

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>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</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>Yes. This is through the Learning Disabilities Joint Commissioning Strategy.</p> <p>Yes. The following list of partners is not exhaustive</p> <ul style="list-style-type: none"> - Bracknell Learning Disability Partnership Board - Berkshire NHS Foundation Trust - Housing services - Support providers - Voluntary Sector including MENCAP and Just Advocacy - Experts by Experience (Quality Checker schemes) - Bracknell integrated Learning Disability service <p>Yes. The Federated CCGs have come together with the six Local Authorities within Berkshire to work collaboratively to implement a plan in response to Winterbourne view. Locally (Bracknell) services have been planned through the 2008 -2013 Learning Disabilities Strategy. Currently Bracknell Forest Council, Bracknell and Ascot Clinical Commissioning Group (CCG) and Bracknell Learning Disability Partnership Board are undertaking a consultation to develop a new joint Learning Disabilities Strategy</p>		

<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p> <p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p> <p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</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>2014 – 2019, which will take account of the needs of people with Learning Disabilities including those with complex needs and challenging behaviour.</p> <p>Yes.</p> <p>The board, through its members are engaged and aware of progress being made. This stocktake was presented to the local Health and Well Being Board.</p> <p>Yes. For the Berkshire wide work this is through the Winterbourne View Project Group. Locally this starts at the Learning Disability Partnership Board.</p> <p>Yes. There are systems in place for reporting up and down from national bodies to organisations and across boards and organisations. The Bracknell Care Governance Board is a subgroup of Bracknell Safeguarding Board and monitors quality of care services in the Bracknell Forest area and those that are commissioned out of borough. An annual safeguarding report is presented to the HWBB. CCG are invited to the Care Governance Board but are not currently attending.</p> <p>Yes.</p> <p>Yes. Including closer working with the housing team regarding the changes to benefits. Also to have further support from Experts by Experience.</p>	
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p>	<p>Yes. As the local CCG funds Bracknell Forest Council to undertake care management responsibilities for people with learning disabilities.</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>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>	<p>receiving health funded support, there is a clear understanding of the cost of the services for all people with learning disabilities.</p> <p>Yes.</p> <p>No. Please however refer to 2:1. In addition Bracknell Forest Council and the CCG joint fund the integrated Community Team for people with a learning disability (CTPLD): See 3.1.</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>No.</p> <p>There are agreed contributions by the CCG and Bracknell Forest Council for funding of CTPLD.</p> <p>There are well established systems in place to identify potential costs of young people approaching adulthood who will require support.</p> <p>The present joint (Bracknell Forest Council & CCG) Learning Disability Strategy as well as the future strategy (in development), does and will focus on meeting peoples needs in ways that are meaningful for them.</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.</p> <p>Yes – Operational policy in place.</p> <p>Yes - Please note Review Project.</p> <p>Yes.</p> <p>Yes - Please see Review Project.</p>		

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		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Yes. Please See 2.1		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes. Bracknell Learning Disability Partnership Board is well established with membership including people with learning disabilities, carers and advocacy organisations. The Partnership Board have received up to date briefings with regard to 'Winterbourne' and the Review Project and have commissioned a consultation as part of developing a new joint Learning Disability Strategy.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Yes. Local register is in place and held by CTPLD.		
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. Please see 2:1		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes. Local Advocacy Commissioning Strategy established with contracted provision in place (Just Advocacy)		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Please see Review Project.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes – Please see Review Project.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes. All reviews have been completed.		

