

Appendix 2 - Winterbourne View Joint Improvement Programme

DERBY CITY

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](#)

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)	Sup req
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	<p>Yes - a sub group of the existing Joint Commissioning Board has been set up called "Transforming Care" as a steering group. This group has commissioning leads from the lead CCG (Hardwick CCG), and both Derby and Derbyshire Local Authorities. An operational group with field work, safeguarding leads, CHC case managers and social work managers has also been established.</p> <p>There is an over arching programme plan and an interim Project Manager is in post. Recruitment for a fixed term Commissioning Manager is underway and two case managers have been seconded to the project from both social care and health provision (the local NHS LD specialist provider Trust).</p>		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Yes - All commissioning and operational partners are on board. Discussion with specialist providers is programmed into the plan. Initial conversations with accommodation and support providers has taken place.		
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.	This will be the role of the Commissioning Manager, supported by the steering group and Joint Commissioning Board(JCB). The overall project plan includes design of a new Joint pathway for people with an LD who challenge services, have autistic spectrum		

<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>disorders or mental ill health. This will support the development of appropriate local solutions/ interventions.</p> <p>The local LD Clinical reference group is also leading on development of a revised Forensic pathway for LD, linking with the Criminal Justice Service and prison health. This is being supported by an interim project manager with expertise in this area.</p> <p>The JCB is monitoring progress and the Learning Disability Partnership Board received information regarding Winterbourne View when the scandal first broke, including the numbers of people from Derby placed in Independent hospitals who will be supported to return to the local area.</p> <p>The Board has not yet taken on the monitoring function but the ADASS Easy Read Stocktake however an update from the Steering Group is an agenda item on the next LDPB meeting (17th July).</p>
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>Yes – report on progress being discussed on 11th July.</p>
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>JCB arrangements in place to resolve differences should they arise and also contained within the remit of the local Transforming Care steering group</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>Local bodies - Joint Commissioning Board will report into a newly established Adult Care Board as part of the Health & Wellbeing Board arrangements. The newly established Board will have LA and CCG involvement.</p>

1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Currently no issues have been raised from the reviews. Any future issues will be discussed at the Transforming Care steering group.		
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 – there may be a need to arrange bespoke advocacy for some individuals. A small resource has been identified to support a review of advocacy available.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	No. They are well understood within the Lead CCG in terms of the cost of the existing placements, but not the potential costs that may be associated with individuals once resettled locally. Costs of packages for people who have successfully been moved from inpatient locked rehab beds in Derby City over the last 2 years provides a benchmark for supported Living package costs.		
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.	There is clarity about where the potential costs may come from, but no formal process as yet to agree this. This is a key area within the plan.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	No		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No		
2.5 Have you agreed individual contributions to any pool.	n/a		
2.6 Does it include potential costs of young people in transition and of children's services.	n/a		
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.	Not yet		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	No – co-location of NHS Trust and social care staff only, separate line management.		
3.2 Is there clarity about the role and function of the local community team.	Yes in terms of each separate organisation		

3.3 Does it have capacity to deliver the review and re-provision programme.	Yes as a dedicated post for health and a post for social care has been created and funded by the CCG		
3.4 Is there clarity about overall professional leadership of the review programme.	Yes – Social Care Lead acting for both LA areas is being managed by the host Group Manager (Derbyshire County Council). In the local healthcare provider, the case manager is being managed by Commissioning Manager (Mental Health) . The NHS case management responsibility is also linked in to the LD commissioning lead.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes		
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. 4.2 Are arrangements for review of people funded through specialist commissioning clear. 4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes – 7 from Derby City and South Derbyshire CCG out of a total of 18 across Derbyshire CCGs Yes People with a LD and their carers/families are involved in their individual review meetings / person centred assessments and advocates where they are involved A key action for the workstream group is to agree protocols for working with all organisations key to the delivery of the care pathway and the joint arrangements referred to here will be incorporated into that work. The Local Healthwatch will be co-chairing the Good Health Group the health sub group that now covers both City and County Councils LDPBs. Update reports regarding progress on the Transforming Care project		

