

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)?	Yes – a Joint Working Group has been established with key CCG and LA representatives. This group is called the Working Group for Joint Commissioning, Winterbourne View and Learning Disabilities.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	<p>The Working Group mainly comprises NHS and Local authority commissioning and operational representatives. However, it is supported by Housing and other provider input. It reports to the Joint Commissioning Board, which has NHS, Local Authority (including Housing) representatives.</p> <p>Children’s Services Commissioning Team have recently produced for consultation on the ‘Commissioning Strategy for 16-25 SEN and Disability Support’ which is all about providing services locally, services that are holistic and person-centred and references Winterbourne View report.</p>	Draft Commissioning Strategy for 16 – 25 SEN and Disability Support	
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs?	<p>Yes within Children’s Services for 0-25 (strategy mentioned above). Within Adult Services there is the Joint Commissioning Board which is overseeing the establishment of Joint Commissioning arrangements.</p> <p>There is also a working group focusing on the needs of people with the most complex needs .</p>		

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.

The LD Partnership Board is monitoring the progress as is the Local safeguarding Adults Board who have produced and action plan and monitoring regime.

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

Wiltshire Safeguarding Children Board will also be discussing Winterbourne View at its August meeting to check that it is assured that we have robust arrangements in place to check safety of young people with learning disabilities in residential and independent special school placements.

A progress report is going to the Joint Commissioning Board on 11th July and will then be reported to the Health & Well Being Board.

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

The Joint Commissioning Board is the forum for resolving any differences should they arise.

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?

The WBV Working Group reports to the Joint Commissioning Board, as well as members of the group reporting into their own agencies.

The Joint Commissioning Board reports to the Health & Well Being Board and also the governance arrangements within members own agencies i.e Council cabinet and CCG Governing Body.

The Safeguarding Adults Board seeks assurance that the actions resulting from WBV are being actioned and monitor this with reports at each Board. It reports to the Health & Well Being Board. Key members of the Board are also members of the Joint Commissioning Board and Health & Well Being Board.

Regular monitoring in relation to placements for children and young people will take place at the

<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>Safeguarding Children Board and links will be made with Safeguarding Adults Board to provide joint reports to the Health and Well Being Board.</p> <p>No increases in the numbers of Ordinary Residence as a result of WBV have been seen or recorded.</p> <p>Regional sharing of redesign plans to identify opportunities for resource sharing/ideas, for example, to share approaches to the issue that availability of inpatient services are reduced but appropriate alternatives are not yet in place..</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>2.3 Do you currently use S75 arrangements that are sufficient & robust?</p>	<p>Wiltshire Council and Wiltshire CCG have a Joint Commissioning Board for Learning Disability services. As part of this process, costs of current services have been collated and shared, confirming sources of funding. In Children’s Services, we have a monthly Joint Complex Needs Panel which brings together Social Care, SEN and Health Commissioners to agree any residential or independent special school placements for children and young people with complex needs.</p> <p>There is a Section 75 agreement for the integrated management function of the Community Team for People with Learning Disabilities.</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>There is no pooled budget as yet, however options for joint commissioning arrangements are currently being considered by the Joint Commissioning Board.</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>The 0-25 service in Wiltshire Council will be key in identifying the potential costs of young people in transition and children's services. We have a 'transitions tracker' that tracks young people and we have ability to estimate the cost/likely services that those young people might present to adult services.</p> <p>The work currently being undertaken in relation to joint commissioning will create a joint financial 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>Yes.</p> <p>We have a joint specialist Community Team for People with Learning Disabilities (CTPLD Team) within Adult Care.</p> <p>In Children's Services we have in place a 0-25 Disability Service (this is based in social care),</p> <p>There is clarity about the CTPLD team although there are some gaps that need addressing. A review of the service specification for the CTPLD will be completed by Jan 2014.</p> <p>Re Children's Services 0-25 team - WC Cabinet has recently asked that consideration be given to finding ways of including Special Educational Needs in this – by way of a response to the emerging legislation in the Children and Families Bill. As this goes ahead there will follow a detailed service specification which will detail the role and function of the 0-25 (stability) service. We are also working as a pathfinder to explore and develop ways of working more closely with relevant children's health care providers. Have developed a single assessment and</p>	

