APPENDIX 2

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

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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).	1.1 An established Tees Integrated Commissioning Group is taking the lead with representation from the respective Local Authorities (LAs) and Tees Clinical Commissioning Groups (CCG's).		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	1.2 The Tees Commissioning group has established a task and Finish Group linked to WBV, and includes representation from Education / Health / Social Care and links to ambitions within the Housing Care & Support Strategy.		
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.	1.3 All Individuals have been identified, where necessary individual Service design will be commissioned which aims to inform local need, this will include scope to increase / improve local housing for people with complex needs and support.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	1.4 Yes, reports are provided and will be monitored through the Learning Disability Self Assessment Framework.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	1.5 The local Health and Well Being Board are assured that the CCG and the LA are working together under CCG's lead to address the actions from WV report and progress on the Concordat is reported to the LD Partnership and Safeguarding Adults Committee; however, it does not accept responsibility for performance management on behalf of DH/NHS.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	1.6 The terms of Reference for the existing Tees Integrated Commissioning Group will be reviewed to include local resolution processes		

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.	1.7 HWB that it is assured that the CCG and LA are working together under CCG's lead to address the actions from WV report and progress on the Concordat is reported to the LD Partnership and Safeguarding Adults Committee; however, it does not accept responsibility for performance management on behalf of DH/NHS.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	1.8 Concerns that Ordinary Residence processes may limit the scope of the work with particular pressure relating to clients moving from 24 hour care settings on LAs.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	1.9 Individual Service Design, and Advocacy are areas where additional expertise has been sourced by the CCG.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	2.1 Current costs have been presented and shared by the CCG.		
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.	2.2 Additional work required to determine how to progress in particular with CHC / Section 117 Aftercare / and Tees risk Share cases		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	2.3 A S75 agreement in place which cover work relating to care homes and home care not independent hospitals, and this does not include any additional capacity that may be required by the Winterbourne View (WBV) work.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	2.4 No pooled budget or agreed resource sharing in place at present for clients affected by WBV.		
2.5 Have you agreed individual contributions to any pool.	2.5 No individual contributions have been agreed at this stage.		
2.6 Does it include potential costs of young people in transition and of children's services.	2.6 No potential costs for young people in transition and in children's services have been discussed.		
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.	2.7 Nothing scoped as yet, will be directed by outcomes of Individual Service Designs (ISDs)/care plans, subject to formal agreement.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	3.1 Co-located (Tees Esk & Wear Valley Trust (TEWV		

	NHS Trust)/Stockton Borough Council (SBC) Learning Disabilities (LD) social work team)		
3.2 Is there clarity about the role and function of the local community team.	3.2 Yes there is full clarity about the role and function of the local community team in terms of social care clients eligible for social care and support.		
3.3 Does it have capacity to deliver the review and re-provision programme.	3.3 Yes, capacity exists.		
3.4 Is there clarity about overall professional leadership of the review programme.	3.4 Seen as a shared responsibility with CCG Lead, but areas such as Court of Protection, legal costs still to be agreed.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	3.5 Independent Individual Service Designs (ISD's) commissioned from Nationally recognised organisation with good track record by the CCG.		
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.	4.1 Yes: Further work will be explored as part of ISD process		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	4.2 No: Risk share protocol is in place for some but the specialist commissioning process needs to be clarified.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	4.3 The work is monitored through the Learning Disability Executive Board (LDEB) with attendance by Advocacy providers, CCG representative, lead Elected Member and officers of SBC; no formal plan is in place as yet.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	4.4 Yes, commissioners are confident that registers across Health and Social Care are being used effectively		
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	4.5 Yes, the Tees Integrated Commissioning group meet regularly to identify the key leads for individuals		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	4.6 Advocacy is available to all, however those placed in out of area (Sub – region) often miss out on Advocacy as contracts do not extend to some of those individuals.		

4.7 How do you know about the quality of the reviews and how good practice in this area is being developed. 4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	4.7 ISDs are externally commissioned from an appropriate provider. This information forms the basis of reviews. SBC approach to personalisation is well established across Social Work teams. 4.8 Reviews are holistic and will result in support plans with specific guidance to support individuals, including best approaches to managing behaviour that challenges.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	4.9 Yes, all of the people identified have had a review of their needs undertaken.		
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.	5.1 Yes, Health (CHC) and social care engage with local safeguarding arrangements, for people that are placed out of area. At a locality level , increasing awareness and ensuring compliance with the ADASS protocol guidance, is on-going. A Quality Assurance Framework is being developed by the Tees Safeguarding Vulnerable Adults Board, which provides an opportunity for auditing of compliance. Planned programmes of review are in place to ensure all people with a learning disability receive a review. All of the people placed out of area are regularly reviewed, attendance at safeguarding meetings prioritised and where concerns are raised action taken to assess and address risks.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	5.2 Regular monthly allocation meetings are held and eachindividual's needs discussed with Housing, clients are supported through the Choice based lettings process and for those with distinct / specific Housing preference information is presented at a Strategic Housing and Social Care Group meeting.		

