

**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).	A Multi-agency Sub-group of the Safeguarding Adults Board has been formed to monitor progress of delivery. A joint working group meets monthly to oversee the detailed support of individuals.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	The sub-group includes colleagues from commissioning, voluntary sector providers, LBH, HCCG, and CNWL . There is an identified need for Housing colleagues to join the planning group.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	Using the case studies of current individuals, an overview of the needs is being used to inform the local commissioning priorities .		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Updates have been discussed at the LDPB and it has now been added as a standing item to the agenda of Board meetings		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	The Health and Wellbeing Board is briefed on the progress of the work and will continue to receive update reports on the progress.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	There is a Dispute Resolution Policy relating to Continuing Healthcare which will be applied to resolve any differences when working in this partnership arrangement. This will be added to the Terms of reference of the Sub Group.		

<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG forums , clinical partnerships &amp; Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>Yes</p> <p>We are not aware of any issues relating to Ordinary Residence relating to the current cohort. There is an agreement in existence within the West London Alliance for issues relating to OR.</p> <p>Our partners in the CCG have commissioned expertise from the local mental health provider, CNWL, to provide the working groups with additional specialist Learning Disabilities knowledge.</p> <p>We will require additional support in developing the Commissioning Plan to be able to provide local specialist support to people with challenging behaviour, in the future.</p>		
<p><b>2. Understanding the money</b></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 &amp; robust.</p>	<p>Yes, although need to be shared more widely amongst the members of the working group.</p> <p>Yes</p> <p>Yes</p>		
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p>	<p>Yes, although information on current budget position needs to be shared amongst the members of the working group who are budget holders. Budget holder meetings to be set up to discuss finance and risk issues, as well as looking at future resource implications.</p> <p>This area is still to be developed for future resources.</p> <p>This is an area to be developed at future budget meetings.</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>This is an area to be developed at future budget meetings.</p>		
<p><b>3. Case management for individuals</b></p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>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>Yes</p> <p>Yes</p> <p>There is concern that there is not enough capacity within the current team to provide the review and re-provision programme, particularly with regard to care management, due to vacancies in the team.</p> <p>Whilst professionals are engaged and supportive of the programme, there is a need to formalise clinical leadership.</p> <p>There are advocates involved in some cases and named coordinators are appointed from within the team for each case.</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 is clear agreement about numbers of people affected and plans are being put in place to ensure support for individuals and their families throughout the process.</p> <p>There are no people funded through specialist commissioning.</p> <p>Yes, these organisations are represented on the Winterbourne Sub Group</p> <p>This is currently in preparation by the Clinical Psychology lead.</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	This is still in the development phase		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Commissioned on a case-by-case basis		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Reviewed by the clinical working group.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All reviews have been completed		
<b>5. Safeguarding</b>			
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 – the Hillingdon Safeguarding Team work closely with local team where people are placed out of the borough.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Providers are represented at the sub-group, although this relationship needs to be developed through market stimulation by commissioning colleagues.		
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.	LBH have an inspection team to monitor the quality of residential care provision and flag up areas of concern when necessary, including referrals to the Safeguarding Team.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Yes – the programme is being lead via a sub-group of the Safeguarding Board.		
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.	The working group is engaged in identifying and addressing any issues as a part of the assessment and review process.		

<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>This is an area which needs to be developed</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>This has not yet been discussed but form an area for development to be raised within the safeguarding Board.</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 there are robust processes to ensure sharing of concerns.</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>Yes – a paper has been prepared to give an overview of the needs of the people currently in these settings.</p>		
<p>6.2 Are these being jointly reviewed, developed and delivered.</p>	<p>Yes – by way of the working group relating to the current cohort only.</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, although need to be shared more widely amongst the members of the working group.</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>To-date the focus has been on the re-provision of existing people. There will be a need to fully engage with colleagues in the West London Alliance to meet future needs.</p>		
<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p>	<p>No one in the group of exiting people is in a place commissioned by specialist commissioning teams.</p>		
<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>This work requires development and needs to link to a Commissioning Strategy.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Current arrangements need to be made more robust to ensure that advocacy services are routinely offered to all clients.</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>It is currently in the process of being developed, in order to be able to agree necessary future resources.</p> <p>Yes. There are plans in place to work towards for each client.</p>		
<p><b>7. Developing local teams and services</b></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>Yes, this being developed from the overview of individual needs and will be developed into a commissioning strategy.</p> <p>There is a contract with an advocacy provider, but it only makes provision for those people who live in the borough. For out of borough placements, advocacy is currently only procured on an ad hoc basis. For current clients monitoring of the effectiveness of advocacy is done by the members of the review working group.</p> <p>This will be addressed in the recruitment of Care managers who have skills in Best Interests assessments</p>		
<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>The commissioning strategies of LBH and HCCG need to ensure a common understanding of the pathway of care for people with challenging behaviours.</p> <p>This will be included in the future commissioning strategy.</p> <p>Specifications for services include expectations around workforce and skills development. The draft Autism Plan will also cover workforce and skills development and will have close links with commissioning of service for people with challenging behaviours.</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>With the knowledge from the assessments of current clients, we are working with local providers to shape the market to meet the needs of people whose behaviour challenges.</p> <p>An Equalities Impact Assessment will accompany the commissioning strategy.</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, LBH are currently developing an All-Age Disabilities Pathway.</p> <p>Data currently exists although we are aware of the need to make the process of data collection more robust. The All-Age Disabilities Pathway will address the gaps in this knowledge.</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 forums to share/learn and develop best practice.</p>	<p>Yes – this is being carried out in conjunction with the West London Alliance partners.</p> <p>It will include this information.</p> <p>There is currently a generic Provider Forum for learning Disabilities in existence, however we are working with WLA to develop a strand for providers of support to people whose behaviour challenges</p>		



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

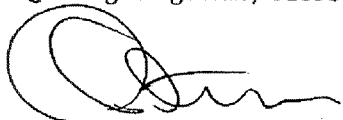
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Signed by:



Chair HWB .....

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CCG rep.....

