</b></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>Yes, move on plans have been drawn up for any service users within assessment and treatment units. Where a move is not yet appropriate, regular CPA reviews are undertaken to work towards longer term discharge planning.</p> <p>Yes, both health and social care are involved in these reviews.</p> <p>Yes, a comprehensive data base records all in area and out of area placements, including fully health funded and joint health and social care funded services users.</p> <p>The Joint Strategic Needs Assessment, Commissioning Intentions and Adult Demand Programme reflect the need to change how services are delivered, where they are delivered and with a greater focus on early community intervention where required.</p> <p>Yes - reviews and commissioning of individual placements have involved both case managers and commissioning representatives. Where placements are through The Specialist Commissioning</p>	<p>JSNA Bulleting re LD:</p>  <p>Swindon%20LI JSNA%20Bullet</p>	



6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Group, care manager, case manager and commissioner representation have been included in reviews or Care Planning Approach to agree existing or future plans for individuals.  Yes – there are currently less than 5 service users in Assessment and Treatment units and all have allocated named workers.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Advocacy support is currently commissioned locally including citizen and self-advocacy, Independent Mental Capacity Advocates and Independent Mental Health Advocates. There is currently a retendering process for 3rd sector organisations which includes advocacy services. There is a requirement for the organisations that will be delivering services to support safeguarding procedures (for people who have capacity and including those may be befriended) care reviews and accommodation moves.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Alternative provision has been planned for the people required alternative placements. For future provision, this included in the Adult Demand Inquiry planning around transitions.		
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).	Yes – see sections 4 and 6 above		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	NA		
<b>7. Developing local teams and services</b>			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Initial assessments and reviews are undertaken on an individual basis and plans in place.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes, as part of the review process we are ensuring that individuals have access to Advocacy if appropriate.		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Best Interest Assessors will only be involved in care planning where an individual is deemed to lack capacity in the specific decision making process. There are sufficient qualified and trained Best Interest Assessors with Commissioning and our provider arm to undertake this function.		

<p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b></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>Crisis intervention and capacity issues are currently being reviewed and will be reflected in the commissioning intentions.</p> <p>Yes, we are working closely with our providers to develop services that reduce the need for hospital admission.</p> <p>The workforce development workstream within the Adult Demand Enquiry will be addressing workforce skills. Workforce development includes all providers of services as well as council and partner front line staff and includes the Voluntary Sector.</p>		
<p><b>9. Understanding the population who need/receive services</b></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>Yes and is incorporated within the Adult Demand Programme community based support and supported housing workstream.</p> <p>This is a fundamental function of the assessment process and this information has already been gathered.</p>		
<p><b>10. Children and adults – transition planning</b></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>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Yes and a workstream within the Adult Demand Programme includes transitions planning up to age 25 with all partner agencies, including education, involved.</p> <p>This work is being undertaken as part of the workstream in 10.1 and incorporates the findings from the Public Health analysis of Learning disability services.</p>		

<p><b>11. Current and future market requirements and capacity</b></p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>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.</p>	<p>Yes in conjunction with the Institute of Public Care (IPC) however there is capacity within the current market to provide services to those Swindon users who are currently in Assessment and Treatment Units.</p> <p>A gap analysis was undertaken as part of the Public Health JSNA of Learning disability services.</p> <p>See good practice examples</p>		
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Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

This document has been completed by

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Signed by:

Chair HWB .....

LA Chief Executive .....

CCG rep.....