

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

Appendix B

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).	Yes -these have been put in place. Multi-agency joint action plan has been agreed between: Bedfordshire Clinical Commissioning Group (BCCG), Central Bedfordshire Council, (CBC) and Bedford Borough Council.	√ Ref doc WV1 Pan Bedfordshire Winterbourne View Plan	No
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Yes – (CBC) are working with East of England Specialist Commissioning Group, , Central Bedfordshire Children’s Services Central Bedfordshire Community Safety Partnership, South Essex Partnership NHS Trust(SEPT the local specialist NHS provider of LD services) input from service users and cares through the LD Delivery Partnership Board and Voluntary and Community Sector organisations- Autism Bedfordshire. To ensure that from a Central Bedfordshire perspective specific actions are monitored and followed through a Central Bedfordshire Steering Group has also been established. This will report through the LD Delivery Partnership as part of the Health and Wellbeing Board governance structure and also the Pan=Bedfordshire BCCG Lead Steering Group.	√ Ref doc WV2 Central Bedfordshire Action Plan	No
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.	Yes- BCCG as the lead agency has established a Pan-Bedfordshire steering group with CBC and BBC, to establish a planning function in response to the Winterbourne View Final Report and actions required. The steering group has undertaken a scope of local services and have completed a draft Service specification for the kinds of resources required to meet the needs of individuals who have been reviewed and for other people with complex needs in out of county	√ Ref doc WV3 Draft Service Specification	No

Appendix B

	placements.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes- The LD Delivery Partnership Board has received a presentation about Winterbourne View and this will be a regular agenda item. Progress reports are also made by the BCCG to the Patient Safety and Quality Committee.	Ref doc WV4 Winterbourne View Presentation	No
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes. - A progress report has been provided to the CBC Healthier Communities and Older People Board on 12.06.13, which is part of the Health and Wellbeing Board governance structure in preparation for a more comprehensive update which will be presented to the Health and Well being Board in September 2013.	Ref doc WV5 HCOP Report	No
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Yes- This is in place through the Pan Bedfordshire Winterbourne Steering Group involving Health and Social Care Commissioners and operational leads.	No attachment	No
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.	Yes- Accountabilities are understood across the partnership through boards such as the LD Delivery Partnership Board, The Health and Wellbeing Board, BCCG Patient Safety and Quality Group, BCCG QIPP Programme Board, Fulfilling Lives (Autism) Delivery Board, Safeguarding Board, and through Regional Forums, such as the East of England ADASS Contracting Operational Group keeping track of accountabilities in line with the Winterbourne Recommendations.	No attachment	No
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Yes- CBC and the BCCG are looking with partners in BBC at potential financial risk of increased costs associated with ordinary residence due to a private hospitals on its boarder, which services are often commissioned on behalf of individuals from London Borough's who may fall under CBC's responsibility due to the changes in legislation under the	No attachment	No

Appendix B

	Mental Health Act and the rules of ordinary resident.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Yes- for example through further local intelligence needed to inform future plans about children's services and assisting younger people through transitions to enable a better local offer to be planned to prevent out of county admissions to residential care services. (Please see Section 10 of the stock take)	No attachment	No
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Yes- Service user/ patient lists have been agreed with BCCG and are being maintained to reflect current costs of services and to identify lead commissioners.	No attachment	No
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- CBC and BCCG have agreed the sources of all packages of care and support and have identified the funding sources determining lists of those who are CHC, Section 117, or Joint Health And Social Care Funded.	No attachment	No
2.3 Do you currently use S75 arrangements that are sufficient & robust.	Yes-Section 75 agreements are in place in respect of Community Mental Health Services provided by South Essex Partnership University NHS Foundation Trust (SEPT) and between SEPT and Adult Learning Disability Services in respect of integrated working by Community Nurses within the Adult Learning Disability Team in Central Bedfordshire There is no additional pooled budget at this moment in time in respect of Winterbourne View Action plans.	No attachment	No
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	Yes-Clear arrangements are in place for CHC applications and Section 117 funding agreements in respect of aftercare services. BCCG and CBC have completed a draft protocol to support a process for agreeing Sec 117 funding. Through reviews and discussions about changing needs financial risks are shared.	No attachment	No
2.5 Have you agreed individual contributions to any pool.	Not at present. As part of the work around responding to Winterbourne View consideration will be given to identifying future pooled budget arrangements.	No attachment	No
2.6 Does it include potential costs of young people in transition and of children's services.	CBC have identified the potential costs of future transition cases from children's services over the next 5 years, particularly in relation to young people with challenging		

