Local Government Association

NHS England

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).	There is a local Winterbourne View Programme Board overseeing implementation of the recommendations in the Concordat (ToR and minutes available upon request). Both CCG and Local Authority are represented at the Board.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Homes for Haringey (Arm's Length Management Organisation) ALMO. Through a protocol agreement with Haringey's Learning Disability Partnership, have acquired control of four houses and maisonettes. The four properties are being re-developed with capital funding from Homes for Haringey's Housing Revenue Account. This arrangement has been negotiated with and as part of the Council's response to the Winterbourne View Concordat. The capital works have been specified by Commissioners from Adult Social Care, officers from Homes for Haringey and Property Services, Social Workers and clinical staff from the Learning Disability Partnership. Each of the properties are being developed to allow two people to live independently in each, which when completed will be eight people in total. Only third sector providers compliant with Haringey's safeguarding policies and procedures and only those		

	providers from the third sector who are registered with and compliant with the Care Quality Commission's national standards are being considered suitable to provide the necessary care and support. Third sector providers will provide a tailored package of care that will enable people assessed as part of the Council's review process to live independently with a licence agreement.		
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.	Each client is discussed by the MD project team on a regular basis to plan transition from ATU's/hospitals to the community. There is dialogue between the project team and the commissioners which supports planning of clinically appropriate services for people with complex behavioural support needs.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes. Click here for HLDP Board minutes.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes – Board presentation 26th February and 9th July 2013.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Section 75 (dispute resolution section in development).		
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.	Regular updates are presented to the CCG Quality Committee, LD executive, HW Board, Clinical Leadership and Operational Group, HLDP and Haringey multi-agency Safeguarding Board.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	None at present.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	The North London Strategic Alliance (NLSA) is working together to identify and discuss opportunities for joint commissioning.		

2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Yes (available upon request).		
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 (information available via Caretrack).		
2.3 Do you currently use S75 arrangements that are sufficient and robust.	Section 75 arrangements are in place in Haringey for the Learning Disability Partnership pooled provider budget. A renewed Section 75 is currently being negotiated with the LA and the CCG. There is no LD Joint Commissioning Strategy.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No – Section 75 currently for certain provision, however no pooled budget arrangement for complex clients' support packages.		
2.5 Have you agreed individual contributions to any pool.	No.		
2.6 Does it include potential costs of young people in transition and of children's services.	No.		
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.	Needs to be developed.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	The joint integrated team is made up of three partner organisations, Haringey Council, Whittington Health and Barnet, Enfield and Haringey Mental Health Trust. The team is made up of multi disciplinary professions including social workers, clinical psychologists, consultant psychiatrists, occupational therapists, music therapists, physiotherapists and community nurses.	 Winterbourne Review Protocol_updated (2).(	
3.2 Is there clarity about the role and function of the local community team.	Yes – Section 75 service specification.		

3.3 Does it have capacity to deliver the review and re-provision programme.	Yes.		
3.4 Is there clarity about overall professional leadership of the review programme.	Yes. There are named clinical and operational leads.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes – (see feedback questionnaires which are being utilised throughout the review process).	 Questionnaire for family (next of kin).dc	
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 – 18 inpatient and 8 forensic clients		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	CCG is currently developing a robust process with BEH-MHT (forensic provider)		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Currently in development.		
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 comprehensive register of all people who are fully or partially health funded.		
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 – available on Caretrack		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Available locally. CCG commissioning voluntary sector organisation to provide advocacy to those in out of area placements – service specification in development.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	CCG representatives regularly attend the London CHC leads meeting chaired by NHS England. Regular contact with NHS England seeking advice and support.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	All of the reviews have incorporated questions which evaluate the behaviour support needs of the individuals in question, how behavioural challenges are understood (e.g. Functional Analysis) and if they		

	are being responded to appropriately (e.g. PRN medication/Physical Interventions used as a last resort). The reviews have been underpinned by an ethos of Positive Behavioural Support and associated best practice guidance (e.g. Challenging behaviour: A Unified Approach).		
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 with multi-disciplinary input.		
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.	CCG has started to use the Out of Area Placement protocol.	 CHC201~1.DOC	
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Third sector providers will provide a tailored package of care that will enable people assessed as part of the Council's review process to live independently with a licence agreement. Providers are involved in assessments of individuals with families and families and individuals are involved in selection of providers. Haringey Assessment and intervention team (intensive outreach model) work closely with providers during transition.		
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.	We work closely with the Care Quality Commission and there are regular formal and informal meetings. Safeguarding staff of the CCG and LA and HLDP staff work on joint improvement plans as appropriate for local establishments where there is not full compliance.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Regular updates are made to multi-agency 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. 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.	Yes. The Safeguarding Head of Service sits on the Winterbourne Project Board and also the SAB and monitors compliance with these issues. This area is being developed. We are planning a reflective practice workshop within the Learning Disability Partnership to share learning from the Winterbourne Project Group which will aim to incorporate good practice examples. Community Safety Partnership representative sits on the SAB. There is joined up protocols with planning department, anti-social behaviour unit so that cross cutting issues are addressed. Safeguarding /commissioning officer works across these areas to proactively manage issues through early indication of concern process and then work to support improvements.	 Joint Establishment Concerns Policy and P	
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. 6.2 Are these being jointly reviewed, developed and delivered. 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, The multi disciplinary WV Project team work closely with commissioning staff to facilitate identification of strategic and ongoing commissioning requirements of people. North London Strategic alliance also represented on the WV Board and co-ordinates regional response to commissioning requirements. Yes, ongoing work. Yes - comprehensive register of all people, joint funding arrangements and location.		

