

## 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
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>A multi-agency steering group was established to address the immediate response to the Winterbourne review and ensure undertaking of reviews. Following the implementation of the concordat we have reviewed the function of the steering group to provide strategic and operational focus to inform our future planning. See attached documents (1, 2, 3) relating to the operation of the steering group.</p>	<p align="center">                       1 SOP - register260313.doc                        2 RAF.docx                        3 ToR Panel V1.docx                 </p>	
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning &amp; providers).</p>	<p>Initial contact has been made with specialist commissioning. Housing colleagues are involved where required regarding individual cases. We recognise that more strategic links within the Winterbourne concordat planning needs to be made. In Warwickshire Heads of Housing and Social Care and Support have developed a protocol for multi-agency management of risk for vulnerable adults and this protocol is being presented for sign off at the Warwickshire Safeguarding Adults Board (see document 4 attached). Our key mental health and learning disability NHS provider is represented at both the Strategic and operational groups. In Warwickshire we are keeping social care providers abreast of progress through the Providers Forum.</p>	<p align="center">                       4 Vulnerable Tenants and Applicants Protoc                 </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.

The operational group reports to the strategic group to ensure governance is in place. The information from the operational group will help inform the planning function both in the Commissioning planning and the Strategic priorities. In addition we have built in a layer of scrutiny in which each case is presented to a multi-agency scrutiny panel to endorse the review and the proposed care pathway. In Warwickshire we have developed a Quality Assurance Panel in social care to scrutinise proposed packages for all individuals including those with complex needs (see document 5 – draft terms of reference)



5 Learning Disability  
Quality Assurance Pa

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

The priorities of the concordat within the joint strategic plan will be embedded into the local Learning Disability Strategy that is owned and monitored by the LD Partnership Board. In Warwickshire our local response to the Winterbourne concordat is being discussed at the next meeting on 10<sup>th</sup> July.

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

On 11<sup>th</sup> June Warwickshire Health and the Wellbeing board considered a short briefing on progress. Further updates will be presented to board and the national templates will be used to support this.

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

There are range of mechanisms in place including the Strategic Steering Group and joint commissioning boards across children and adults.

<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 &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. The Steering Group will provide a briefing report upon the completion of the stocktake to advise all stakeholders of the priorities and the requirements moving forward including the development of key stakeholder engagement.</p> <p>We are not aware of any current issues. Ordinary residence is recognised as a possible implication for the operational group to take into account.</p> <p>We are making full use of the Tool kit to inform our planning and we believe we have made good progress and this is recognised regionally. We would be keen to consider any possible additional support that might be available in order to continue this good progress, e.g., understanding better the costs of current services and funding streams (see 2.1).</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>No not currently. Understanding the money is a priority for the steering group. Further work on pulling together the various funding streams and data is required.</p> <p>The funding arrangement is known on an individual funding basis across Health and Social Care.</p>		

2.3 Do you currently use S75 arrangements that are sufficient & robust.	No arrangements are in place. In Warwickshire we are currently scoping the benefits of this and a paper will go to Adult Commissioning Board in the first instance for consideration.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No		
2.5 Have you agreed individual contributions to any pool.	N/A at this time – to be worked through.		
2.6 Does it include potential costs of young people in transition and of children’s services.	N/A – as above		
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.	Not currently (see 2.3)		
<b>3. Case management for individuals</b>  3.1 Do you have a joint, integrated community team.  3.2 Is there clarity about the role and function of the local community team.  3.3 Does it have capacity to deliver the review and re-provision programme.  3.4 Is there clarity about overall professional leadership of the review programme.	In Warwickshire we do not have an integrated team although the work is aligned and we adopt a multi-disciplinary approach for services for people with a learning disability.  Yes.  Yes we have to deliver change for the existing cohort however this will need to be continually reviewed as we expand the scope of the programme.  Yes nominated leads across CCG, Commissioning Support Services, NHS Provider and Local Authority		

3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes on an individual basis including access to IMCA/IMHA where required.		
<b>4. Current Review Programme</b>			
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.	A comprehensive register of people affected by the programme has been established and arrangements are being put in place to support them and their families through the process. In the process of further developing the register in response to 'Getting this Right' Planning tool.	See documents attached in 1.1	
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Those people funded and supported by specialist commissioning have had reviews and these are being shared with respective CCGs and Local Authorities.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Health watch) agreed and in place.	Further work to be undertaken as part of question 1.7.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	A comprehensive register of people affected by the programme has been established and is being maintained and updated at least monthly. Further work to include children on the register. This is inclusive of updating the register to reflect the specific needs of individuals such as Behaviour that challenges and/or autism	See documents attached in 1.1	
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	Ensuring compliance with data protection and applying Concordat principles is embedded within the agreed Standard Operating procedure		

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes.</p>	<p>Each local CCG receives an updated register of people affected on at least a monthly basis. Advocacy services are routinely available to people (and family) to support assessment, care planning and review processes. In Warwickshire we are about to retender all advocacy services as part of a framework agreement in partnership with Coventry.</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>The Steering Group has established a multi-agency scrutiny panel to provide necessary assurance that the quality of the reviews and good practice identified meets the requirements set out in national guidance.</p>		
<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>The review documentation provides a comprehensive description of the needs, current support and the future support that individuals require.</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>All reviews of individuals in hospital settings have been completed.</p>		
<p><b>5. Safeguarding</b></p>			
<p>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.</p>	<p>Yes, monitored by the Safeguarding Board</p>		
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments?</p>	<p>On an individual basis a full risk assessment and management plan is undertaken and included in the care planning. Pre- placement a quality assurance exercise is undertaken. Contract monitoring and quality assurance is undertaken on an on-going basis.</p>		

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.

