

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 (Extension given by Sarah Brown till the 12th July 2013)

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).	Yes. Local arrangements are in place and have been since 2010/11 between Cambridgeshire & Peterborough NHS (now CCG) and Adult Social Care (ASC). More recently these arrangements have been revised following the Winterbourne View review and the establishment of CCGs. This is overseen by the Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) S75 Agreement.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Cambridgeshire & Peterborough Foundation Trust (CPFT), PCC Children's Services, PCC Strategic Housing Team, Education Services, Registered Social Landlords, NHS England Specialist Commissioning Team and a range of independent sector providers.		
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.	There is a planning function established that considers the needs of people placed in secure settings and those with complex needs in the community. There is a needs analysis which provides sound intelligence on the type of services required to support people living in the community, both for care and support provision and pipeline housing provision.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes. The Learning Disabilities Partnership Board (LDPB), LD s75 Executive and various sub groups of the LDPB and Safeguarding Adults Board are regularly kept up to		

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<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>date with progress. In addition to the above, reports are regularly presented to the Adult Social Care Departmental Management Team and Peterborough City Council's Corporate Management Team meetings. We will be reporting to the next Health and Wellbeing Board (HWBB) in September.</p> <p>The LD s75 Executive Board is, in effect, a sub group of the HWBB. Senior executives of the council, as well as members, are also briefed on progress regularly. A progress report is scheduled to go to the HWBB in September 2013.</p> <p>Yes.</p> <p>Yes.</p> <p>There is one person about whom PCC and CCG Commissioners are in discussion with another CCG/LA. Local commissioners have involved the Secure Commissioning Group (SCG) and National Commissioning Group (NCG) to find a resolution.</p> <p>Yes. Consideration has been given to resources to support local health and social care infrastructures to ensure the right support mechanisms are in place so people do not deteriorate once repatriated into the community. These include resources to support and ensure that providers have the right intervention strategy and the need to have access to financial resources to commission community setting providers including having capital spend for properties.</p>	
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p>	<p>Yes.</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>Yes. There is clarity of where the funding is available, though this does need to be worked through on a case by case basis regarding any cost pressures presented to ASC and the CCG.</p> <p>Yes. However, the LD s75 arrangements do not extend to sharing the cost as it is not a pooled budget. The risks are calculated on a case by case basis with the CCG.</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 pooled budget. The s75 is a fixed budget and largely staffing.</p> <p>No pooled budget.</p> <p>No pooled budget. However, ASC has estimated potential growth money as part of the ASC budget for young people in transition turning 18 in 2013/14.</p> <p>There is a financial strategy regarding costs and savings, though this needs to be updated in the light of structural change including the establishment of CCGs.</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>Yes.</p> <p>Yes. This is a well established team.</p> <p>C&PCCG has commissioned the Intensive Support Team (IST) provided by CPFT to deliver support to adults with complex needs through the re-provision programme. This team works very closely with the learning disabilities and autism integrated community team by providing capacity to support the review programme.</p> <p>Yes. The local authority is the lead learning disabilities commissioner for integrated community services and, with CPFT, provides professional operational leadership through the IST. There is some work underway about the management arrangements, which currently sit with CPFT around clinical leadership and accountability, and with the Council around social care. This is overseen by the LD s75 Executive Board.</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. The IST provides care co-ordination with a named worker and effective liaison between people who are being reviewed, their family carers and advocates is made available to all the service user in secure settings. Advocacy is further extended to all those people living in the community.</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>4.2 Are arrangements for review of people funded through specialist commissioning clear.</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>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p> <p>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</p>	<p>Yes. In total there are seven people affected as part of the programme review and arrangements are being put in place to support them and their families during this process with advocacy and named worker approach. There is also carers' advocacy support to support parent and family carers in the community.</p> <p>Yes. We have been proactive, working with the regional specialist commissioning team since April 2011.</p> <p>Yes. There is an agreement at the LDPB on joint arrangements around people with learning disabilities and family carers' support further strengthened at an operational level. More work needs to be done with Healthwatch.</p> <p>Yes. The IST and PCC commissioners are fully engaged with the providers that support people with complex needs. There are 13 people living in the community in addition to the seven people identified in secure settings as part of the review programme that have complex behaviour with challenges. The IST is very involved with all 7/13.</p> <p>The ownership of the registers is with the CCG. However, further development work is underway to establish which organisation is best placed to maintain</p>		