	<p>will be taken to the Good Health Group.</p> <p>There is also funding made available as part of this project development to commence Quality Checkers and to review advocacy services.</p>
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	<p>Yes – held by Hardwick CCG and CHC team who are now part of Greater East Midland’s commissioning support unit.</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>Yes – this will be Hardwick CCG on behalf of all Derbyshire CCGs. Monitoring will remain under the management of the Primary Care Mental Health Implementation Manager. Each individual has a named first point of contact and they will be liaising with health and social care workers in the local teams to agree protocols for transition of future case management responsibly as individuals are discharged.</p>
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	<p>Yes – IMCA advocates are being used where required</p>
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	<p>Derby City previously took part in a pilot programme – Living Local - with the former East Midlands Strategic Health Authority and piloted the Living Local person centred tools, developed by Helen Sanderson Associates, with one individual. This included using the tools at review and support planning, including housing needs. These tools are being used as part of the toolkit being adopted by the case managers in the discharge planning process.</p> <p>In addition there is a workstream set to commence to look at the QA processes used during the review</p>

<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>process – this is linked to the development of a joint document to be used in all joint reviewing.</p> <p>In addition there is a commitment to introduce Quality Checkers and as a priority will work with people who are in Independent hospitals.</p> <p>Yes- Health reviews conducted have taken into account the behaviour support and interventions being offered and commissioned to provide treatment to individuals. The joint reviews are now currently mapping individuals patterns and level of behaviour – preparing plans that account for trends and analysis of behaviour in order to prepare detailed support requirements as part of the discharge planning. All these are individually tailored to meet the client's needs and to have person centred risk assessment and crisis plans to avoid emergency intervention.</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>Yes</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>Where safeguarding issues have arisen we have engaged with the host authority to ensure that protocol arrangements are followed.</p> <p>As part of the project plan there is a workstream in which safeguarding is a key issue and this will review existing arrangements for out of area protocols.</p>	
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p>	<p>Work with one person to return to live in the community commenced some time ago using local approaches . The social care lead practitioner working</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>to the Transforming Care local programme has been contacted to act as a critical friend and advice if any further action is required to build upon current support planning and risk assessment work.</p> <p>A Risk Escalation protocol has been developed for use within residential care settings that will be issued to providers as part of their contractual terms and conditions.</p> <p>Our Transforming Care Plan involves a workstream dedicated to mapping needs and providing market development, and also workforce development across statutory and independent sector providers.</p> <p>CCG commissioners are in the process of reviewing the specialist NHS health care role across the City and Derbyshire and are redesigning service specifications.</p> <p>Contract meetings with NHS LD specialist trusts have shared information with regard to the Transforming care local programme and also to the LD joint SAF. NHS provider will be expected to form part of the developing workstreams to ensure local capacity in place to support both people returning to the area and in developing new pathways to ensure people stay at home or as close to home as possible.</p> <p>Not fully - we have been informed when inspections have been taking place in local Independent hospitals, however not always received feedback, or have waited until the day prior to publication of outcomes by CQC.</p>	
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	<p>CQC information sharing meetings have recently been re-established and headlines from the national CQC review on independent hospitals have been discussed at the Joint Commissioning Board.</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>Winterbourne View Review has been a regular item on the Safeguarding Board Agenda. It was also considered and taken into account in respect of the development of the Safeguarding Board Strategic Plan.</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>Case managers will monitor use of restraint as part of reviews and NHS commissioner /named case manager receive alerts about safeguarding and information regarding DOLS referrals.</p> <p>The Safeguarding team have employed a Best Interest Assessor within the team part of whose role will be to work with homes and hospital wards to ensure all appropriate referrals are made in respect of DOLS</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>Information Sharing agreement is in place in respect of all Safeguarding Practice signed by all Safeguarding Board members. There is also a Performance Improvement Subgroup of the Board which quality assures multi-agency safeguarding performance in order to highlight trends in safeguarding activity</p> <p>There is a Regional board for LD and MH locked and unlocked rehab contract, associate commissioners are in place for each area and provider, regular meetings are held to share intelligence and monitor practice and the contracts in place.</p>	