Since the establishment of the steering group and the undertaking of the actions from Winterbourne, there have been one Care Quality Commission inspection to a residential provision managed by the NHS Provider in the locality on 24<sup>th</sup> June (too soon for feedback). Warwickshire has in place a robust Service Escalation process jointly with NHS colleagues and LD providers are considered regularly at panel if quality concerns are raised through inspection or contract monitoring. Regular information sharing meetings take place with CQC.

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 been briefed on the Winterbourne Concordat and a progress update is going back to board on 10<sup>th</sup> July. To take into account this requirement and the expansion of the programme to include children a recommendation of the paper is that it also goes to Children's 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.

Safeguarding Adults Board does not discuss individual cases unless as part of a serious case review. Contract monitoring of LD providers in Warwickshire does include existing concerns/alerts, DOLS and training for and use of restraint.

Contract monitoring in Warwickshire includes the use of peer reviewers (see documents 6, 7, 8, 9, 10) – peer reviews have recently reviewed Community Hubs and the Complex Needs Service.

If concerns were raised these would be presented to Service Escalation Panel at which there is operational and safeguarding representation (see 5.3)



6 Summary Report of Peer Review Visit dra



7 ER WCC Volunteer Job Template.RF.doc



8 PR Quality Standards, Dignity fa



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.

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.

5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.

To be developed, some sharing of good practice via the operational group.

Members of the Safeguarding Adults Board will be briefed as indicated in 1.7 above on 10th July - the local Community Safety representative is a member of this board. We recognise that further work may be required with our Community Safety Partnership as a result of the plans to be developed in response to the concordat and this will be actioned accordingly. In Warwickshire as part of the Keeping Safe component of our learning disability strategy we continue our programme of activity on raising awareness of mate and hate crime and our promotion of Safe Places in the community. Both of these activities are focused on improving the safety of individuals living in the community rather than residential or more restrictive care and support environments.

Yes as described above (5.3).




9 New PR Quality of Life standards v4 fina



10 WCC Volunteer Job Template.RF.pdf

<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>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>Yes this has been completed</p> <p>Yes as individual cases where appropriate and as part of the multi agency scrutiny panel</p> <p>Yes this is incorporated in the register</p> <p>These been incorporated within our commissioning planning for over 5 years, currently being reviewed to incorporate the requirements of the concordat and the LD Strategy review.</p> <p>To be progressed.</p> <p>No - refer to section 2 Understand the money</p>	<p>See documents attached in 1.1</p> <p>See response in 3.1</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 agreed.</p>	<p>We have local arrangements for specialist advocacy including Autism specific and LD and work is taking place sub-regionally on a new advocacy procurement framework. We have well established statutory Advocacy services in place.</p> <p>Yes via the steering group informed by the operational group and the priorities identified in the Stocktake.</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>Yes - Following the next scrutiny panel on the 12<sup>th</sup> July 13 individual plans for those inpatients placed out of area will be ratified as appropriate for their next steps and will be reviewed to ensure the least restrictive option is utilised.</p>		
<p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>N/A</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>Yes the operational group outcomes will help inform the future commissioning intentions</p>		
<p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p>	<p>Yes through contract monitoring and development of the new service specifications for all aspects of advocacy provision</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>Routinely involved in Case Management</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>Crisis resolution and home treatment team provided jointly across Social Care and the NHS Provider can respond to the needs of people with a learning disability, who experience a significant episode of mental illness. In Warwickshire we have a service in county that provides short term emergency care and as part of our respite review we are proposing the development of 2 emergency respite beds; one for individuals in crisis due to a change in circumstances and one for individuals who are displaying behaviours that challenge. It is recognised further work is required</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>to assess whether what we have locally is adequate to meet needs and this in turn will inform future planning and market management.</p> <p>See 8.1 above.</p> <p>All service specifications are clear about training and skills and workforce development required to deliver services.</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>Yes. Our Market Position Statement for Disabled People covers this as do all relevant service specifications for LD services (see attached document 11).</p> <p>Yes within individual case planning and the reviewing tool and register.</p>	 <p>11 MPS Disabilities FINAL (1).pdf</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>To be further developed through the operational group reporting into the Strategy group. In Warwickshire we have a Transitions project focusing on this and we are moving to an All Age Disability approach to Strategic Commissioning.</p> <p>In progress through our Joint Strategic Needs Assessment of people with a learning disability and people with mental health needs.</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 for to share/learn and develop best practice.</p>	<p>In addition to Joint Strategic Needs Assessment on LD and MH, Warwickshire’s Market Position Statement covers this.</p> <p>Yes it will.</p> <p>As indicated throughout this document.</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

**This document has been completed by**

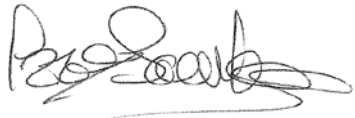
Name: Becky Hale

Organisation: Warwickshire County Council

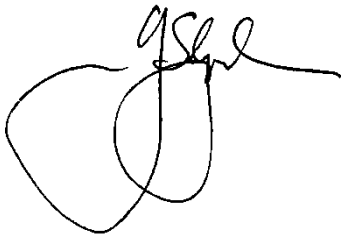
Contact: 07769 165488

Signed by:

Chair HWB: Izzi Seccombe

A handwritten signature in black ink, appearing to read 'Izzi Seccombe', with a long horizontal flourish extending to the right.

LA Chief Executive: Jim Graham

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CCG rep: Alison Walshe, Director of Quality and Performance, South Warwickshire CCG

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