Appendix B

	behaviour and complex needs to assist with commissioning arrangements and local planning. (Please see Section 10 of the stock take)	No attachment	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.	Yes- through the identified costs of the individuals in low secure hospital settings, high costs out of county residential care placements, and 5 year forecast. Plans are emerging about services which may result in possible anticipated efficiencies through sharing procurement and contracting information between health and social care commissioners.	No attachment	No
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	Yes- through a section 75 agreement the Adult Learning Disability Services employ Community Nurses who work alongside the Local Authority Care Management Service. Specialist Learning Disability Services for people with a learning Disability operated by SEPT are not integrated into the agreement.	No attachment	No
3.2 Is there clarity about the role and function of the local community team.	Yes- an operational policy for the Adult Learning Disability Team sets out the clear roles and responsibilities of the Community Nurses and the Social Workers who make up the core team. Additional support coordinated by the Team is through the Health Facilitators, two of which are co-located with the Team and provide more specialist clinical support and interventions.	No attachment	No
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes- through joint working with commissioners from health and social care services. Specific team members have been identified to take lead coordinating roles in relation to organisation and carrying out of the reviews.	No attachment	No
3.4 Is there clarity about overall professional leadership of the review programme.	Yes-clear structure has been put in place with identified leads in health (under the BCCG) or front line case managers in the community team, (Adult Learning Disability Services).The BCCG lead links directly with the SCG for those individuals funded by the SCG, while the Adult Learning Disability Team links directly with BCCG for those people funded by the BCCG.	No attachment	No

Appendix B

<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- all reviews undertaken have involved the individual, the carer/ family member or independent advocate, supported by named workers. The reviews have been carried out through the principles of placing the person at the centre of their decision making.</p>	<p>No attachment</p>	<p>No</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>Yes- In CBC there are 3 individuals in low secure hospital settings in the current review programme, which we consider to be part 1 of the programme and have been reviewed by the SCG. Another 5 individuals have been reviewed directly by CBC as their funding is provided through the BCCG. We have identified another 6 other individuals who will fall under phase 2 of the review programme and these represent people who are in out of county placements (non hospital settings) who have complex needs (autism / mental health needs, or behaviour that challenges) and are either fully funded or jointly funded under sec 117 funding or Continuing Health Care. Reviews are also arranged for each individual, with family involvement and advocacy as required.</p>	<p>No attachment</p>	<p>No</p>
<p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>Yes- arrangements are clear and emphasis is being placed on the need for clear communication and joint partnership working. A meeting was set up between Bedford Clinical Commissioning Group, the Borough Council and the specialist commission group but the representative did not arrive at the correct venue. This is to be rearranged as a priority.</p>	<p>No attachment</p>	<p>No</p>
<p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p>	<p>Clarification will be gained from the SCG to check what forms the reviews they have carried out took, as currently appears that these were desk top paper reviews. This clarification will look at how involved the Individuals, their families and other key stakeholders were with the review process.</p>	<p>No attachment</p>	<p>No</p>
<p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>Yes- Registers are in place and individuals on the registers have been agreed between the BCCG and CBC. B CCG holds the register.</p>	<p>No attachment</p>	<p>No</p>

Appendix B

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- B CCG holds and owns the register and all known individuals and a key first point of contact has been identified for each case.	No attachment	No
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes- CBC, BBC and BCCG jointly commission POHWER advocacy services to support the assessment, care planning and review process. Independent Mental Capacity Advocates and Independent Mental Health Advocates are also involved in the process as required.	No attachment	No
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	CBC have developed a template to include in all Winterbourne Reviews to make sure that the reviews followed best practice. This has been shared with the BCCG and used as a way of assessing an individual's current and future needs.	Agreed JO-attach review process	No
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes- Details about support in current placement have been established, with specific focus on the best ways to communicate with individuals and proactive behavioural management techniques and there is a good understanding about levels of support required in the future.	No attachment	No
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 were completed by 1 st June 2013. There are no outstanding reviews for individuals in hospital- low secure settings.	No attachment	No
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.	Yes-CBC adheres to the ADASS protocol and has adopted the ADASS <i>Safeguarding Adults Policy Network Guidance (December 2012)</i> for Out-of-Area Safeguarding Adults Arrangements. CBC and Luton Borough Council have recently (January 2013) renegotiated our arrangements in respect of our shared acute hospital trust which sits within Luton Boundaries, so that the arrangements adhere to the ADASS protocol but that information sharing is ensured.	No attachment	No
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Yes-Safeguarding lead standing attendance at Council providers forums; safeguarding support workers relationship building and awareness raising with local care homes on a "patch" basis; contracts compliance officers monitoring of	No attachment	No