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. Multi-disciplinary Assessment and Intervention outreach team proactively supports community placements and transition from hospital placements.
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Placements within the provider market are made on a spot contract basis. Termination of a spot contract will only result from the person to whom such a contract has been attached, and this will only happen when that person is moved from that individual placement to another placement or into independent living. Where an individual placement is terminated and the person to whom that contact is attached is ended as a result, the move will always involve a multi-discipline response to ensuring the needs of the individual are met.
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	The funding of individual placements is known and has been identified. Joint funding tool currently being reviewed and will impact on future commissioning funding source.
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes, but future commissioning intentions include a scoping exercise that includes the introduction of personal and health budgets. However, some block contracting arrangements are expected to remain.
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Commissioning framework and delivery plan advanced stages of development.
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).	We are confident that this target will be reached for the most part, in that all but one or two people will have been moved out of their present placement. If service users need to remain in hospital settings, we will ensure that the environments impose as few restrictions as possible. Robust measures will be in

	place to ensure that service users are being safeguarded (e.g. regular on-site visits, identified independent advocacy, liaison with families) and that that there is an evidenced clinical decision making process which justifies their placement in a hospital setting. Providers will be expected to make available documentation which evidences care planning and goal setting and to report on what progress is being achieved with regards to these. The second issue is the financial issues highlighted in Section 2.4 to 2.7 of this report.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	Some of the obstacles are clinical in nature. We are mindful that some of the service users which are part of the Winterbourne Project have long histories numerous placement breakdowns and of multiple admissions. As a consequence of these experiences, some service users have become accustomed to settings which incorporate a high degree of external control and/or restriction. One of the key challenges therefore, is how community based services can be skilled, robust, boundaries and structured enough whilst being as least restrictive as possible. There is a need to develop local, small specialist services (robust residentials), especially for service users with Mild LD and Mental Health problems. For service users with the most complex needs, there is a need to commission locally based hospital services which include step-down bed provision, enabling continuity of care. Should hospitals be commissioned, this should be done to a clinical specification which is underpinned by a time-limited evidenced based assessment/treatment model. This is imperative to ensure that service users move on to more appropriate placement as soon as possible.		

	Funding issues as previously highlighted. Section 2.4 to 2.7.		
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. 7.2 Do you have ways of knowing about the quality and effectiveness of 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.	Individuals identified and assessed as appropriate for a move from Assessment and Treatment and in-patient settings are subject to an assessment and assessment by third sector providers prior to any referral being made. Through the quarterly reporting mechanisms of the CCG voluntary sector contracts. CCG to develop.		
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. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development.	Scoping of the caseload of Assessment and Intervention Team (AIT) at present to ensure can meet projected demand. Links with BEH Home Treatment Team or development of an equivalent? This will require some liaison and possibly training. Crucial to have support which is available out of hours. Yes.		

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.	Linked to the Council's response to the Winterbourne View Concordat, Haringey's Learning Disability Partnership is currently reviewing all Care Quality Commission and independent living providers within the Borough. Site visits have been undertaken at each site by a multi-agency team that has included a Carer, Social Worker and clinical staff (NHS) member of the Learning Disabilities partnership. The review teams have collected information, which is being used to short list the Council's commissioning priorities in Haringey, which is being informed by the need to change the way services are currently delivered, the quality of the existing provider market and need to ensure a balance exists between the number of Registered Residential Care and independent living bed based services within the borough, against the need and demand from people who use services and their family carers. It is planned that through this process a planned, well informed commissioning approach can be taken to changing the current market in Haringey to one that better reflects and incorporates the learning from Winterbourne.		
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.	A person centred approach to planning embeds ethnicity, age profile, gender and cultural needs in planning for individuals. Future care needs are informed by planned update of joint strategic needs analysis (JSNA).		

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.	Yes. Detailed demographic information available for young people in transition from 14 plus. Yes. Linked to local market developments.		
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.	A full assessment of the market in Haringey has been undertaken. This has included an audit of each service, its physical capacity, its capacity to deliver a service to people who present with complex needs and capacity to move from registered care to independent living. A full need, demand and gap analysis is being undertaken that include all bed based residential services. Within the range of this analysis is CQC registered residential care and independent living. Reflective practice/learning will be focussed on four areas: 1) Family engagement/ Learning from the experiences of families - through family focus group/ workshop (planned to take place in the summer); 2) Safeguarding- through discussions at the Safeguarding Adults Board; 3) Commissioning appropriate services; and 4) Working processes- by looking at ongoing clinical practice and ensuring that the learning from the Winterbourne project is embedded in everyday best practice.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name BEVERLEY TARKA AND TRISTAN BRICE

Organisation HARINGEY COUNCIL AND HARINGEY CCG

Contact TRISTAN.BRICE@haringeyccg.nhs.uk

Signed by:

Chair HWB .....

LA Chief Executive .....

CCG rep.....