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).	Through Lead Commissioning and Joint Management structures already in place.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Southern Health NHS Trust, Local social care providers eg Kingwood Trust, housing providers engaged with supported housing plan for adults. Dialogue with Specialised Commissioning around individuals moving across the pathway. Partnership board and local self-advocacy group and family support network. Includes the mental health pool for CAMHS, where the focus for commissioning in 12/13 and 13/14 has been strengthening in-county community provision to prevent escalation to inpatient beds. Oxford Health are the main provider of both Children & Adolescent Mental Health Services (CAMHS) and Learning Disabiity/CAMHS services and are therefore key partners.		
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.	Reflected in existing processes for informing numbers of people to re-settle). In terms of children and young people this is being addressed through the Joint Commissioning	The Big Plan	

	Strategy and the CCG Operating Plan.			
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Regular updates are provided to Partnership Board and to the Joint Management Group for the pooled budget/lead commissioning arrangement. This also includes arrangements for commissioning beds for young people. It should be noted that responsibility for commissioning inpatient Children & Adolescent Mental Health Service (CAMHS)/learning Disability beds for young people (aged under 18 yrs) now sits with Specialist Commissioning in NHS England. The arrangements for children and young people are monitored through the JMG for the CAMHS pooled budget and through the Contract Review meetings with Oxford Health as the main provider.			
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	The Joint Management Group sits under the Health & Wellbeing Board structure, and an update on the work in response to Winterbourne is included in the safeguarding report to Health & Wellbeing Board.			
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Through Joint Management Group and section 75 processes. This is still to be worked out in terms of relationship with Specialist Commissioning for young people.			
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 section 75 arrangements are well understood across the partnership, and governance is reflected through the Health and Wellbeing Board structure and to the Local Authority and Clinical Commissioning Group. Local commissioners			

	understand the responsibilities of Local Area Teams and are in communication with them. The role of safeguarding boards in overseeing the safety of vulnerable people is understood and relevant reports are shared with the boards.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	No risk in relation to Winterbourne Improvement Programme directly. For young people aged under 18 yrs the Responsible Commissioner Guidance (2009) applies consistently.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Clarification around the precise requirements of the concordat in terms of timescales and cohorts. Clarification of expectations of specialist commissioning and local commissioners in relation to the programme, including around timely communication to facilitate a joined up pathway approach for individuals. Support (advice or individual consultancy?) around planning for exceptionally complex individuals, where person-centred commissioning meets practical obstacles, or where agreement about the best option is difficult to reach. Powerful information and examples of evidence-based best practice which minimises people's need to behave in a challenging way, and enables people to be supported in the community through a crisis so as to minimise admissions to inpatient services. For children and young people the key objective is to develop the in-county community based		

	provision.		
2. Understanding the money 2.1 Are the costs of current services understood across the partnership.	Yes for adults. This is more complicated for young people because of the separation of commissioning of inpatient services from the rest of the pathway from 1st April 2013		
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.	Yes. For adults, all in the pool except for specialised commissioning element. For young people the funding sits with Specialist Commissioning.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	Yes for adults and for young people's CAMHS although the budget for young people's inpatient beds and adult forensic secure services now sits with Specialist Commissioning.	√	
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	Yes for adults and young people's mental health.		
2.5 Have you agreed individual contributions to any pool.	Yes.		
2.6 Does it include potential costs of young people in transition and of children's services.	Demographic funding for social care for young people in transition is included annually. It does not include 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.	Partners are involved in each others' service and resource planning processes.		
3. Case management for individuals 3.1 Do you have a joint, integrated community team.	For adults yes. Jointly managed by Oxfordshire County Council and Southern Health NHS Trust, with a single service manager across health and		

3.2 Is there clarity about the role and function of the local community team.	social care. For young people, case management is provided by the local Community CAMHS/Learning Disability team Specification developed through consultation and used to procure service. There is a separate specification for children's community LD/CAMHS services.	√	
3.3 Does it have capacity to deliver the review and re-provision programme.	Numbers for review and reprovision are small, but work is intensive. This work has been prioritised within current resources.		
3.4 Is there clarity about overall professional leadership of the review programme.	The review programme is led by the service manager who manages the health and social care professionals in the Learning Disability Teams.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes. There is a Care Programme Approach (CPA) co-ordinator for each person, and advocacy is available.		
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.	Yes (other than the confusion around relevant dates)		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	This hasn't been very clear as we thought specialist commissioning were reviewing everyone whose service they commissioned, but it emerged in the stocktake that they had reviewed people in private hospitals but not local NHS hospitals. In the event this group have had regular CPA reviews from their NHS provider.		

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	People with a learning disability, carers, and advocacy organisations are members of the LD Partnership Board, and reports on Winterbourne actions are regularly made to the board. They have also been members of an action plan steering group. Healthwatch is established and has open membership, and these groups are represented.			
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	There is a register of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care. This is held and updated by the County Council and shared with the Clinical Commissioning Group on a quarterly basis. This includes the adults whose services are commissioned by specialised commissioning. We have been uncertain whether to add the 2 young people whose placements are commissioned by specialised commissioning (the lead commissioning arrangements differ for adults and children) but we do have this information, and are almost certain to do so.			
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	Yes. As above. Each individual has a CPA co-ordinator through the Learning Disability Team.			
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes. Independent Mental Health Advocates are commissioned for local services. For those in other services advocacy may be provided through the provider but is individually purchased if satisfactory advocacy is not available through this route.			