Appendix B

	use of safeguarding standards and safeguarding competency framework; safeguarding officers visits to providers of concern; safeguarding officers awareness raising sessions across all providers including housing,		
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.	Yes-Regular information sharing meetings held with CQC attended by safeguarding, contracts and social care operational managers.	No attachment	No
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Yes-Children's services managers and adult safeguarding manager are members of the CBC Winterbourne View steering group. Developments reported to the Safeguarding Adults Board through the safeguarding manager.	No attachment	No
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.	Yes- Reviews of all current placements held by CBC have been undertaken and safeguarding and DoLS considered. One person is known to be under DoLS.	No attachment	No
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.	Yes-Both acute hospitals feeding into CBC area have learning disability lead nurses and clear protocols to flag when people with a learning disability are admitted. These have been presented to the safeguarding adults' board sub groups. CBC does not have any independent learning disability hospitals in its locality.	No attachment	No
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?	Yes-The community safety partnership and the safeguarding adults' board are currently working together on hate crime and discrimination. Two reports have been commissioned and shared respectively and an action plan is being drawn up. Safeguarding officers sit on MARAC, SARAC and ASBRAC to address domestic and sexual abuse and anti social behaviour concerns where they affect vulnerable people	No attachment	No

Appendix B

	The Joint Social Needs Assessment is being further updated at present to include the actions required under the Winterbourne View recommendations.		
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. See 5.2 and 5.3 above.	No attachment	No
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.	Yes- We are reviewing commissioning arrangements for learning disability services, specifically to include supporting people's moves from hospital settings to settings better suited to meet their needs (either specialist residential carer or supported living services. We are completing the campus closure programme and also will also be service reviewing historic supported living contracts with a view to fitness for purpose and will be recommending decommissioning, reconfiguring and recommissioning as necessary. The current LD Commissioning Strategy provides a broader steer in terms of future plans for the wider group of individuals who are placed out of county and our commitment to support people to come back to their local area if this is appropriate. This is currently being refreshed to ensure that it fully captures all the recommendations set out in the Winterbourne View Report	Ref doc WV6 Autism Strategy	No
6.2 Are these being jointly reviewed, developed and delivered.	Yes- plans are emerging and are at an early stage following outcomes of the reviews held. Due to structural and staffing changes within CBC Commissioning, we are reviewing existing arrangements and firming up our commissioning resource. We have managed to secure an additional post, which has been recruited to, and the post holder will be able to support much of this programme.	No attachment	No
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. Lists are held by the BCCG and agreed by the local authority. All funding streams in place are confirmed in terms of CHC, Section 117 and Joint funding arrangements.	No attachment	No

Appendix B

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-the current commissioning intentions reflect this, and following the in depth service review, a commissioning and procurement strategy will be put in place to deliver this over a three year period.	No attachment	No
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	This needs to be confirmed. A meeting was arranged for the specialist commissioner of the strategic clinical commissioning group (SCG) to meet with BCCG, CBC and BBC Leads from the Pan-Bedfordshire Winterbourne Steering Group. This meeting is a high priority to be rescheduled as the SCG did not arrive.	No attachment	No
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	This is currently being scoped. A 5 year forecast is estimated in terms of needs and costs of those individuals coming thorough health and social care services. Information is to be further ratified to ensure all known needs are captured to inform future commissioning arrangements.	No attachment	No
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes-CBC, BBC and BCCG Team jointly commission POhWER advocacy services to support the assessment, care planning and review process. Independent Mental Capacity Advocates and Independent Mental Health Advocates are also involved in the process as required. We are able to purchase as necessary using a personal budget advocacy support for individuals in out of area placements if local advocacy services are not available for any reason. POWhER are jointly commissioned and subject to joint contract review arrangements. The POWhER advocacy service holds locality groups in key services areas across Central Bedfordshire to gain the view of people who use services in the local community.	For more information on the range of advocacy services provided please go to www.pohwer.net	No
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Yes- plans are emerging as described in the Joint Improvement Plan in 1.1 and 1.2 of this stocktake.	No attachment	No
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).	Yes-CBC and the BCCG have an absolute commitment to work to this target and are fully determined to achieving desired outcomes for the individuals concerned. We are working with the individuals on a person centred basis to ensure that any potential plans concerning moves are made with full consideration of personal choice, availability of	No attachment	No

