

Getting Things Right

A response to Winterbourne View



**Guide for Learning Disability Partnership Board, Children and Young People’s Board and Health and Wellbeing Board members:
Ensuring a high quality joint local plan in response to Winterbourne View**

This guide is designed to help members of Learning Disability Partnership Boards, Children and Young People’s Boards and Health and Wellbeing boards to ensure that there is a positive local response to the actions required by the Winterbourne View Concordat. This guide provides some of the key questions that board members need to ask, in order to be assured that appropriate local actions are being taken. It forms part of a larger “Getting Things Right” toolkit.

Date for action	Winterbourne View Concordat Requirement:	Questions for Learning Disability Partnership and Health and Wellbeing Boards	Comments on progress and additional questions or actions needed
By April 2013	“All CCG’s to develop local registers of all people with challenging behaviour in NHS funded care.”	Is there a joint local health, care and education register that includes children and adults with learning disabilities in NHS funded care and large scale (5 plus people) residential placements in and out of out of local area, including residential schools and colleges?	

		<p>If not, how is this information collated and what plans are in place to ensure robust information for purposes?</p>	
		<p>Does each Board receive reports from commissioners at least annually on the numbers of people in NHS funded care and residential placements?</p> <p>Does the report include progress and any barriers to people moving into community settings?</p> <p>How does each Board influence and enable progress in reducing the number of specialist residential placements?</p>	
<p>From April 2013</p>	<p>“Directors, management and leaders of organisations providing NHS or local authority funded services to ensure that systems and processes are in place to provide assurance that essential requirements are being met and that they have governance systems</p>	<p>Is there a named senior strategic lead for the Winterbourne View strategic plan on both the Learning Disability Partnership Board and Health and Wellbeing Board?</p> <p>How do the two Boards share information and influence?</p> <p>How often do the strategic leads and other members of each Board visit local services?</p>	

	<p>in place to ensure they deliver high quality and appropriate care.”</p>	<p>Does local Healthwatch includes representation of people with learning disabilities and family carers? If not, how will each Board influence this?</p> <p>How does Healthwatch monitor local specialist services for people with learning disabilities?</p>	
		<p>How does each Board ensure that people with learning disabilities and family carers are commissioned as Experts by Experience to audit services?</p> <p>Does each Board receive feedback from such audits direct from the Experts by Experience, and how does it monitor any changes needed?</p>	
		<p>How are CQC represented on each Board, and how often do members check CQC reports on local services?</p>	
<p>From April 2013</p>	<p>“The strong presumption will be in favour of pooled budget arrangements with local commissioners offering justification where this is not done.”</p>	<p>Does each board receive annual reports on total health and social care budget for children and adults with learning disabilities?</p> <p>To include breakdown of spend, trends and shift of resources to community based support models.</p>	

		<p>What is the locally agreed mechanism for pooling /aligning education, health and care resources, with a focus on investment on local community based care and support? What further work needs to be done to pool/align budgets and how does each Board monitor and influence progress?</p>	
From April 2013	<p>“Health and care commissioners will use contracts to hold providers to account for the quality and safety of the services they provide.”</p>	<p>There is an expectation that Quality of Health principles are adopted in health and social care contracts to drive outcome based commissioning and provision</p> <p>What evidence does each Board have that they are actively included and monitored by commissioners and providers?</p>	
		<p>The Joint Improvement Board has nationally developed a service specification model and learning disability Cquins. How does each Board check that these are being used locally, and making a positive impact?</p> <p>Commissioners are required to ensure that individual personalised contracts are developed and used, with clear outcomes that have been developed with each person and their family. What evidence is there that standard contracts are no longer used?</p>	
By 1 June	<p>“Health and care commissioners, working</p>	<p>Health and social care commissioners are required to use the joint monitoring tool in this “Getting Things Right”</p>	

2013	with service providers, people who use services and families, will review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual based around their and their families' needs and agreed outcomes."	<p>toolkit to monitor progress in reducing the number of people in specialist residential accommodation.</p> <p>Does each Board receive updates on progress at least annually?</p> <p>How does each Board check that the following two requirements are met, and that people have a holistic high quality review?</p> <ol style="list-style-type: none"> 1. Commissioners are required to ensure that the named care managers for each person use the nationally developed framework for individual reviews, produced for the Winterbourne View Joint Improvement Board. 2. Commissioners are required to use "Getting Things Right" guidance on checking for quality of reviews and support plans. 	
By April 2014	"Clinical Commissioning Groups and Local Authorities will have set out a joint strategic local plan for Learning Disability to commission the range of local health, housing	<p>Does the Joint Strategic Needs Assessment include analysis of local population of children and adults with learning disabilities?</p> <p>If not, what other mechanisms are in place to gather this information and what further work is needed to ensure high quality information for local planning purposes?</p>	

	<p>and care support services to meet the needs of people with challenging behaviour in their area.”</p>	<p>How are Board members actively engaged in developing and consulting on the joint strategic local plan for people with learning disabilities? How does each Board check that this includes input from:</p> <ul style="list-style-type: none"> • People with learning disabilities • Family carers • Advocacy organisations • Public Health • Children’s services • Further Education • Employment support • Housing services • Voluntary sector • Mental health services • Police • Offender management services. • Leisure and community services 	
		<p>The joint strategic local plan is presented to, signed off and monitored by the Learning Disability Partnership Board and Health and Wellbeing Board.</p>	
<p>By 1 June 2014</p>	<p>“Health and care commissioners will review all current hospital and</p>	<p>Both boards receive reports at least annually on numbers of people in NHS funded care and other complex placements, and any barriers to them moving into</p>	

	<p>other complex care placements and support everyone inappropriately placed in hospital and similar placements to move to community-based support as quickly as possible and no later than 1 June 2014.”</p>	<p>community settings (as above).</p>	
	<p>“Ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.”</p>	<p>What local accessible information in a range of formats is provided to children and adults with learning disabilities and their families on supports and options available in the local area? What further information is needed and how can advocacy organisations assist with this?</p>	
		<p>How does each Board monitor investment in and impact of a range of advocacy supports, including self-advocacy, and ensure that a quality framework for advocacy is embedded into all contracts?</p>	

By 1 June 2014	"Planning will start from childhood."	Who are the representatives of children's services and/or families of children with learning disabilities on each Board? Do they have sufficient authority to promote change?	
		Is there strong engagement across children's and adult services to identify current and future needs of young people? N.B. The Children and Families Bill gives children's services some additional responsibilities for young people up to age 25.	
	"All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults."	How do adult and children's safeguarding boards have ensure that there are linkages with police, CQC, provider services and others to identify patterns of safeguarding concerns and referrals, and to respond robustly when such patterns occur.	
		How do the Learning Disability Partnership and Health and Wellbeing Board monitor the outcomes of safeguarding referrals?	
By 1 June 2014	"All signatories to the Concordat will work to continue to improve the skills and capabilities of	Is there a strategy for joint learning and development on key issues across health and social care staff? Are there any significant gaps in learning and development opportunities?	

<p>the workforce across the sector through access to appropriate training and support and to involve people and families in this training.”</p>		
	<p>How are people with learning disabilities and families commissioned to provide training and awareness raising to health and care staff, and to the wider community, and what is the impact of this?</p>	
	<p>How do provider services ensure learning and development opportunities are in place for their staff? Are there any significant gaps in learning and development opportunities?</p>	

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