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.

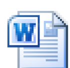
This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health 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

	Winterbourne View Local Stocktake June 2013		
1. Models of partnership	**1** There is a good history of joint working between KCC and the NHS in Kent as evidenced by: Section 75 arrangements for the provision of integrated community learning disability teams which is reviewed annually; • Joint programme of work for the re-provision of NHS Campus and subsequent development of supported living options for people utilising the previous assets of the NHS, particularly for those with high support needs. • Joint work to establish the Kent Challenging behaviour Network, that enables providers to share best practice, develop service standards and promote training opportunities; • Joint support and contribution to the Kent Valuing People Board and infrastructure of supporting groups across Kent.	**Good practice example (please tick and attach)** **S75 agreement available on request** **See website** http://kcbn.co.uk/ **See LD Partnership Strategy –** http://www.**kent**.gov.uk/adult_social_services/your_social_ser...	**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** A proposal to establish a Kent Joint Winterbourne Working Group (KJWWG) that will oversee, co-ordinate and monitor all aspects of the local Winterbourne Programme of Action is being developed at a meeting on 28 June. This will be presented to the Local Authorities and seven CCGs for consideration and decision making and report to the LD		

	Partnership Boards, H&WBs and the NHS Local Area Team for their consideration. There are many issues that require senior level discussion (eg pooled budgets) and it is proposed that all relevant agencies/groups have senior representation on the KJWWG to enable resolution of issues in a timely manner. It is further proposed that the KJWWG is the hub through which all communication, reports, stocktakes etc are ratified.		
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 above proposal is being developed by commissioners from Kent Local Authorities, CCGs and the Kent and Medway Commissioning Support Unit (KMCS). Additional partners, including housing, advocacy and providers will support the programme as it evolves.		
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** It is proposed that establishment of a Kent and Medway planning function will come under the remit of the KJWWG and will complement existing planning functions such as Health and Wellbeing Strategies, CCG Commissioning Plans, and LD Partnership Strategy. Joint Commissioning Board subgroup for disabled children, Integrated Commissioning themed Divisional Management meeting.	1.3 Draft TOR KJWWG  Winterbourne View Project Group Draft T	
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	**1.4** The LD Partnership Boards will be represented on the KJWWG and the representative will report into the Partnership Board with progress against the action plan.	1.4 LD Partnership Board	

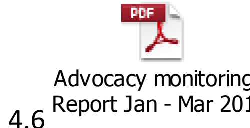
		Winterbourne for LDPB-Jan 2013 - 13 0	
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	**1.5** Yes. The Health & Wellbeing Board Chair has signed the initial stocktake and the stocktake is being noted at the H&WB in July 2013		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	**1.6** Yes, we use existing arbitration protocols		
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** Yes. The Draft JKWWG terms of reference detail the partnerships accountabilities, ensuing the relevant bodies are represented at the group and local, regional and national bodies are provided with reports from the JKWWG as required.	1.6 Draft TOR KJWWG in 1.3	
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	**1.8** Yes, there is a OR protocol and guidance in place, which is monitored via performance. A report on the current OR issues in Kent was presented to the KCC Cabinet.	1.8 Internal KCC policy guidance & policy available on request	
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 Yes – A group of patients currently in NHSE low secure services have been identified as needing bespoke community support arrangements to enable their discharge. This represents a significant cost pressure to CCGs and LAs if money does not follow the patients from secure services to the local health economy and may prevent progress with developing community based support and specialist communi9ty services. Neither Transforming Care nor the		**1.9 Support required**

	Winterbourne Concordat are specific in terms of defining either the patient group or the care settings across which they apply. Such clarification would be a significant enabler in progressing recommendations.		
2. Understanding the money **2.1** Are the costs of current services understood across the partnership. **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.	**2.1** Each CCG and Local authority is aware of costs of their current placements and aware of the different cohorts of services within Kent. It is expected that the proposed KJWWG will take a Kent and Medway perspective on total costs across health and social care. **2.2** Yes. Specialist Commissioning: NHS England is the responsible commissioner for specialised mental health services, as described by the Specialised Services Manual, and including secure mental health services. Within Kent specifically there are x 2 units for which NHS England is the responsible commissioner: - Tarentfort Centre – Low Secure NHS. Contract held by NHS Surrey & Sussex Area Team (on behalf of NHS England) - Cedar House – Private Sector Low secure in-patient Learning Disability Forensic Service, contract held by Birmingham & Blackcountry Area Team (on behalf of NHS England). Continuing Health Care and NHS and Social		