<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>planning process (in legislation called an Education, Health and Care Plan/ EHCP) which is being intensively tested.</p> <p>Yes - currently the review programme is being prioritised to ensure capacity to deliver this.</p> <p>Yes – there is an integrated operational management structure – there is monthly reporting about progress to Senior Managers in Wiltshire Council and reporting to the CCG Placements Team.</p> <p>Yes through the usual review/care management processes and advocacy support – initially additional advocacy capacity was commissioned, however now advocacy needs are being met through the usual arrangements</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>Yes – all individuals have been identified and reviews are all completed. Support for those people who were in Winterbourne View has been re-provisioned, though not all of those individuals are back in Wiltshire – this work is ongoing. For other individuals who are part of the wider review programme, all reviews are completed and re-provision of services is ongoing. (The review programme includes individuals who are funded by either Wiltshire Council or Wiltshire CCG, joint funded or funded through Section 117 arrangements)</p> <p>Yes – the Area Team update the CCG when reviews are completed.</p>		

<p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Health watch) agreed and in place.</p>	<p>The Wiltshire Learning Disability Partnership Board has commenced forming connections with Health Watch – the Board includes people with a learning disability, carers and advocacy organisations – no formal report has been submitted to this Board yet. In Children’s Services, we have a Disability/SEN Commissioning Group which brings key people together including representatives of Wiltshire Parent Carers Council (parents of disabled children and young people/those with SEN). WPCC work closely with Health Watch.</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>Yes. The register will also aid future planning.</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>There is clarity about ownership but individual case details need to be built up.</p>	
<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p>	<p>Adult Services – Yes advocates are involved routinely where appropriate. Children’s Services – new processes designed by customers to be person-focussed and centre on needs of child/ young person. All workers encouraged to work with individuals and to refer on to advocacy services as required. We also have an excellent Voice and Influence team who work with young people at a strategic level to ensure their voice is heard.</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>There is an operational Working Group involved in the Review programme which is further developing joint consistent recording standards, quality assurance systems and sharing good practice/peer learning.</p>	

4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations?	Yes – LD Nurses are involved in developing Behaviour Support Plans where appropriate.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed?	Yes - all required reviews have been completed		
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.	Yes. Our updated policies and procedures include the ADASS guidance/protocol.	LSAB Action Plan	
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments?	Care providers , including housing are represented on the Safeguarding Board, as well as its sub groups.		
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>CQC send weekly updates of reports which have been published . These are scrutinised on a weekly basis and commissioning teams follow up where appropriate. There are bi-monthly meeting with CQC , commissioners from NHS and Local Authority where services of concern are discussed. Within the Council there is a database of services of concern which is shared between commissioning and operational teams.</p> <p>Commissioning teams also undertake twice yearly reviews of all establishments.</p> <p>In Children’s Services, Form B monitoring visits to residential care providers and independent special schools are undertaken in collaboration with other authorities. Ofsted gradings are checked.</p>		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme?	The Safeguarding Adults Board has produced its own action plan in response to WBV. It requires updates from partners on progress and has an active assurance function. The WSCB will be discussing the findings of the Winterbourne View Review at its August meeting.		

<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>This is part of the action plan and assurance programme.</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>The integrated CTPLD Team through their practise fora have regular sessions in order to share best practise. They do not, however, specifically focus on people within inpatient 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>The Community safety Partnership is piloting “Safe places “ pilots in Devizes and Salisbury.</p> <p>The CSP Manager also sits on the Wiltshire Autism Partnership Board.</p> <p>Chairs of the CSP, LSAB, LSCB and Children’s Trust also meet on a 6 monthly basis to ensure there is coordination between the different Boards.</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>Yes- through Board membership and sub group membership as well as organisational structures and processes. Key members are the Board links with CQC . They also are part of the same group who manage contracts and safe guarding staff.</p> <p>There is a central point for all safeguarding referrals which are triaged. This allows early detection of any patterns of possible abuse. In Children’s Services, the Service Director for Commissioning and Performance (a joint post with the CCG) works with Social Care and SEN Case Officers in Schools and Learning to ensure that we have a process to maintain alertness to any concerns (involving case managers, Buyers of placements, and the Head of Safeguarding Quality Assurance).</p>	