Appendix B

	resources nearer to home (for some this may not be Central Bedfordshire as they did not have any local links to this area prior to hospital admission). We also want to ensure legal timescales for the procurement of service provision, assessments of risk, and mental health status to be fully considered. Though these figures need to be finally confirmed by the SCG initial indications are there are 4 Individuals who will be ready by June 2014 to have moved to community settings, and 3 are likely to require further detention on section under the MHA. However plans following all reviews are for move on appropriate to each individual.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	The considerations described in 6.9 are possible obstacles to achieving the target –especially in relation to ensuring the procurement of any new service is managed appropriately	No attachment	No
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.	Yes- Plans discussed in detail at individual Multi- Disciplinary Review. This initial information is being shared with BCCG so that identification of any common needs can be checked and possible commissioning of specialist accommodation based service in the Bedfordshire area can be considered.	No attachment	No
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes- Due to our full involvement at each review held. Which allows social workers carrying out reviews to form an assessment of the effectiveness of individual advocates. Also see Section 6.7	No attachment	No
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Yes- there is adequate access to Best Interest Assessors within CBC Adult Operational Services.	No attachment	No
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.	Yes- A review of Specialist Learning Disability Services provided by South Essex Partnership NHS Foundation Trust (SEPT) is currently being undertaken. There is capacity to deliver Intensive Support services locally and to work with local providers to assist with the support and management of behavioural plans to prevent placement breakdown and	No attachment	No

Appendix B

	hospital admission. Also see Section 1.3		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	The contract between the BCCG and SEPT outlines in a CUQIN a clear accountability for a reduction to admissions to hospital and this includes admissions under section of the MHA. The preferred model of care is outreach services into the community, so that individuals can be best supported in a familiar environment.	No attachment	
8.3 Do commissioning intentions include a workforce and skills assessment development.	<p>Yes- A Training Needs Analysis matrix for all existing providers is monitored annually by the Contracts Team. In CBC If specific skills deficits identified, CBC Learning and Development Team can commission further specialised training looking at communication and challenging behaviour</p> <p>The CBC Learning and Development Manager carried out an annual training needs analysis and findings from this are incorporated provider workforce skills</p>	No attachment	No
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.	<p>Yes- The plans in place as part of the Winterbourne Steering Group demonstrate the emerging plans for identifying the support required to meet individual needs for people whose behaviour challenges.</p> <p>A health Needs Assessment was undertaken in 2011/ 2012 by Public Health prior to the Specialist Services for People with a learning Disability.</p> <p>A Public Health Needs assessment on autism was also undertaken in 11/12-</p> <p>Both of these have been used to assist with informing the CBC JSNA which is actually currently being refreshed for</p>	No attachment	No

Appendix B

	publication September 2013, with this intelligence underpinning the proposal for the development of Bedfordshire accommodation based service for people with more complex communication and behavioural needs.		
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-these are fundamental aspects which are taken into account.	No attachment	No
<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>Work in progress. Information sharing has commenced between CBC Adult and Children Services as part of Support & Aspiration developments This will be extended to include BCCG representatives through the transitions project board The heads of Children’s Commissioning and Disability Services are both members of the CBC Winterbourne View Steering Group</p> <p>5-year draft needs analysis completed for children known to Social Care Services. Further work planned to identify and capture all known health funded children.</p>	No attachment	
<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>Yes-existing Market Position Statement has some local market capacity information; however this is being fully revised to show in more detail current and future capacity. Refreshed</p> <p>Yes – The specification developed in line with 1.3 shows that there are not currently enough providers in the CBC locality with the specialist skills to support the needs of all those currently out of county, especially those with complex autism and challenging behaviour.</p>	<p>No attachment</p> <p>No attachment</p> <p>No attachment</p>	No

Appendix B

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.	Yes- Please see attachments on various areas of innovation in CBC based on good practice.		
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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.....