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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.	5.3 Yes, commissioners monitor CQC reports and regular updates are presented to Adult Safeguarding Committee, including quarterly safeguarding statistics. The LA and Health commissioners are engaged in a wide range of processes to involve the CQC in order to share information. Routine monitoring of CQC reports is also undertaken. Health Providers also notify CCG's of any CQC inspections within 24 Hours and provide a headline brief to the commissioner. All partners are briefed of the outcome of CQC inspections and CQC reports are accessed, via appropriate governance routes. Actions are immediately progressed with Providers. Escalation processes are in place to progress any areas of concern		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	5.4 A report has been presented to both the Tees-Wide Safeguarding Vulnerable Adults Board and the Stockton Safeguarding Vulnerable Adults Committee; an update needs to be provided for the Stockton Safeguarding Children Board. More updates are planned.		
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.	5.5 Members of the Tees Safeguarding Board are aware of the process, the concordat recommendations and are regularly appraised regarding concerns /alerts. A dedicated Adults Safeguarding Team is in place in Stockton in order to ensure that any existing safeguarding concerns/alerts are dealt with appropriately.		
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.	5.6 Yes, the Tees Integrated Commissioning group has set up a task and finish group supporting the recommendations of the WBV concordat		
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.	5.7 Stockton Community Safety partnership, neighbourhood leads are currently supporting officers on a potential new scheme to support people returning back to their local area.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	5.8 CQC regularly attend information sharing meetings with contracts and commissioning managers and are		

	routinely invited to attend safeguarding meetings, as well as receiving copies of all safeguarding alerts		
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.	6.1 Commissioning intentions are formed on the basis of ISD/care plan outcomes.		
6.2 Are these being jointly reviewed, developed and delivered.	6.2 Yes.		
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.	6.3 Yes registers identify client funding arrangements (fully NHS funded, joint funded and LA only).		
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.	The Tees integrated Commissioning Group Terms of reference reflect the ongoing need to work in collaboration to commission for existing people and those that may require support in the future		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	6.5 No arrangements have been agreed as yet.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	6.6 No costs and sources of funding of future commissioning have been agreed yet.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	6.7 An Independent Mental Capacity Advocacy Service (IMCA) is in place locally, changes are being made to implement a new Advocacy framework form April 2014.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	6.8 Work is progressing on a local delivery plan		
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).	6.9 The commitment is clear, however timescales are causing some concern, where new facilities may be required (e.g. Purpose built provision / changes in contracts etc)		x
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	6.10 There are no formal financial and commissioning arrangements in place at present.		
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.	7.1 Discussion underway in respect of the impact assessment of moving people closer to their own placing CCG/LA.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	7.2 Yes, there are appropriate contractual arrangements in place.		

7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	7.3 Yes Stockton Borough Council has capacity to complete the required BIA's.		
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.	8.1 Yes, this is linked to the potential to from A&T to Community crisis teams.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	8.2 Not progressed, recently set up partnership meetings with Acute and Mental Health FT. WBV has been an agenda item and will require further discussion		
8.3 Do commissioning intentions include a workforce and skills assessment development.	8.3 Not progressed as yet		x
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.	9.1 Work is being developed with NEPO/IPC to look at developing a robust market position statement based on data from JSNA, local consultation and provider feedback.		
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.	9.2 Yes, diversity and equality are included as an integral part of the ISD/care planning process.		

10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	 10.1 Tees integrated Commissioning group considers the needs of Children and young people as well as adults. 10.2 The Stockton Transitions Strategy Group track and monitor young people in order to inform future commissioning arrangements.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis. 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.	 11.1 Providers have been briefed informally, a Provider event is planned for Tees to support local market positions statements 11.2 A Previous provider development event identified Gaps in specialised LD and Forensic provision, further work is currently underway to implement the findings of an Efficiency Improvement and Transformation review that will create services designed to fill gaps identified. 11.3 Tees Commissioners are developing a new Tees Advocacy services framework following the recommendations from WBV and subsequent 'working together for change ' reviews		

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

This document has been completed by

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Signed by:

Chair HWB ……

LA Chief Executive ……..

CCG rep…….