

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).	<p>Yes.</p> <p>The arrangements are Pan Shropshire, incorporating Telford & Wrekin Council (T&WC) and Shropshire Council (SC) and Telford & Wrekin Clinical Commissioning Group (T&WCCG) and Shropshire Clinical Commissioning Group (SCCG). A programme Board has been established that reflects this representation and the key partners outlined in 1.2.</p> <p>For the purposes of the stocktake exercise, Telford & Wrekin and Shropshire will, however submit individual responses.</p>	Yes. Annex 1	
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	<p>Yes</p> <p><u>NHS Provider:</u> South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)</p> <p><u>NHS England:</u> Telford & Wrekin CCG has established links with the specialised commissioning team in the West Midlands.</p> <p><u>Housing:</u> 4 main housing providers work in Telford & Wrekin. They seek to work in a flexible and responsive way to</p>		

	<p>include the needs of specific vulnerable groups.</p> <p><u>Care Providers</u> Named providers work with specific client groups, including those with behaviour which can challenge, including Autism and/or mental health.</p> <p><u>Private Provider Sector</u> Shropshire Partners in Care (SPIC): umbrella organisation to which the majority of local providers are affiliated.</p> <p><u>Voluntary Sector</u> Taking Part: Advocacy Healthwatch: Becoming established and beginning to engage with the agenda.</p>		
<p>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>	<p>T&WC/T&WCCG (via the Programme Board referred to in 1.1) are progressing an Action Plan developed in response to the original WBV Concordat. This work will inform planning to support the development of services which are personalised and appropriate to the needs of named individuals with complex needs.</p>	<p>Yes. Annex 2</p>	
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>Yes. We are regularly reporting to the Learning Disability Partnership Board on progress. However, there is a concern about the plethora of different initiatives and questions being asked in different ways, at different times by different parts of the DH which seem to reflect a lack of planned and co-ordinated requests for data and analysis of submissions. For the next meeting, due to be held in September, the Partnership Board have requested a report which explains all the different strands.</p>		

	At the last LDPB in June it was agreed that the co-chair of the LDPB will receive a copy of this Stocktake submission.		
1.5. Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	<p>A paper went to the Health and Wellbeing Board (H&WB) in December 2012 relating to the last Health Self Assessment and reference was made to Winterbourne View (WBV).</p> <p>Two papers have gone to the T&W CCG (Jan 2013 and May 2013) which refer to the work being progressed on WBV. At the last meeting of T&W CCG, approval and support was given to the establishment of the Programme Board. The Safeguarding Adults Board has accepted the remit to provide overall governance to the Programme Board and submits its annual report to the H&WB. Further work is currently in hand to finalise and formalise all the governance arrangements and Terms of Reference for the Programme Board and various strands, referred to, above.</p>		
1.6. Does the partnership have arrangements in place to resolve differences should they arise.	Jointly agreed dispute resolution policy in place to manage disputes between statutory bodies.		
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>Yes, see 1.5.</p> <p>Primary accountability will be to the Safeguarding Adults Board and this will be formally ratified at the next meeting on 26 July 2013.</p> <p>Further work is required to align work with children's services and the Children's Safeguarding Board.</p>		

<p>1.8. Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?</p>	<p>Yes. Areas such as Telford & Wrekin are in relative terms seen as cheaper places to live. There is therefore a need to establish clear protocols with authorities that may be considering placing individuals in the Telford & Wrekin area. This is to ensure that placing authorities remain clear about their on-going obligations under ordinary residence guidance. The local policies held by both the T&WC and T&W CCG is only to place people out of area in exceptional circumstances and for a defined period of time, unless there is a compelling reason to not return someone back into area.</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>Yes.</p>	<p>Annex 2.</p>	
<p>2. Understanding the money</p>	<p>Assessment of current position evidence of work and issues arising</p>	<p>Good practice example (please tick and attach)</p>	<p>Support required</p>
<p>2.1 Are the costs of current services understood across the partnership.</p>	<p>Yes, except costs related to individual specialist commissioning placements and those placed from out of area into Telford & Wrekin. Also, there are issues around young people in transition who are placed out of area – further work required with Children’s Services to gain full clarity.</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>Specialist Commissioning placements are funded centrally by NHS England. NHS Continuing Healthcare is a needs led assessment process jointly undertaken by the MDT.</p>		