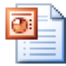
	Care: Agreed processes are in place across health and social care to facilitate the assessment of a patient's care needs to determine funding requirements to meet their care needs. The National Framework for determining eligibility for NHS continuing healthcare and for NHS-funded nursing care is adhered to across Kent & Medway. Patients not eligible for NHS continuing healthcare are assessed jointly by health and social care utilising the Camberwell Assessment of Need tool (CANDID / CANFOR) to understand their health and social needs.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	**2.3** Yes – The integrated Community Teams are managed under a Section 75 arrangement which is reviewed annually. There is also a SLA with providers that is also review annually.	2.3 Section 75 framework monitoring tool - Review framework KCC KHCT Final Draft	
2.4 Is there a pooled budget and / or clear arrangements to share financial risk. **2.5** Have you agreed individual contributions to any pool. **2.6** Does it include potential costs of young people in transition and of children's services. **2.7** Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future	**2.4** No – These discussions will come under the remit of the proposed KJWWG. The decisions will be made by the CCGs and LA. **2.5** No **2.6** No **2.7** No – These discussions will come under the remit of the proposed KJWWG		

investment and potential for savings.			
3. Case management for individuals **3.1** Do you have a joint, integrated community team.	**3.1** Yes – A clear service specification is in place with clear governance arrangements through a Section 75.		
3.2 Is there clarity about the role and function of the local community team.	**3.2** Yes there is clarity about the role and function of the local integrated team, the team undertake placement reviews in addition to the normal requirements of Care Programme Approach or as dictated by patients progress. There is confidence that the systems in place for placement review and management of Kent and Medway patients are adequate to ensure patients progress along the care pathway in timely manner.	SLA between providers of integrated Community teams available on request	
3.3 Does it have capacity to deliver the review and re-provision programme.	**3.3** Once the action plan details the requirement of the teams, work will take place to look at the capacity required to deliver the key actions and ensure the teams have a greater understanding of the programme.		
3.4 Is there clarity about overall professional leadership of the review programme.	**3.4** Within Kent and Medway statutory agencies there are a number of people whose remit specifically includes the Winterbourne Programme of Action. overall professional leadership of the review programme will be undertaken by the KJWWG and monitored via the Joint Integrated Divisional Management Team meeting.		

3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	**3.5** Yes – Each patient on the CCG LD register has a named worker from their locality community team. Access to advocacy is a requirement of the contract with providers and therefore is available as required for Kent residents.		
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. The number of current in-patients (in hospital but not NHS England funded placements) affected who come from Kent is known. Where discharge plans are in place, people and their families are involved and supported. We are aware of the Social care and Continuing Health care individuals but are not aware of NHS England patients, and we have approached NHS England for this information and are inviting them to be part of the JKWWG. Liaison with the national project team co-ordinating the stocktake exercise confirmed that Transforming Care and the Concordat do not define either the patient groups or care locations precisely. It is also the case that the commitment to end care and support in inappropriate settings will result in a broadening of care locations where people with learning disabilities or autism who have mental health conditions or behaviours described as challenging will potentially be receiving care. The above given our initial local approach has been to take a broad and inclusive approach		

	to the identification of this patient group to ensure comprehensive capture of people.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	**4.2** Not currently clear but engaging within them to get clarification and to ensure they are included in the remit of the JKWWG.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	**4.3** The Learning Disability Partnership Board, carers groups and Health Watch are aware of the requirements. Contracts are in place with Advocacy Providers and advocacy is available to individuals when needed. Formal arrangements are proposed – See 1.1 above		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	**4.4** We understand numbers and needs of people with behaviour that challenges. We do not have a register in Kent and have no plans to develop this type of register.		
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** Each of the seven CCGs has a register of placements. These registers do not currently include NHS England commissioned secure LD placements or Local Authority or joint funded community placements. Chief operating officer in the CGGs and Care Managers are the first point of contact for each individual.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	**4.6** Yes. Access to Advocacy is a requirement of CCG and NHSE contracts with providers and Kent have a countywide advocacy contract which is available to all residents in Kent.	4.6  Advocacy monitoring Report Jan - Mar 201	
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	**4.7** We have a CPA review process in place, that is multiagency. We also look at best practice case management. There has been no audit of the quality of reviews and there		

