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).	1.1Local arrangements for joint delivery are already established. Barnsley Winterbourne programme is being led by the Joint Commissioner for Disabilities. The LD review project is sponsored by the DASS, the DCSS and the CCG.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	1.2 South Yorkshire and Bassetlaw LAT have provided some support and coordination for lead commissioners and chief nurses and specialist commissioning to come together to discuss requirements and assurance returns. Health and Social Care providers are engaged in the development programme and in providing assurance regarding the individuals they case manage.		
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.	1.3 We have a project underway , the planning for which predated the Winterbourne disclosures, that is reviewing high cost and high risk placements regarding quality, appropriateness as well as cost. Our new approach is one of active case management that will enable individuals to progress to the least intensive and greatest level of independence they can safely achieve. The project also involves developing the local market to be able to response effectively to our aspirations for individuals.	√  LD review project PID V3.doc	

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	1.4 yes		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	1.5 yes - report went to HWB on 18/6/13		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	1.6 The H&WB has robust governance arrangements, ToR have been agreed by the Board and signed off by Full Council, following a piece of work with the LGA as part of the H&WB Development Programme.		
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.	1.7 to some degree - the accountabilities are clear, however the large amount of communications from different parts of the system regarding concordat requirements can create confusion.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	1.8 We are a net importer of individuals into Barnsley residential care homes from other areas. The rules on OR for people moving out of part 3 accommodation into supported living becoming the funding responsibility of the LA area they chose to live in can be a barrier to helping people increase their independence.		√ Possible national review of guidance may be needed?
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	1.9 The issue of local workforce capacity and capability to sustain delivery of increased active case management and progression focussed plans for individuals has been raised with the local project board. The particular areas for development regarding the LD register and perceived advocacy deficits referred to in 4.4 and 4.6 below have been flagged with the CCG, the Adult Safeguarding Board and senior officers in Adult Social Care.		
2. Understanding the money	2.1 Baseline budget contributions from local partners are understood and further work is ongoing to clarify new NHS commissioning structure changes.		

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.	2.2 Some clarity exists however there are some outstanding local issues re: agreements for shared funding for cases not eligible for CHC see 6.3 below. This work is progressing. Specialised Commissioning budgets need to be clarified further as well as clarity on how the new commissioning arrangements will work see 4.2 point below. This issue is being picked up by the Local Area Team. 2.3 Yes – this will be reviewed by Health and Social Care partners to strengthen the agreement during this year, taking account of the role of the HWB within the local system.		
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.	2.4 Health and Social care budgets for this group are aligned rather than pooled. 2.5 Although no pool the aligned budgets are agreed. 2.6 Yes –although children and adults budgets are separate and as referred to in point 9.2 & 10.1 the transitions arrangements, including financial planning, could be more joined up. There are a number of workstreams and fora for developing closer integration between childrens and adults services and arrangements, including the HWB, with support at senior levels within both the LA and the CCG. 2.7 Yes there is an emerging financial strategy – plans to move this forward are in place.		√ Sharing of good practice around financial arrangements from health and social care integration pilots would be helpful

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. 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.	3.1 Yes 3.2 Development work in conjunction with the project referred to in 1.3 is underway including improving clarity of roles and responsibilities. 3.3 Our assessment is that the Social Worker capacity is stretched which is slowing down adoption of new processes and practices see 1.9 above. This is being raised via the LD review project processes. All the required reviews in response to the Winterbourne Concordat have already been completed. 3.4 Yes - currently we are working with Alder Associates (additional expertise) on the LD review project and a project board with senior sponsorship is in place. 3.5 Yes each review is undertaken in a sensitive and person centred way. There are family carer reps on the project board.		
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.	4.1 For each case that is picked up by the review project , family carers are contacted and the process is explained. The majority of cases have been reviewed as part of the project and the remainder will be undertaken as business as usual during the next few months. All the required reviews in response to the Winterbourne Concordat have already been completed. 4.2 Since changes to SCT as a result of NHS structural changes have occurred this is less clear. Reductions in SCT case managers means we no longer have one case manager that deals with Barnsley patients who we can liaise with. This issue is being picked up by the Local Area Team.		

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	4.3 The LD review project is being undertaken by the integrated LD community team and Joint Commissioner. The Project board includes family carer reps. Progress is regularly reported to the LD partnership board.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	4.4 This is a significant challenge - definitions need to be clarified and agreed. The LA LD register does not provide consistent information on co morbidities or reliable information about current location of the individual (ie moves from residential care to hospital may occur in emergency and the system relies on this being updated by care manager). A system of reporting to CCG and LA on individuals in high risk placements has been set up to meet this need, however there are issues relating to NHS information governance and data protection that are currently preventing commissioners from seeing this data that commissioners have requested.		√ Clarity of definitions required, Sharing examples of good practice, overcoming national NHS IG issues
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	4.5 The first point of contact for each individual is the care manager (either health or social care professional) The register referred to above is currently being managed by the joint commissioner but this situation is not sustainable and work needs to be done to establish a solution- see 4.4 above. Work is planned to resolve the issue of the concordat requirements for a live register - however further national clarification is needed re definitions and IG issues.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	4.6 This is also an area of challenge - individuals do have advocates, family members or self advocate but access to advocacy (non statutory) is not routine. It is our belief that there is insufficient independent advocacy provision available. We believe a new model of advocacy may need to be developed that would involve regular visiting of 'high risk' provision in order that relationships with		√ Sharing good practice examples, additional funding for advocacy