4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Clear guidance on reviews was written as part of the Winterbourne action plan, and teams were trained. Service manager audits client records for inpatients out of area every six months. Discussion of all inpatients at monthly meeting with commissioners.	√ (pre-placement and review checking document) √ (ToR of LD/MH meeting)	
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Most review reports include detailed reporting. Service manager audits out of area inpatient records six monthly and feeds back any requirements to improve.		
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 for local commissioning. One review is outstanding for an Oxfordshire person whose placement is commissioned by specialist commissioning.		
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.	Checks are made with local safeguarding teams before any placements are made and there is close communication around any safeguarding alerts, in line with the ADASS protocol.The arrangements for young people changed on 1st April 2013 and Specialist Commissioning are now responsible for the contracts.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	This is an integral part of the Learning Disability Team procedure. Risk assessments and risk management plans are completed in partnership with the service user, carers and provider.		

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. No significant issues were raised in relation to local inpatient services during the Care Quality Commission reviews.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Service manager has presented to Oxfordshire Safeguarding Adults Board twice and is part of their policy and practice group. Disabled Children's Manager has presented to Oxfordshire Safeguarding Children's Board on the work undertaken by its Disabled Children's subgroup in response to the Winterbourne 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.	The pre-placement checks and reviews guidance covers concerns/alerts and Deprivation of Liberty Safeguards, but not restraint currently.		
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.	Monthly mental health/learning disability meetings. Southern Health 3 year divisional plan 'Services Closer to Home' is focused on improving approaches to support people with challenging behaviour or mental health needs across agencies, including the development of Intensive Support teams.		
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.	Hate crime initiatives		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain	Yes. For adults this is through monthly Adult Social		

alertness to concerns.	Care Operational Governance Group.		
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.	No. This is already part of the commissioning strategy.		
6.2 Are these being jointly reviewed, developed and delivered.	Yes. Where commissioning is required in order to facilitate a person's return to the community, the person, their family, health and social care professionals, specialist providers and housing providers are involved in the development discussions.		
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. This is overseen through the pooled budget arrangements. However, the pool arrangement has enabled us to move away from the requirement to make specific allocations of shared funding for individuals, to a shared overall budget.		
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, except that placement numbers are fairly low already (8 people in local inpatient services, 4 in Out of Area Placements, and 5 in forensic services commissioned by NHS England), so the expectation is that we will be able to reduce them but not substantially.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	This could be stronger. There is communication between specialised commissioning and the local commissioner, and people do move successfully from forensic beds or children's inpatient beds to locally commissioned services. However the need for local commissioners to be involved at the earliest planning point, and to forecast financial		

	impacts, housing needs etc doesn't always seem to be fully appreciated. As all the rest of the pathway is commissioned together (and forensic services used to be), the move of forensic commissioning out of the pool makes for a slightly less streamlined approach.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Funding and costs sit within pool (except for forensic), so the impact will be managed between funding lines. We do not expect a major reduction of numbers in forensic placements and can accommodate normal fluctuation.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Sufficient. Independent Mental Health Advocacy service is involved, and supplementary advocacy is available if required through the local advocacy service. People may also request support from the local self-advocacy organisation or family support network.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Yes. Meetings are being established to review the commissioning strategy (Big Plan) and to consider the children's commissioning strategy , and to identify areas for further action.		
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).	All people in inpatient services have been reviewed. Discharge options for people who are approaching discharge are being actively pursued. It is unlikely that everyone currently in inpatient services will have been discharged by 1.6.14. There are 4 people where the position is uncertain.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	One person has been referred to around 50 providers who have not been able to offer a		

	suitable placement. This is due to the suddenness and severity of episodes of behaviour that challenges, the number of staff who may be needed on these occasions, and a previous incident of attempted strangulation of a staff member. Commissioning and operational staff are working together to explore developing a bespoke service but this is dependent on new-build accommodation which will not be ready until 2015. One person may be able to return to a vacant flat in Oxfordshire with a bespoke service, and this should happen before 1st June 2014, but this will need very careful planning and transition as numerous previous placements have broken down One person is not ready for discharge, has moved recently from forensic secure services to a non-forensic inpatient service. He is making gradual but very encouraging progress and is unlikely to be ready for discharge by 1st June 2014 (he will need a carefully planned transition over a 6 month period when he is ready). One person is on a section 37/41 forensic section in a locked unit. He is not ready for discharge, poses significant risk , and the Ministry of Justice is very unlikely to have approved his discharge by 1st June 2014.		
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.	This is already reflected in the commissioning strategy.		

7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Local advocacy contract is reviewed. We are reliant on anecdotal feedback about the quality of providers' own 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.	Best Interests processes are followed where mental capacity issues apply. There is no capacity issue as numbers are small.		
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.	Clear commissioning plan for strengthening community based provision for young people with Learning Disability/CAMHS. Adults commissioning strategy includes increased community provision for people with complex needs and increased capacity in the Learning Disability Teams to support people through crisis.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	Intensive support teams are being developed within the adult learning disability teams. This is a key area for the CAMHS/LD team and includes proactive use of escalation and de=escalation planning on a multi-agency basis.		
8.3 Do commissioning intentions include a workforce and skills assessment development.	The responsibility for workforce development sits mainly with the local providers and there are monitoring arrangements in place to ensure minimum standards are met across all contractors. Training made available by the Council to providers includes autism and learning disability awareness.		
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.	There is a framework contract in place with a number of supported living provider and this includes categories for learning disability with		

	enduring mental health issues and for learning disability and autism. The framework is currently being reviewed in preparation for re-tendering.		
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.	This is considered as part of the person-centred planning process.		

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.	Children's and Adults' commissioners work closely as part of one larger team. Information about individuals in transition is shared with adult commissioners for planning purposes. Demographic planning on a population and individual basis is carried out to inform the commissioning strategy and for annual service and resource planning.		
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.	Market position statements are beginning to be developed for specific areas. Availability of suitable specialist providers is addressed through the Learning Disability commissioning strategy and approaches to procurement. yes		

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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