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p> <p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>and update the register as progress is made.</p> <p>Yes. Advocacy arrangements and capacity assessments are readily accessible.</p> <p>The IST team has dedicated practitioners who take part in reviews of care and support and make recommendations about future care and support arrangements and quality of existing provision. The PCC Commissioner and senior care management staff meet regularly and frequently with the IST in addition to the monthly interface meeting where progress on each service user is discussed. These reviews will also be included the planned audit checks of file and process coupled with evidence. The LA has agreed to support two people (a person with a learning disability and a family carer) on the Quality Checkers programme. The aim is to train and equip expert by experience people to be involved in the review of services.</p> <p>Yes.</p>		
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>All required reviews have been completed by secure commissioning with the IST involved and there are no outstanding reviews.</p>		
<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>Peterborough Safeguarding Adults Board (PSAB) multi-agency policy and procedures includes a statement detailing that PSAB adopts the Association of Directors of Adult Social Services (ADASS) protocols for inter-authority investigation. The PCC, as lead agency, utilises these protocols appropriately when dealing with safeguarding cases where the individual is placed 'out of area' but also accepts its responsibilities as lead safeguarding agency when concerns arise within PCC's administrative boundaries. The PSAB has received</p>		

		regular reports on the Winterbourne Review and this ongoing work stream.		
	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	The IST works very closely with care and support providers sharing risk assessments and developing risk management strategies. Bespoke training is offered to the core staff team of individuals that are resettled in line with the client's specific needs as assessed by the IST. These arrangements are monitored throughout with spot and planned checks by the IST. If there are issues with the care/support, for instance providers failing to stick to the care plan or there is not staff continuity, then the PCC commissioners will meet with the provider management team to review and take necessary actions.		
	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.	There are no secure units in the Peterborough locality. We are aware of all 'in area' placements from 'out of area' authorities exclusively in residential provision in Peterborough and are satisfied that there are no issues or concerns outstanding with these providers.		
	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Yes. PSAB has had two papers presented on the progress of Winterbourne in the last nine months. Through the joint working with Children's transitions and strategy planning, more work is underway with Children's Services and a report will be presented to the Children's 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.	Yes. The IST has a specific role in relation to monitoring current placements including existing concerns and the monitoring of Deprivation of Liberty (DOLS) and of restraint. Local providers are offered intervention strategy planning training and intensive support planning by the IST to ensure there is a thread of consistent intervention throughout the staff supporting people in the community with complex needs.		

