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### **WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME (WVJIP)**

INDEPTH REVIEW (IDR) – INITIAL MEETING FEEDBACK REPORT

UPDATE ON PROGRESS AND IDENTIFIED ISSUES FOR FURTHER SUPPORT

Area: **Central Bedfordshire Council/Bedfordshire CCG**

Specialist Improvement Adviser: **Ian Anderson**

Date of meeting: **2 June 2014**

Area attendees (name and position):

**Julie Ogley, Director of Social Care, Health & Housing, Central Bedfordshire Council**

**Paul Groom, Head of Service for Contracts, Central Bedfordshire Council**

**Nikki Kynoch, Head of Service for Adults with a Learning Disability, Central Bedfordshire Council**

**Anne Murray, Director of Nursing & Quality, Bedfordshire CCG**

**Karlene Allen, Quality Manager, Community and Mental Health, Bedfordshire CCG**

**Kaysie Conroy, Mental Health Project Lead, Bedfordshire CCG**

**Gwen Ncube, Lead Assessor Nurse, Bedfordshire CCG**

Prior to the fieldwork day on 2 June I had telephone conversations with Anne Murray and Kaysie Conroy from the CCG and with Paul Groom and Elizabeth Saunders (Assistant Director) from Central Bedfordshire Council.

On the day I met with Julie Ogley, Paul Groom and Nikki Kynoch together, observed the monthly Steering group meeting and met separately with Anne Murray, Karlene Allen and Kaysie Conroy.

#### **Understanding the numbers – people in inpatient care commissioned by the area**

- In 2013 it was confirmed that there were 7 individuals to be considered in Phase 1 of the programme
- As of 2 June 2014, 2 have moved to new services in Central Bedfordshire and 1 to a new service in Bedford.
- One individual was recognised as having mental health issues and that he was inappropriately placed in a learning disability facility. He has

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subsequently moved to a mental health resource that is more relevant to his needs.

- There are therefore 3 individuals who are still to move but plans are in place to establish a new joint service for the 3 of them in the Central Bedfordshire area.
- The last year has not seen any new individuals going out of area into inpatient services although people continue to access local in-patient services as required.
- The 3 individuals who are still to be re-provided for pose particular challenges to services and in one case in particular, the parents are very anxious about the proposed changes as they see their son as having enjoyed a period of stability and security in the current placement and are concerned that a new service may not meet his needs as well as they see the current one doing.
- It has been decided to pursue a bespoke supported living service for the three individuals with each having separate accommodation but one common provider. The accommodation will either be provided from Central Bedfordshire's own stock or an RSL.
- It was recognised that the usual approach to procurement would be both slower than required and was not guaranteed to deliver a proven provider with the skills and experience required for these 3 individuals. Consequently a waiver of procurement was agreed for the three individuals so that a specific provider could be approached. Meanwhile a procurement process for local specialist service provision for phase 2 of the Winterbourne Programme for people out of area in residential care continues.
- Discussions are currently taking place with a particular provider (Salisbury Autistic Care) and their assessment of how they would meet the needs of the 3 individuals is due by 27 June 2014. Should this prove acceptable, the re-provision process will commence in September and, depending on which is the best approach for each individual, should be completed by December 2014.
- Central Bedfordshire Council has led on re-assessing all 7 individuals, taking a person centred approach to produce new comprehensive, yet brief and easily read summary documents for each person. The model of these assessment summaries and plans could be considered to be exemplars of good practice.
- This approach is now being extended to all individuals in out of area placements under the "Pathway to My Place" programme which aims to bring people back to a more local but appropriate setting unless there are overriding reasons why they should not i.e. they have strong roots elsewhere in the country.
- There is a very strong partnership in evidence with the Bedfordshire CCG essentially "holding the ring" through the Winterbourne View Steering Group which brings together both Central Bedfordshire Council and Bedford Borough

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Council into a very effective partnership that operates with a high degree of trust and openness between the 3 organisations but also a recognition that the two council areas have their own identities and ways of doing things. The Steering Group meets monthly and having had the privilege to sit in on one of their meeting I was impressed by the evident commitment, knowledge and purposefulness of all present.