	has not been any specific training on how to conduct a review within in-patient settings and this is a crucial for our local joint plan.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations	**4.8** We do complete reviews but the quality is varied so we will be completing an audit of reviews and seeking to improve quality as a result.		
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** Each patient on the CCG LD registers has been reviewed within the required timeframe. Discussions are being held within the Area Team regarding carrying out reviews of patients in LD secure services.		
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**. Kent has relatively few people placed outside Kent and these people have dedicated case managers allocated to them who review the placements regularly and are, where appropriate, engaged in the local safeguarding and mental capacity / DOLs Services in line with ADASS protocols		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	**5.2** – a) On a strategic level much of the work around risk is being developed through the new Quality Assurance Group of the SVA Board – this is a joint Board with Medway. This group has been developed from a full governance review of the Board Strategic Commissioning have taken the lead on engaging with providers. In Kent there is a strong working relationship with providers , including Housing both on a local and strategic basis		

	Another key element in the local network are the local partnership groups		
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** We do have regular meetings at a strategic level with CQC and as a rule we are informed when inspections have taken place and have worked together on joint action plans. However, there have been difficulties in CQC sharing information even when there are safeguarding alerts raised. Furthermore there have been issues when CQC have made public some of their concerns – but have not shared this with FSC. These issues are being taken up through discussions with the regional manager.		
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** There are good links with the 2 Boards through workplans, membership and other working groups which sit outside the Board. A major conference was hosted by the safeguarding Board in March 2013, which 300 frontline staff and providers attended. The conference had major speakers including Prof Hilary Brown and Margaret Flynn who was the author of the Winterbourne SCR. Enclosed is the conference agenda and web link. A further area of work where the Winterbourne issues are considered across adults and children is the workings	5.4 Conference Programme Programme for Conference v2.doc  Preventing institutional abuse Ke http://www.kent.gov.uk/adult_social_services/information_for_professionals/service_information/adult_protection/documen	

	of the LA Central Referral Unit. The CRU is a multi agency hub where allegations of abuse are assessed and evaluated across adults and children. The CRU have been used to ensure there is a strategic oversight of safeguarding activity across children and adults in units with similar functions to those which were attributed to Winterbourne View Hospital	ts_library/presentations.aspx	
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** There are agreed roles – across Kent and Medway led by the DOLS Office and monitored by the multi agency DOLS Board which is chaired by the Strategic Director. There is comprehensive training programme for staff in all agencies in respect of MCA / DOLS	5.5 Post Winterbourne Safeguarding Adults Conference Delegate List.pdf	
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** There are information protocols which support this across Kent which compliment each other and supported by all agencies. For example built in to the Kent and Medway Adult Safeguarding policies and procedures are comprehensive guidance on information sharing procedures , which are re-inforced in multi agency training. All health and social care staff in Kent are expected to attend safeguarding training	5.6 https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/adult-protection-policies-protocols-and-guidance.pdf	
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability	**5.7** Community Safety Partnerships are fully engaged in supporting people with learning disability – on the ground these partnerships		

living in less restrictive environments.	are being organised into multi-disciplinary hubs and are supportive of vulnerable people at risk of abuse. For example - Hate crime and Domestic violence initiatives offer support to people with Learning Disabilities		
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 have been invited to be part of the Board and have been involved in work such as SCR's On the ground there are good links between CQC and local managers. As already stated there are regular strategic meetings w CQC chaired by the Director of Strategic Commissioning. Formal working arrangements are in place and reviewed by the strategic group noted above.		
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** Yes. Discussions have been held with providers with regard to patient needs and service specifications for community support. Discussions have also been held with the Local Authority about joint commissioning packages of support although no agreement has been reached on how this will be funded.		
6.2 Are these being jointly reviewed, developed and delivered.	**6.2** No. There is not yet agreement on how these commissioning requirements can be funded and no involvement from NHS England specialist commissioning, however through the work of the JKWWG we expect to address this.		
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	**6.3** Each agency has data on each placement they fund or contribute to. This data is not routinely shared across agencies and has not yet been shared or centralised to inform the		