<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. The IST works with people both in hospital and community settings and shares the very specific requirements in multi-agency planning so there is a continuum of intervention and support ultimately resulting in the long term aim of prevention and deterring readmission into secure type settings.</p> <p>ASC is a member of the Safer Peterborough Partnership Board and advocates on behalf of all service user groups including people with learning disabilities. There is a desire and active plans to reduce residential care models and increase the supported living which promotes choice and control and relies less on restrictive environments such as residential care.</p> <p>PCC, as the lead safeguarding agency, has quarterly meetings with the Care Quality Commission (CQC) and the CCG safeguarding leads to discuss and share information regarding care providers. These meetings include representation from commissioning and safeguarding staff from care services delivery. PCC, CPFT and CCG have representation on the PSAB.</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>Yes. This is supported by the IST. Detailed needs analysis is prepared with pen pictures that inform the commissioning requirements needed for these service users.</p> <p>Yes. Tenders are currently out to invite skilled providers that are able to provide the right support and intervention in the community. In addition, work is in progress for a housing pipeline so the right type of properties can be built based on the commissioning intelligence.</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>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>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>Yes. This level of information has been gathered since December 2011 and is regularly kept up to date as people's circumstances change. We also have a full financial breakdown.</p> <p>Yes. Commissioners working with the IST and other partners are building local capacity, including housing and appropriate support providers. On a micro level, individual outcome focused support plans with a range of support from the IST is crucial to ensure people are supported in their local communities.</p> <p>Yes. Individual plans are well underway and there is regular dialogue with the specialist commissioning team.</p> <p>Yes. The potential cost to repatriate all seven people will be in the region of £1m. This will be sourced through local ASC and CCG (latter subject to assessment) budgets. There has not been any new funds identified for this work stream therefore this will result in a significant cost pressure to Peterborough City Council for 2013/14 and 2014/15.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>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).</p>	<p>Yes. Local arrangements are in place with a redefined advocacy contract specification going out to the market in the August 2013. The new specification/contract will include the learning from the Winterbourne Review programme.</p> <p>Yes. A local plan is being developed for the repatriation of appropriate patients.</p> <p>Yes. The out of area returnee programme is on track to meet the 1 June 2014 target. The finances to resource the local placement will remain an issue and will be a risk but the programme will continue.</p>		

6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	As 6.9 above.		
<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>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</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>Yes. This work is undertaken by the IST.</p> <p>Yes. The current advocacy contract is managed and reviewed regularly and the new contract will have the same mechanisms in place. The LDPB also receives regular reports/feedback from service users/customers and parent carers on issues, concerns and good news stories. The new advocacy contract will have specific requirements to support/advocate for people with complex and multiple needs.</p> <p>Yes. We have recently reviewed the local management of this service moving it to the Strategic Safeguarding Adults service and have agreed additional resources.</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>Currently the IST offers a response for the people that are living in the community. However, additional capacity is being considered to develop a crisis response by the IST/CPFT and CCG.</p> <p>See 8.1 above and other responses given.</p> <p>The new tender for the support contract covers this angle through the specification that providers need to have the workforce to reflect the needs of this client group. At the point of individual contract tender, commissioners and the contracts team will ensure the right skill set of providers is indentified and</p>		

	<p>commissioned. Where there are gaps, the IST will support providers to meet those requirements with individual support teams. The department is also seeking to work with providers to enhance their compliance with the National Minimum Dataset (MNDS) returns, both as a source of enhanced commissioning information around the make up of the local workforce, but also as a mechanism for providers themselves to draw down funding for vocational training and qualifications for their workforce.</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>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.</p>	<p>Yes. However, more work is underway with market development strategies and position statements.</p> <p>Yes. Assessment of need and future requirements by the IST take full account of ethnicity, age profile and gender issues. This is fed into the commissioning process.</p>		

<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>Yes. There is a Transitions Team with which the IST and the commissioning team have been working closely to ensure that all children/young people that are in area, or placed out of area, are part of the review programme.</p> <p>Profiling of children and young people's needs has been identified with a needs analysis of the type of housing with support required completed. This will be part of the pipeline project for the next 3-5 years.</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>This has been completed and tenders are underway to increase local care and support and advocacy capacity to meet the needs of people that may fall into the profiles of people who, historically, would have been placed in secure type settings.</p> <p>The assessment identified gaps in the local care and support provision that was limited to meet the needs of people who may have been placed in secure-type settings. Advocacy support needed to be strengthened to support people with complex and multiple needs. This has now been addressed and new tenders are out to the market to procure both of these requirements. In addition to this, the housing needs analysis identified the type and design of housing needed to meet the needs of people that fall into this profile. Work will commence in the coming weeks to negotiate with RSLs and plan for new resources in Peterborough.</p> <p>Good practice examples from Peterborough have been shared with the East of England LAs/CCGs via the regional commissioning group.</p>		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013 (Extension given by Sarah Brown till the 12th July 2013)

This document has been completed by

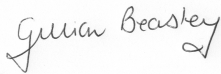


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CCG rep.....

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