- The work of the Steering Group is defined through the “Winterbourne View Joint Action Plan” which not only addresses issues that flow directly from the Winterbourne view programme but also those that flow from the Francis Report as well as anticipating the implementation of the Care Act.
- NHS England have a standing invite to attend the Steering Group and while they have not made every meeting this has been compensated for by the Mental Health Project Lead from Bedfordshire CCG meeting with a representative from NHS England on a six weekly basis to ensure that strong links are maintained.
- The linkages between adult and children’s services are strong. The Director of Children’s Services chairs the council-wide “Support and Aspiration Board” with Adult Services leading the transitions programme within this.
- So far, Adult Services have identified all young people aged 14+ (and some as young as 12) and are starting to engage with parents/carers as appropriate to begin discussions on how adult services may respond to the young person’s needs in the future. In addition adult services are involved in the planning of any young person aged 16-18 for whom a placement outside of Central Bedfordshire is being considered.
- The CCG is currently leading on the re-procurement of mental health and learning disability services for their area. The process is currently at the competitive dialogue stage and as part of this the opportunity has been taken to strengthen the specification for both rapid response and effective home treatment services for adults with learning disabilities and similarly to strengthen CAMHS provision for children and young people.
- In conclusion it is my view that while the original deadline to move all 7 individuals by June 2014 has not been met, there has been very significant progress. There is an appropriate balancing of pace aligned with a determination to ensure that individuals are provided for in a way that delivers future stability and security while enhancing their life opportunities.
- Partnership working is clearly very strong and is not just focussed on one or two key individuals. I saw this evidenced from director through to middle manager levels in both organisations. Despite the fact that the CCG is still a very young organisation, there is a maturity of approach that has carried across from the previous PCT arrangements, which is not to say that parties never disagree but that when they do they can have the debate and still continue working together effectively.

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- If there is a risk to the approach being taken here it may come from pressures to reduce management costs in either or both of the council and CCG. These are not evident yet but I became aware that a number of individual managers were attending a lot of meetings to keep connected with related programmes of work where only a relatively small amount of the time spent in the meeting may have been directly relevant to the Winterbourne View programme. The upside of this though is that these managers are very well connected with colleagues, have a strong understanding of what is going on elsewhere in the system and have opportunities both to shape that work and to reflect it in the Winterbourne View programme itself. There may however be some value in the council and CCG mapping the various groups in operation, their reporting and accountability arrangements and who attends to see if any rationalisation is possible either in the number of groups or attendees.

### **Positive practice**

- *The approach taken to formulating new assessments for all individuals in the initial cohort and the extension of this approach more broadly.*
- *The pragmatic but innovative approach being taken to procuring a supported living service for 3 specific individuals.*
- *The Joint Improvement Plan is an excellent example of an integrated approach to managing a complete agenda across a whole system.*
- *The joint working between Adult and Childrens Services enabling all young people aged 14+ (and some as young as 12) to be identified along with starting to engage with parents/carers to begin discussions on how adult services may respond to the young person's needs in the future is also impressive.*
- *The overall level of trust and openness that has developed across the system reflects both the commitment at all levels and the considerable time that has been committed to making relationships work.*

### **Challenges**

- *If there is a risk to the approach being taken here it may come from pressures to reduce management costs in either or both of the council and CCG. These are not evident yet but a number of individual managers attend a lot of meetings to keep connected with related programmes of work and their ability to do so is critical to the continued success of this area of activity*

### **Specialised Commissioning**

- As elsewhere in the country, the early engagement with NHS England was not as smooth as would have been hoped. With NHS England unable initially to provide reliable information on individuals at CCG/council level there was at

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first a lack of clarity about who the system were responsible for. This was however sorted out relatively quickly and proactive work by the Mental Health Project Lead in particular has ensured that there is a good ongoing working relationship with the Specialist Commissioning team.

- Local managers believe that there are no individuals currently funded by NHS England who will become their responsibility beyond those already engaged with. NHS England have a standing invite to the Steering Group and have regular meetings with the Mental Health Project Lead.
- The only current issue with NHS England is the reluctance of the Specialist Commissioners to share in writing their reviews of individuals although, somewhat oddly, they are prepared to discuss these same reviews with CCG/council colleagues.

### **Positive practice**

- *The level of engagement with NHS England*

### **Challenges**

- *Securing copies of written reviews from NHS England*

### **Understanding the money**

- There is currently no formal arrangement in place for joint financial working and there are no immediate plans to enter into the same. The maturity of the partnership between the council and CCG means that the system is aware of all the individuals that either or both parties have a responsibility for and issues of funding are addressed and resolved on a case by case basis. As far as the council and CCG are concerned there is no problem that moving to a pooled budget would resolve and, with the relatively limited capacity that these two organisations have, the priorities are to deliver against the needs of their learning disabled adults, which they are doing well, and to develop more integrated approaches in relation to older people.
- The council has provided resources to meet the demographic growth in relation to learning disabled adults.
- The CCG is having to make savings across its budgets and therefore is looking to deliver good value for money through this area of activity. I am assured however that their highest priority is ensuring quality of care and service for these vulnerable individuals.
- I have not seen any evidence to suggest that the absence of a pooled fund is in any way adversely affecting the system's work in relation to the Winterbourne View agenda.
- I have discussed the absence of a pooled budget arrangement with both the council and CCG and they have jointly expressed an interest in being

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supported in undertaking a piece of work to evaluate how they currently manage the money and identify ways in which this could be improved.