	<p>There are multi –agency SA policies in place that all providers sign up to, and within contracts to ensure that providers have Whistle blowing policies in place etc.</p> <p>This requires adding to the action plan to ensure we consider improvements in multi –agency programmes that support staff in all settings to share information and good practice regarding people in hospital settings.</p> <p>As a suggestion this could be part of the remit of the Regional Health and Social Care LD network that was launched in June.</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>Not known - will raise at the Health and Wellbeing Board for a wider discussion.</p> <p>CQC sit on the Safeguarding Board. The Safeguarding team works closely with the Council’s Service Quality & Brokerage Team , operational Staff and the CQC in the co-ordination and sharing of information in respect of Safeguarding activity.</p>		
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples’ move from assessment and treatment/in-patient settings.	Yes and more detailed work to follow as per project plan		
6.2 Are these being jointly reviewed, developed and delivered.	Yes they will be		
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		

<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>Yes</p> <p>The NHS case manager and commissioning manager who leads on the Locked and unlocked contract has established links with the local Specialist commissioning team and LD specialist commissioning case manager. The local NHS case manager has attended reviews for people in secure setting to enable overview of people who will be stepping down to less restrictive environments.</p> <p>A meeting with specialist commissioners is taking place in July to assist with partnership working and with the development of the Forensic LD Pathway.</p> <p>Further work required as part of the local plan to develop on-going understanding of roles and responsibilities for joint reviews and decommissioning plans.</p>	
<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>Not yet – however this part of the remit of the Transforming Care steering group.</p>	
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Resources have been identified from the Lead CCG to a review local advocacy services and to commission any bespoke advocacy that may be required by people being discharged from independent hospitals in addition to general advocacy and IMCA / IMHA arrangements locally</p> <p>Peer advocacy will also be explored (fledgling local services exists).</p>	

6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Yes		
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 for those inappropriately placed		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).			
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		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes – advocacy provided by all independent hospitals and monitored as part of the contract requirements. Quality checkers already mentioned will aid the QA process.		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Yes		
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.	Within Derby City there is an assessment and treatment outreach and crisis response service for LD adults. Currently this service specification is under review and will address capacity issues. Future commissioning intentions will include the needs of those people moving back to Derby , the required outcomes from the joint pathway and review capacity to meet local needs and prevent unnecessary admissions.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	See above, in Derby there has been an assessment and treatment service in place for over 9 years that operates on a no bed based model. This includes a crisis response approach. More work is required to ensure all relevant agencies and individuals understand what is		

8.3 Do commissioning intentions include a workforce and skills assessment development.	available. Yes - There is a workstream dedicated to the development of provider operations and workforce development which will feed into future commissioning intentions once the work is completed		
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. 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 Yes – our data records reflect these areas and these will be fed into future commissioning plans.		

<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</p> <p>The Younger Adults social care team have developed a database to track individual needs over the next three years. This needs to be discussed with health to establish how we can also incorporate health needs.</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 but dependent on requirements for each individual (once fully known).</p> <p>Will do (part of the project plan).</p> <p>Derby City Council is currently consulting on its Accommodation and Support Strategy for disabled people of working age which specifically describes our intent to enable ordinary housing solutions, even for people with the most challenging and complex support needs. The strategy is being tested out with key partners, individuals and their families at an event on the 2nd July and an invitation to attend has gone to all people under 65 currently living in residential care. Our approach will be reviewing all people we feel are inappropriately “placed” and working with them to move into ordinary houses in their home community.</p>	X	

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.....