

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
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>NHS Central Southern Commissioning Support Unit (CSU) chairs a cross Berkshire Winterbourne View Board to oversee key actions of the final report. which includes representatives from all 6 LA's Learning Disability Teams ,Partnership Boards, Safeguarding, Commissioning and CCG's.</p> <p>An action plan is in place and an across Berkshire response was made to the SHA Winterbourne View Assurance request in December 12.</p>		
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p>	<p>There is a Berkshire wide social care commissioners group including the CCG Director representation to:- Support the development provider capacity for out of area placements and this group oversees the monitoring and quality of placements to achieve consistent quality monitoring. This group will also review supported living services. A strategic business plan to move patients from out of area placements and those in in-patient beds will be developed. This plan will be worked up through collaborating resources that will include housing and operating through pooled resources.</p> <p>Partners also include Berkshire Healthcare Foundation Trust (BHFT), Continuing Healthcare lead (CHC), an advocacy organisation and the East and West Acute Trust.</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>A cross Berkshire Local Authority Commissioning Group is looking at existing services and service development for all people with complex needs and behaviour that can challenge services. A Berkshire wide Developing Excellence in Challenging Behaviour Steering Group chaired by Berkshire Healthcare Foundation Trust links with the commissioning group.</p> <p>Berkshire intends to develop robust review standards to provide a consistent approach throughout of Berkshire to plan appropriate services for those people that can be repatriated back into the local area.</p>	
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>The Partnership Board is represented on the Winterbourne View Project Group. Governance arrangements exist between the project group and the Partnership Board through its board meeting and health sub-group. Regular reports are given to the Partnership Board. A Specialist Mental Health & Learning Disability Commissioner from the CSCSU is a member of the board.</p>	
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>The HWBB has received a verbal report and will receive a full report at their next meeting in September as there are only three per year, but stocktake will go to July's Reading executive group for the HWBB</p>	
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>Good working relationships with BHFT and joint Learning Disability team in Reading enables problem</p>	<p>Development of clearer</p>

<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 fora, clinical partnerships & 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>solving at a local level. New NHS arrangements plus complexity of coordinating across six LA's means the cross Berkshire group is less clear on how responsibilities and difficulties get resolved between organisations.</p> <p>Members of the cross Berkshire Winterbourne View Project Board are accountable to their individual organisations and good governance arrangements are in place.</p> <p>One protracted OR disputed case with another local authority which resolved via counsels advice. Pending new placement.</p> <p>Cross Berkshire working on commissioning as ref'd in 1.2 which is in early stages and will include Ordinary residence</p> <p>Being discussed at the cross Berkshire Commissioning Group and Developing Excellence in Challenging Behaviour Steering Group as well as within Reading Borough Council adult social care. All RBC people with challenging behaviour in any type of placement have been identified and will be reviewed.</p>		<p>protocols on responsibilities</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</p>	<p>Yes for all people with learning disabilities known to the CLDT who are funded by the local authority. However, not all costs of services funded by BHFT or CHC are understood.</p> <p>Yes, funding arrangements are clear although some clarity is needed around the application of the</p>		

<p>Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>	<p>assessment process and criteria.</p> <p>Funding sources will be developed as part of developing a health and social care joint strategic plan</p> <p>We do not have S75 arrangements but we do have people whose care is joint funded through Continuing Healthcare agreements and joint funded posts within the CLDT which is an integrated team.</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>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>We do not have pooled budget arrangements in place for people with learning disabilities but as above we do have joint funded posts within the CLDT.</p> <p>This will developed as part of the joint plan.</p> <p>No</p> <p>Transition planning and mapping takes place around young people who will need support from adult social care. This includes projected costs. A transition panel is in place to discuss individual cases.</p> <p>Costs, potential savings and service development are included in the work of the cross Berkshire Local Authority Commissioning Group. This was also included in the mapping carried out for a Berkshire wide Challenging Behaviour event in 2011 which resulted in the setting up of the Developing Excellence in Challenging Behaviour Steering Group.</p> <p>This will be taken into account to develop the health and social care strategic plan.</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>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 The local authority hosts a joint team which includes Berkshire Healthcare Foundation Trust staff</p> <p>The role and function of the different professionals within Community Learning Disability Team as well as the team's role is clear.</p> <p>The capacity to deliver is limited in the social care element of the team and needs to be extended into the capacity of the health element of the team. On the current cases the CLDT is responsible for it is manageable. Further discussion on responsibility for CHC funded cases may be required with NHS colleagues.</p> <p>Yes and additionally Reading BC understands that the CCGs are planning to provide additional resources to complete the Continuing Health Care reviews.</p> <p>The Winterbourne Project Board will oversee key recommendations and beyond of the Winterbourne View report.</p> <p>Each person has been assigned a clinical lead and case manager.</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>There is agreement about the number of people affected and an identified care manager and clinical lead are in place. They will ensure support for individuals and families are in place.</p>		

4.2 Are arrangements for review of people funded through specialist commissioning clear.

People funded via CHC are reviewed by the local authority.

Those funded via Specialist Health (BHFT) are reviewed by the BHFT Specialist Liaison Nurse for out of county placements in partnership with the local authority.

Berkshire Healthcare Foundation Trust (BHFT) oversees the review of people funded through specialist commissioning and further robust arrangements will be made to ensure that information is shared and recorded.

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.