### **Positive practice**

- *Both the council and CCG have made financial commitments to ensure that progress is made for individuals and there has been a laudable flexibility across partners to solve any problems that have emerged.*

### **Challenges**

- *The approaches taken to managing the money are relatively informal (albeit effective) but may be strengthened by more detailed financial planning and more formal recording of commitments without necessarily going as far as a pooled budget arrangement.*

### **Commissioning**

- The Steering Group is clearly the place where the CCG and council come together to shape their priorities, work out how they are to deliver them and through the joint action plan hold each other to account. It would be possible to put a form of words around this and for the two parties (three if Bedford Borough Council are included) to formally sign this off. This would not however add a great value to the way the system is working and there is no “problem” that it would solve as far as I can see.
- The Steering Group makes clear who is responsible for which actions and I formed a strong impression that these were allocated appropriately to people who had the right skill sets to deliver them and were committed to doing so.
- The council has produced a market position statement that clearly reflects the needs of adults with a learning disability and/or autistic spectrum disorder that challenge services.
- There is a developing understanding of future needs that will be generated by young people currently in transition and these are being fed into the Joint Action Plan.
- There has already been an enhancement to community based services to strengthen home treatment services and this will be further enhanced once the contract is let for the new mental health and learning disability health and social care provider.
- A register of individuals has been established and that also captures young people in transition, adults in out of area placements and adults placed within Bedford Borough by other systems. The challenge for the council and CCG in expanding this register is to strike a balance between developing something that is meaningful and adds value and the level of resource that can be allocated to it. The Mental Health Lead, who will be leading on this work, has

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expressed a desire for assistance in identifying other systems that have already addressed this issue and would be prepared to share their learning.

### ***Positive practice***

- *There is a comprehensive and well integrated approach to commissioning effectively overseen and managed through the Steering Group*

### ***Challenges***

- *An impressive start has been made to establishing a register of individuals but there is a need to strike a balance between detail and time required to maintain it so examples of how other systems have approached this would be welcomed.*

### **Working in a co-produced way**

- The Joint Action Plan is a standing item on the Learning Disability Partnership Board agenda and there has been a workshop session for LDPB members on this.
- The LDPB is co-chaired by a person with a learning disability.
- At an individual level it is clear that there is significant work to engage with individuals and their families/carers. This is evidenced by the approach taken to both completing and recording the individual case assessments and the awareness of managers of how parents were feeling about the proposed moves of their son/daughter and the fact that enhancing family contact was a re-curent theme in the work that has been undertaken for all 7 people in this first cohort.
- With a slightly different focus, the council are working with independent sector providers to enhance safer recruitment using ADASS resources and requiring the providers to produce case studies of where they used the approaches to drill down on specific issues. This enables the council to triangulate evidence of training against both complaints and safeguarding concerns.
- There is also a desire to develop approaches that capture the user's experience of services more routinely and it was reassuring to hear managers from both the council and the CCG regularly challenging each other with "so what?" questions to ensure that there was a constant focus on outcomes rather than just focus.

### ***Positive practice***

- *The progress reporting of the Joint Action Plan into the LDPB and the work undertaken to help members understand it is a good example of bringing complex activity to a governance arrangement that involves disabled people and their carers.*

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- *The work on safer recruitment with independent sector providers is also innovative.*

### **Challenges**

- *None identified*

### **Political accountability and ownership**

- The Director described her Executive Member as being very committed to this agenda and the council has provided demographic growth funding at a time when financial resources are severely constrained.
- The CCG has this firmly on their radar at a governance level and there is a lead GP to help drive and support the programme. The programme reports into the Patient Safety Sub-committee, a formal sub-committee of the Board.
- The Joint Action Plan is also an agenda item for the Health and Wellbeing Board.

### *Positive practice*

- *Both the council and CCG were able to describe positive engagement with their political leadership/governance arrangements.*

### *Challenges*

- *None identified*

### **Sector led improvement and notable practice**

- The approach taken to joint planning for adults with a learning disability or autistic spectrum disorders is a good example of a system connecting a range of issues together to provide a comprehensive and connected oversight of priorities and the Joint Improvement Plan captures this and progress being made in an easily useable format.
- The work that has been undertaken to review the 7 individuals and produce concise, focussed and relevant person centred case studies is also of a very high standard.
- Finally, the council's work with independent sector providers to enhance safer recruitment using ADASS resources and requiring the providers to produce case studies of where they used the approaches to drill down on specific issues thereby enabling the council to triangulate evidence of training against both complaints and safeguarding concerns is also an example of notable practice.

**Ian Anderson**

**Specialist Improvement Advisor**