those jointly supported by health and care services. **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. **6.5** Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams. **6.6** Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	JKWWG. **6.4** Yes, this will form the basis of the local commissioning strategy. **6.5** No. There is no agreement on how the commissioning requirements can be funded and no involvement from NHS England specialist commissioning. This will come under the remit of the KJWWG **6.6** Some work is ongoing to establish costs, however there is no agreement on how the commissioning requirements can be funded. This will come under the remit of the KJWWG		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed. **6.8** Is your local delivery plan in the process of being developed, resourced and agreed. **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).	**6.7** Yes. Advocacy support is sufficient for the number of people that would be involved. **6.8** Yes, however it is not yet clear how delivery of the commissioning requirements can be funded and no involvement from NHS England specialist commissioning. however through the work of the JKWWG we expect to address this. **6.9** This will be challenging and we will report later in the year about reaching the target.		

6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	**6.10** Kent has the correct governance in place to support the delivery of the plans. However there are risks in regards to the speed in which decisions will be taken, capacity of providers to develop services and the Financial issues if money does not follow patients from NHSE secure LD services back to the local health economy The access to confidential information could be a problem. As commissioners are no longer allowed to access patient confidential information for commissioning purposes – this could have implication on the programme		**6.10 support required**
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** Yes – Discussions have been held with providers with regard to patient needs and service specifications for community support. KJWWG has met and this is part of the action plan.	7.1 Discharge Planning Project Discharge Planning Project DivMT Report	
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	**7.2** Yes it is monitored via KCCs strategic commissioning unit and the contract is reviewed annually		
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 there is a bank of best interest assessors across Kent if required. Practitioners within the integrated teams are also used to managing best interest decisions.		
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, the proposal includes steps to avoid admission by improving local services and to develop and commission crisis responses. An intensive support service also forms part of		

8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) **8.3** Do commissioning intentions include a workforce and skills assessment development.	the commissioning strategy for children's services **8.2** Yes. The commissioning proposal includes steps to avoid admission by improving local services and to develop and commission crisis responses. The proposal involves reinvesting in-patient expenditure on community based services in collaboration with Local Authorities. **8.3** This has been considered but not detailed as it is not yet clear how delivery of all of the commissioning requirements can be funded, however it is crucial this happened so will be part of the action plan.		
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.	**9.1** Yes. We work proactively with providers to ensure there is support for people with behaviour that challenges. Sufficient supply is not always reliably available due to silting up of the better services. Our commissioning strategies would address this situation by increasing supply, developing a move-on culture and encouraging outreach from more specialist providers. **9.2** Yes. A Person Centred approach is central to the planning of future care services.		

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** Yes. The Local Authority has a newly formed Strategic Commissioning Team which covers Adults and Children's Commissioning, and there are identified leads for transition planning. There are also a number of Forums where transition planning is discussed in regards to commissioning arrangements, including the Transition Steering Group, Disabled Children's Commissioning sub group, LD Commissioning Divisional Management Team meeting. **10.2** Yes, we have a Joint Children's Commissioning Board and we regularly review young people coming through transition. We will use existing governance arrangements to tighten the work up around this specific client group.		
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** Yes. An assessment of the market is in progress. This is difficult to manage or predict because of the influence of into-area placements. **11.2** Yes. The assessment will look for any gaps in capacity for a variety of service types. **11.3** Yes. The holly Lodge Project is an example of local innovation and is being shared via networks and academic studies. The Kent Challenging Behaviour Network (www.kcbn.org.uk) is a network of LD commissioners and providers that works to improve services by sharing best practice.	11.3 PDF Good Practice Project - Holly Lodge	

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 - Rough Gough, Cabinet Member for Business Strategy, Performance & Health Reform

LA Chief Executive – Andrew Ireland KCC Corporate Director - Families and Social Care

CCG rep - Patricia Davies, Accountable Officer for Dartford Gravesham & Swanley