<p>5. Safeguarding</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>Following the Review Project of people with learning disabilities who were living out of area, Bracknell Forest Council has established links with local safeguarding arrangements. The project is to be rolled out across all care groups. Also a system of annual review of care providers is to be implemented.</p>	
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> <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.</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>There is a Berkshire wide local sharing agreement within the safeguarding procedures. These are being utilised to enable sharing of information and develop risk assessments. To date there have been no issues identified with being able to access the information.</p> <p>Yes for 'units' in borough and those commissioned out of borough an online system is in place which notifies Bracknell Forest Council of the inspection reports and enforcement notices. The safeguarding team follows up on these and reports actions to the Care Governance Board. Please see 1.7.</p> <p>The Adult Safeguarding Board is in touch and has an action plan to keep abreast of developments. The Director of Childrens services has discussed this with the independent Chair of the Children Safeguarding Board and is on the agenda for the next Board meeting to determine actions and links moving forward.</p> <p>Yes - in practice guidance which has come out following the Review Project. Governance for DOLs is through the safeguarding board.</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>Yes. Examples include multi-agency team meetings, acute steering group meetings and briefings/feedback based on qualitative audits.</p> <p>Yes. Community Safety partnership have Mate and Hate Crime Awareness Campaigns. Also locally operating is Safe Place and Third party reporting schemes which enables people to go to identified people/services for assistance other than police or the local authority. The Learning Disabilities Partnership Board is further considering these issues as part of the Learning Disabilities Strategy consultation process.</p> <p>Yes. There is a framework in place with key players in attendance. The Safeguarding forum, which is operationally focused, and the Care Governance Board links to the Safeguarding Board. The CQC were invited to the Safeguarding Board but have indicated that they do not feel it appropriate to be members of the Board. Bracknell Forest Council has tried to have a quarterly meeting with CQC but this has not happened due to staffing issues at the CQC.</p>		
<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>Yes. Please see Review Project and 2.7 (new joint Learning Disability Strategy)</p> <p>Yes. Please see 2.1. Also new joint Learning Disability Strategy is being developed.</p> <p>Yes.</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>Commissioning intentions will be identified in the new joint Learning Disability Strategy. However, it will not identify a re-provision of placements out of borough nor will it identify a need to reduce future hospital placements. The Review Project of all out of borough placements identified that almost all people wanted to remain living where they were. (43 of the 44 people are living in residential care). The 1 person who remains in an acute setting is being supported to develop a bespoke support arrangement to move in to the community. Up to this point the work undertaken in relation to the priorities established in the joint Learning Disability Strategy of 2008-2013 has helped to ensure that hospital placements are rarely required. However, in conjunction with the present and new strategy a proposed '<i>Rapid Response service</i>' will be piloted to further develop expertise in contingency planning, preventing and responding to crisis, and stop unnecessary hospital admissions.</p>		
<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p>	<p>Please refer to the Review Project and 2.1</p>		
<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>We have well established systems in place to keep abreast of current, new and developing needs. These needs are and will be taken into account in the new joint Learning Disability Strategy so that the right arrangements are in place for funding and developing services in response.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Yes. Local Advocacy Commissioning Strategy is well established with contracted provision in place (Just Advocacy) for all groups of people receiving services.</p>		
<p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p>	<p>Delivery plan agreed, resourced and being monitored.</p>		

<p>6.9 Are you confident that the 1st 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>Yes please see 6.4. The local Learning Disability Service does and will focus on meeting people's needs in ways that are meaningful for them.</p> <p>N/A</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>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</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>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Completed. See 2.1 and Review Project. Also developing new joint Learning Disability Strategy.</p> <p>No. The DOLs code of practice states that Best Interest Assessors should not be involved in care planning. However, all practitioners involved in care planning are trained in the Mental Capacity act which includes how to conduct capacity and best interest assessments.</p> <p>Yes. Capacity has been identified. A <i>'Rapid Response service'</i> specification has been developed and will be piloted in the near future.</p> <p>Yes. Alongside the <i>Rapid Response service</i> there are a range of connected initiatives including (not exhaustive) further developing a skilled workforce, and maximising Assistive Technology opportunities.</p> <p>Yes. The Berkshire Winterbourne View Project Group are developing a workforce skills specification for working with people with challenging and complex needs.</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>Yes. Through the Learning Disability Strategy, Approaching Adulthood Strategy, and Autism Strategy.</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.

Yes. An Equalities impact assessment will be completed as part of the Learning Disability Strategy.

<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>The present Learning Disability Strategy takes account of the needs of young people with learning disabilities approaching adulthood.</p> <p>Yes. See 10.1. Also through the Approaching Adulthood Strategy.</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. The Market Position Statement is in draft - participating in the Department of Health “Developing Care Markets for Quality and Choice” programme of work.</p> <p>Yes.</p> <p>Yes: a) Review Project b) Rapid Response service specification c) Review and remodelling of a quality assurance framework building on from the Review Project.</p>		

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

This document has been completed by

Name.....

Organisation.....

Contact.....

Signed by:

Chair HWB

LA Chief Executive

CCG rep.....