	<p>Full NHS funding is a consequence of an individual meeting the eligibility criteria. Telford & Wrekin Council and Telford and Wrekin CCG maintain ongoing dialogue regarding the determination of appropriate levels of NHS CHC funding in present and future cases.</p> <p>Telford & Wrekin CCG also fully fund individuals who are not eligible for NHS Continuing Healthcare who are subject to the Mental Health Act and as such remain the funding responsibility of the NHS.</p>		
2.3. Do you currently use S75 arrangements that are sufficient & robust.	Yes		
2.4. Is there a pooled budget and / or clear arrangements to share financial risk.	Yes However, there is real concern about increased number of complex cases coming through transition and the need to appropriately manage client expectation in regard to the resources available in adult services.		
2.5. Have you agreed individual contributions to any pool.	Yes LA through annual grant and CCG through existing contract routes.		
2.6. Does it include potential costs of young people in transition and of children's services	No		
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.	No, but are exploring		

3. Case management for individuals	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
3.1. Do you have a joint, integrated community team	The multi-disciplinary team is co-located but not fully integrated. There is ongoing collaboration and partnership working.		
3.2. Is there clarity about the role and function of the local community team.	Yes, and there is also collaboration with the specialist NHS Staff working in the SSSFT (Mental Health Foundation Trust)		
3.3. Does it have capacity to deliver the review and re-provision programme	<p>As above, we will continue to work in partnership. However, there is a real concern that numbers of people coming through transition who have behaviour which can challenge, including those with mental health issues and/or are on the autistic spectrum is continuing to rise. Both T&WC and T&W CCG are aware of the increasing financial challenges, particularly in light of the overall efficiencies drive.</p> <p>The outcome of working on a Pan Shropshire basis is the potential for more local, community-based services.</p> <p>Further discussion is planned with children's services and again, this may assist in achieving further progress despite the overall drive for efficiency and reduced funding.</p>		
3.4. Is there clarity about overall professional leadership of the review programme	<p>Yes.</p> <p>As referenced above, at a local level governance is provided via the Safeguarding Adults Board. A range of different professional and clinical colleagues are also involved in the work.</p>		

3.5. Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.

Yes.

Both T&W C and T&W CCG engage family carers in reviews and maintain ongoing dialogue in between formal meetings.

Local discussions are taking place around the ongoing review of named individuals who are out of locality, supported by named workers. If reviews are required on a quarterly basis this will have significant resource implications.

Independent advocacy is viewed as very important. At a local level we seek to ensure this is available. The local advocacy service seeks to work in a flexible manner to support individuals. When this is linked to safeguarding, we are also able to consider a request to provide independent advocacy support within the West Midlands region. However, it would be helpful if there was national guidance to inform local practice. Some geographical areas refuse to support people in their area if they are from another authority.

Thus, at a local level we have identified and are continuing to discuss the challenge of providing independent, good quality advocacy to individuals placed out of locality.

4. Current Review Programme	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
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.	Yes We have identified the people involved and do seek to work with and involve family members throughout the process.		
4.2. Are arrangements for review of people funded through specialist commissioning are clear.	This arrangement has been in place for several years. However, the process has become more fragmented following the transfer of responsibilities to NHS England which has adopted a geographically based commissioning model.. Previously, PCTs worked with a single, specialist commissioning team. Now, they are expected to work with a far larger number of Area Teams, which has resource implications and can adversely impact on effective and timely communication		
4.3. Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes, referred above. Also, as stated above, it would be helpful if there was an improved level of co-ordination at a national level to assist in maintaining focus on WBV via one work stream, rather than several routes – as appears to be the case at the moment.		
4.4. Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used	T&W CCG has an up to date register of people who require in-Patient care and support. The local authority similarly keeps data on individuals who do not require in-patient care.		