Formal working and partnership arrangements with the newly launched Healthwatch are being developed. There are existing good networks with advocacy organisations and a LD carers forum which received regular feedback on W'bourne view.

4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.

Mapping for the cross Berkshire Challenging Behaviour Event took place in 2011. The list for Reading is maintained and in use.

In addition as part of the quality indicators a Berkshire wide formulation process planning (from Unified Approach) is used to regularly audit 5 people per CLDT including in-patient services.

A list of those who are health funded was submitted to the CSCSU as part of the SHA Winterbourne View Assurance in December 12.

The CCG have received info from the LA for the registers that include the names of case managers and all review dates

<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>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</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>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>As above.</p> <p>Yes, the CCG will continue to maintain the registers through an information exchange process with the LA's.</p> <p>Advocacy is available locally via voluntary sector organisations e.g. Talkback, Webcas and MenCap family advisers.</p> <p>A standard format for person centred reviews is in place in Reading . RBC Reviews are signed off by senior staff and outcomes discussed in supervision.</p> <p>Berkshire is trying to develop a consistent approach through developing supplementary questions into the review process.</p> <p>Yes, in addition a Berkshire wide formulation process planning (from Unified Approach) is used to regularly audit 5 people per CLDT including in-patient services.</p> <p>Use of checklist across Berks gives good understanding of Challenging behaviour reviews and requirements.</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 health funded placement reviews identified from W'bourne view action plan have been completed by CLDT.</p> <p>Further plans will be developed across Berks to review appropriate moves for people in in-patient beds.</p>		

<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <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>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>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>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>group. Email communication has also been received by senior managers in RBC.</p> <p>Adult Safeguarding are represented on the Winterbourne View Project Group chaired by the CSU. The Winterbourne View review programme has been presented to the adult safeguarding board. The Safeguarding Locality Manager provides a link between both Boards and Winterbourne View has been discussed.</p> <p>RBC Quality Monitoring Team, Safeguarding and Complaints work closely together to monitor and record any alerts or issues of concern that are not taken as alerts. These are recorded on a central issues log and managed via a Board. Officers and Safeguarding Team (which includes DoLS Coordinator visit and provide advice and training to providers if required.</p> <p>Berkshire has a robust alert system. Good practice is currently formally shared through the Partnership Board, it's work groups, annual report, the Health Self Assessment Framework and other information networks.</p> <p>The Reading LD Partnership Board works regularly with the Safer Communities Team who feed back to the Community Safety Partnership.</p> <p>Active working links are in place between CQC and the LA in relation to care providers. The CCGs receives CQC inspection reports where concerns are highlighted.</p>	
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<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>6.2 Are these being jointly reviewed, developed and delivered.</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>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>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>Locally this will be completed on an individual case by case basis</p> <p>yes RBC has robust information about people fully health funded and those jointly funded.</p> <p>the CCG and local authorities maintain local registers and have a good understanding of both joint and solely health funded placements.</p> <p>Reading are developing a commissioning strategy that will include this.</p> <p>This will also be considered in developing the Berkshire joint Health and Social Care Strategic Plan.</p> <p>No.</p> <p>No – this will be developed as part of the joint Health and Social Care Strategic plan.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and</p>	<p>Self advocacy and citizens advocacy are commissioned through the adult social care grant funding process. Commissioning of advocacy support will be reviewed to ensure adequate cover for people with LD. The CCG will review access to advocacy to ensure that this adequately available where necessary.</p> <p>Yes.</p>		

<p>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>The local delivery plan will be part of the wider joint Health and Social Care Strategic plan.</p> <p>Plans are in progress to deliver against the target, but of the 6 reviewed , at least one may need to remain in their current placement.</p> <p>Availability of appropriate alternative placements locally</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>As above under 6.9</p> <p>Advocacy services have Service Level Agreements in place with clear outcomes. SLA monitoring takes place every 2 months with more regular update meetings for self advocacy.</p> <p>Reading CLDT Assistant Team Manager is trained MCA assessor and therefore consideration to MCA and DOLS is embedded throughout the practice of the team. Currently 2 senior Social Workers are under taking training.</p>		
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</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>This will be developed into the joint Health and Social Care Policy.</p> <p>Currently East Berkshire has 2 behaviour specialists in place and 1 based at Prospect Park covers all</p>		

<p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Berkshire admissions and follow up on discharge.</p> <p>The CCG will review the emergency responses to build into the joint Health and Social Care Strategic Plan.</p> <p>As above under 8.2.</p>		
<p>9. Understanding the population who need/receive services</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>Audit of all people with challenging behaviour i.e. including those known to ASC was carried out for Berkshire wide Challenging Behaviour Event (Oct 2011).</p> <p>The resulting Developing Excellence in Challenging Behaviour Steering Group Conference has developed a model of care which will be shared with cross Berkshire Commissioning Group.</p> <p>Yes.</p>		

<p>10. Children and adults – transition planning</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>Future demand is broadly known through information on young people coming up to transition, and is being refined as part of developing an all age disability service.</p>		
<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>Yes, this is in development as part of the emerging commissioning strategy and quality monitoring work in RBC.</p> <p>This is a wider piece of work as stated above under 1.2.</p> <p>Not yet.</p> <p>Good joint working across Berkshire through the commissioning group, Challenging Behaviour Steering Group and Winterbourne View Project Group.</p>		

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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Signed by:

Chair HWB sent this copy 8/7/13

LA Chief ExecutiveIW signed...

CCG rep.....signed .