<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>Yes-WBV Working Group has developed action plan to ensure there is enough capacity to undertake the work needed. There are also specific multi-agency meetings to developed commissioning plans for any individuals who are still in assessment/treatment/ in patient settings.</p>	
<p>6.2 Are these being jointly reviewed, developed and delivered.</p>	<p>These are being jointly reviewed, developed and delivered. We recognise the need for joint work with these people who have the most complex needs and are developing joint commissioning arrangements. We also have an integrated CTPLD.</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>Yes, this information is shared and forms part of the work being undertaken by the Joint Commissioning Board. In Children’s Services, the Buyers maintain a list of children and young people placed out of area in residential and fostering care, and there is also a list of children and young people who are outside Wiltshire in independent special schools.</p>	
<p>6.4 Do commissioning intentions reflect both the need to deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people?</p>	<p>Yes but this needs updating as we develop joint commissioning arrangements.</p>	
<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p>	<p>Not yet. This will form part of the Joint Commissioning arrangements.</p>	
<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>Not yet. This will form part of the Joint Commissioning arrangements.</p>	
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Current contracts are viewed to be sufficient and of good quality. However, as there is likely to be a retendering process for the current contract in</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>2014, there will be a reassessment of demand.</p> <p>Yes, in the process of being developed by the WBV Working Group</p> <p>Yes, our plans are in line with this timetable</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>Individual discharge planning is well underway with 3 clients having been discharged into local residential care. The remaining 3 have been reviewed and once treatment is complete discharge will take place. There is determined approach to reduce future admissions to A/T. By 2014 the CCG and Council, together with key stakeholders, will have jointly redesigned local services for people who challenge & new services procured during 2014.</p> <p>Yes - through usual operational and contract review processes. They are assessed and viewed as being of high quality.</p> <p>Through usual Best Interest processes and training. We have a large group of operational staff who are trained as Best Interest assessors who are routinely involved in care planning.</p> <p>Our Mental Capacity Act/DOLS Professional Lead also provides regular training and has bi-monthly practise forum for staff.</p>		
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p>			

8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally?	To be completed by Jan 2014 as part of our Joint Commissioning arrangements		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	To be completed by Jan 2014 as part of our joint commissioning arrangements.		
8.3 Do commissioning intentions include a workforce and skills assessment development?	To be completed by Jan 2014 as part of our joint commissioning arrangements.		
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?	This is work that will be completed during 2013. The LA is also currently developing a Market Position Statement for Learning Disability services.		
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, the review is comprehensive		
10. Children and adults – transition planning			
10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	In terms of transitioning between children’s and adult’s social care – yes this is taken care of by the creation of a 0-25 (stability) service. There are other transitions in children’s lives – nursery to school/ primary to secondary/ secondary to college etc and the new service has been designed to enable it to focus on these key points in a person’s life. Currently Wilshire Council has Pathfinder status to develop a 0-25 service and commissioning arrangements are still being finalised		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services?	Yes we have a ‘transitions tracker’ that tracks young people and we have ability to estimate the cost/likely services that those young people might present to adult services. In terms of demand – we are getting better at it, but it is always volatile in children’s services – simply because of diagnosis time frames, needs which only emerge as children grow, large numbers of children		

	moving in and out of the county with the military etc.		
<p>11. Current and future market requirements and capacity</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>This will be looked at as part of the Market Position Statement the LA is developing It is currently in progress.</p> <p>This will be looked at as part of the Market Position statement the LA is developoing.</p> <p>Our 0-25 (stability service) is an example of innovative practice. It is a Pathfinder service.</p> <p>'Commissioning Strategy for 16-25 SEN and Disability Support' which focuses on providing services locally, services that are holistic and person-centred .</p>		

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.....