<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>The T&WCCG NHS Complex Care team maintain the register and act as the first point of contact of those patients who require in-patient care and support funded by the CCG.</p> <p>The T&W CCG NHS Complex Care Team maintain the register of those who are the commissioning responsibility of NHS England, who also hold case management responsibility for the individuals. The local authority similarly keeps data on individuals who do not require in-patient care.</p>		
<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p>	<p>See 3.5. above.</p> <p>At a local level, we also work closely with the Carers Centre and the Carers Partnership Board to provide named support to individual families.</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>We will seek to implement the recently issued guidance 'Framework for Individual Care Reviews</p>		
<p>4.8. Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>Yes T&WC and T&WCCG seek far more detailed, robust and evidenced information and additional scrutiny of provider led assessments will enhance this, particularly with regard to Children and Transition Services.</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, all reviews have been completed.</p>		

5. Safeguarding	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
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	Yes. If safeguarding issue arise for people who are placed out-of-locality we are notified and respond pro-actively.		
5.2. How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Yes. We work closely with colleagues in Housing and Planning and also with local housing providers. The major route for effective communication and discussion, to mitigate risk and plan appropriate local responses in a monthly Accommodation meeting. The meeting is chaired by the T&WC Assessment and Case Management Team Manager (Adult Social Work Team) with social workers, a commissioner, housing and others. This helps to take account of the needs of individuals and creates a greater level of confidence about appropriate housing solutions. This work applies across the board for all people with learning disabilities and other vulnerable groups, and includes local people with behaviour which can challenge.		
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 Quarterly liaison meetings take place with CQC in order to address any concerns arising in regulated settings. These meetings are well established. The CQC presented to the Learning Disability Partnership Board about WBV in October 2012.		
5.4. Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme	Not yet – work is now taking place to begin to establish and develop an aligned approach.		

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	As above.		
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.	Not yet – this needs to be developed		
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.	Yes The CSP has undertaken work on Hate Crime including support to adults with a learning disability		
5.8. Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes. An Extraordinary meeting of the Safeguarding Adults Board is planned for the 26 July and Andrea Pope Smith (WM ADASS lead for LD) is due to meet with and brief a wide range of colleagues on WBV on the afternoon of the 26 July 2013.		
6. Commissioning arrangements	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
6.1. Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	As referred to above, T&WCCG began this work after Mansell 2. A formal process of review and evaluation is currently in hand for this financial year and will inform the future Action Plan. This work was commissioned by T&WCCG in 2012/13, to be implemented in 2013/14 and includes engagement with family carers and users of services, with support from a local advocacy service. The Review will be supported by colleagues from T&WC.	Annex 2.	

6.2. Are these being jointly reviewed, developed and delivered.	Yes, as 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.	Yes.		
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	Yes. Further work will take place to ensure there is alignment between Adult and Children's services.		
6.5. Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Yes.		
6.6. Have the potential costs and source(s) of funds of future commissioning arrangements been assessed	This work remains ongoing and in hand. However, as stated above, there is an ongoing concern about meeting additional costs, particularly if they require capital investment, given the current climate of financial pressure. Investment from the DH to support local solutions would be welcomed.		
6.7. Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes. Work has taken place locally to establish a generic, general advocacy service specification to inform the work of several advocacy service providers. We are continuing to discuss how good quality, independent advocacy can be provided in reviews for individuals who are located out of area, particularly when they are beyond the West Midlands area. If there are safeguarding concerns, T&WC agree to fund advocacy services to support people in those locations.		