4.7 How do you know about the quality of the reviews and how good practice in this area is being developed. 4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	individuals with complex needs could develop and changes/concerns could be noticed early. This will be considered as part of the review of non statutory advocacy planned for this year in Barnsley. There has also been preliminary discussions with regional colleagues and with the CCG regarding the idea for developing a new model of advocacy provision for this group. 4.7 The LD review project referred to previously is focussing on this area and cutting edge new practice is being developed see 1.3 and 1.9 above. 4.8 yes - see 4.7 above		√ Sharing good practice examples of commissioner assurance arrangements with providers of care management and reviews of this group would be helpful.
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	4.9 yes		
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.	5.1 yes - however we have noted through the LD review project that it continues to be a challenge to make contact with the appropriate individuals in other authorities and to receive from them open and accurate safeguarding information. This issue has been fed back to Adult Safeguarding colleagues who will raise it at regional networks. In our view the Abuse of Vulnerable Adults data set does not support trend analysis and quality assurance at local		√ See comments about AVA data set in 5.1

	level sufficiently –this is an area we believe would benefit from consideration from the WV joint Improvement programme.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments. 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. 5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme. 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. 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.	5.2 We are working with providers - residential care and supported living to share our aspirations for future services. 5.3 yes - Barnsley Joint Commissioning have developed and implemented a Quality Improvement Programme(QIF) where providers self assess against the criteria set and this is validated and triangulated by a visit and stakeholder feedback. Action plans to improve identified areas are then monitored by the Joint Commissioning Team. 5.4 Yes Adult Safeguarding Board has had reports. Children's Board is separate but involves some of the same senior officers. 5.5 Adult Safeguarding Board is a strategic level board – the project team for the review project are responsible for ensuring current placements are safe, along with existing operational safeguarding procedures. New individual contract documentation includes the requirement for providers to report progress and incidents including use of restraint. Any issues identified regarding MCA/DOLS or safeguarding performance are identified through the appropriate Safeguarding Adult Board sub groups with remedial action plans presented to the Safeguarding Adult Board. 5.6 The LD review project includes information sharing with Local LD specialist Multi Disciplinary Team and with Children, young People and Families Services and Commissioners. We have a local commissioned specialist LD service whose remit includes providing expert and detailed behavioural analysis and planning for positive management. The	 QIF Guidance - integrated (2).doc √ √ Barnsley Assessment and Intensive Support Service statement of purpose	

	service trains and supervises staff to work effectively with people whose behaviour may challenge.	 BAISS - Service Description.docx	
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.	5.7 The Community Safety Partnership is represented on the Adult Safeguarding Board. There are 4 core workstreams including one focussed on Vulnerable Adults (which is led by a senior council offcier who is alos the senior lead for safeguarding) where such matters would be picked up as required.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	5.8 Yes – regular formalised meetings		
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.	6.1 We do not believe we have an issue with inappropriate use of LD A& T beds - these are used when needed for limited periods of assessment and treatment - on average we have 3 admissions of this kind per year and average length of stay is 6 months. We are reviewing specialist residential placements.		
6.2 Are these being jointly reviewed, developed and delivered.	6.2 see 6.1 above		
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.	6.3 There is a shared understanding despite the problems referred to in section 4.4. An agreement needs to be reached between CCG and LA to formalise an approach to shared funding for high cost cases that may not be eligible for CHC. This work is progressing.		
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.	6.4 yes original business case for LD review project reflects this - in relation to residential care placements rather than hospital placements only - see 6.1 above.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	6.5 see 4.2 above - the Local Area Team coordination meetings have involved SCT lead.		

6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	6.6 see 6.3 above and 2.7 re emerging medium term financial strategy		
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).	6.7 - see 4.6 above. Local arrangements for the commissioning of advocacy support are currently being developed. The proposal referred to in 4.6 has been raised with colleagues regionally for consideration of a joint approach. 6.8 yes 6.9 yes - however please note that this should only apply to people who are '**inappropriately**' placed in inpatient settings		
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.	7.1 - duplication of 6.1 7.2 Currently being reviewed, plus new contract arrangements will assist with this. 7.3 Best interest assessors are regularly involved in care planning/decisions and there is a robust training programme for all staff (including provider services) in place locally		
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.	8.1 This is being considered 8.2 yes 8.3 yes **NB a recent emergency need for access to an assessment and treatment bed for a person with challenging behaviour has indicated a lack of**		√ See note re NHS A&T provision

	suitable available NHS provision - a number of NHS providers (4 to date) have been approached, their assessment response has been slow and they have declined to accept the patient on grounds of not having to suitable physical environment to meet the needs. Appropriate use and access to high quality A&T services also needs to be looked at for this group.		
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.	9.1 all picked up by the LD review project 9.2 yes -however there are issues already flagged in 4.4 regarding development of a live register - and one that is connected to children's services to take account of transitions issues in a timely manner. Childrens services now have an ASD register. NHS has a duty to have a 'special needs' register these developments will help with transition planning. Work is underway in children's services to improve ethnicity recording culture.		

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. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	10.1 Yes – some good practice around transitions planning however in some borderline cases adult diagnosis does not occur until 17.5 years which can create delays in planning. 10.2 JSNA should provide estimates of longer term trends however accurate projections of needs and support are more problematic. Improving Health and Lives Observatory is a valuable source of information and analysis. Joint Commissioning will be working with Public Health colleagues to ensure the refresh of the JSNA provides available local needs analysis.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 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.	11.1 picked up by the LD review project 11.2 yes 11.3 LD review project as referred to previously		

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

This document has been completed by

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Chair HWB ……

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