6.8. Is your local delivery plan in the process of being developed, resourced and agreed	The original review, post Mansell 2 established a local delivery plan and the Review that is in hand will inform ongoing work and the local Action Plan.		
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	Plans are well advanced, with all cases being managed on an individual basis and therefore the pace of repatriation will be subject to the ability of local services to maintain the safety of the individual and the quality of the service provision. As referenced above, if there is a need for capital investment to support further local development, this may go beyond June 2014, although this will be minimised as far as possible and subject to close monitoring of progress. Locally, we also recognise that in responding to the best interests of individuals, a return to the locality may not always be the most appropriate outcome and we will continue to take a person centred approach.		
6.10. If no, what are the obstacles to deliver (e.g. organisational, financial, legal).	The ongoing work on progressing the Action Plan will help to better quantify these issues.		
7. Developing local teams and services	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
7.1. Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes.		
7.2. Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Only locally. As referred to above, there is a recognition that further work is required to assure good quality, independent advocacy for people who are out of area.		

7.3. Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Yes, but as referred to above, there may be a need to consider the overall resource impact of taking this forward.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	Yes As part of the service commissioned, we have established an emergency bed which enables us to respond locally to crisis situations.		
8.2. Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	Across Shropshire, there has been significant investment to develop 'the Redwood Centre' run by the SSSFT which facilitates the provision of an appropriate therapeutic environment to minimise the need for detention under the MHA. This includes support for people with learning disabilities who may also have behaviour which can challenge.		
8.3. Do commissioning intentions include a workforce and skills assessment development	This will be picked up as part of the Action Plan.		
9. Understanding the population who need/receive services	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
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.	Existing local planning supports us to develop appropriate services at a local level. The review, referred to above will inform further, future development.		
9.2. From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Yes, in relation to adults. As acknowledged above, further work is required to align planning and commissioning across adult and children's services.		

10. Children and adults – transition planning	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
10.1. Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	As referenced above, this has been flagged up as an area for more detailed work.		
10.2. Have you developed ways of understanding future demand in terms of numbers of people and likely services.	Yes. There is an effective Transition Team in place – linked to Adult Social Care. However, despite considerable work, cases still emerge which have not always been flagged up in good time. As we seek to work more closely with children’s services, we expect that all individuals will be known to services in the future (with the exception of people who move into area, and we are not aware of it).		
11. Current and future market requirements and capacity	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
11.1. Is an assessment of local market capacity in progress.	Via the review, this will assist. However, further work is required to align understanding between Adult and Children’s services.		
11.2. Does this include an updated gap analysis.	It will be included.		
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	See below.		

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

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Signed by:

Chair Health & Wellbeing Board .



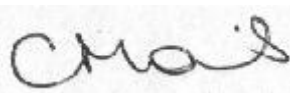
Councillor Richard Overton

LA Managing Director



Richard Partington

CCG representative: .



Christine Morris

Annex 1

Pan Shropshire Programme Board.

Establishment of Programme Board which is accountable to the Adult Safeguarding Board.

The Programme Board has 3 strands:

- Winterbourne View
- Joint Health and Social Care self Assessment 2013, and
- Confidential inquiry into premature deaths of adults with learning disabilities.

The outcome of the work of the Programme board will be to reduce inappropriate placements of individuals into services where individuals are potentially subject to neglect and abuse.

In addition, by working Pan Shropshire, we will reduce duplication, improve collaborative partnership working and increase opportunities for joint investment to avoid out of area placements.

Annex 2

Local planning of services for people with learning disabilities and behaviour which can challenge.

This work began in 2008/9 with a review of Mansell 2. At a local level steps were taken by T&W CCG (then PCT) to decommission the local specialist NHS Service. The process of de-commissioning took place in an open and transparent manner. Subsequently, a new small, community based care service was commissioned. After a full and robust tender process, a company called Creative Support were selected to run the local service.

In addition, a new Pan Shropshire service was commissioned by T&W CCG and SCCG from the SSSFT to establish a Community Based Team to support people with behaviour which can challenge. This service supports providers and families and seeks to reduce or remove the need for admission into acute, specialist in-patient services.

Work is currently in hand to review and evaluate progress so as to inform the next stages of strategic and operational planning and development. This work is being led by the SSSFT.