

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 [\]](#)

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 |
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| 1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s). | Yes, there is a joint approach between the CCG and local authorities (Torbay and Devon) with a co-ordinated approach to completing an agreed single response. | | |
| 1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers). | Supported people as well as neighbouring CCG leads are engaged in local planning and review meetings. Although in its early stages, regular meetings will take place to continue and maintain the momentum of work that has begun and to meet the outcomes set. | | |
| 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. | All people have been reviewed and there are regular planning meetings with relevant people including commissioners, current providers and potential providers to progress more the community based and appropriate care packages. The aim is to develop a framework, and an individual with the appropriate experience and skill mix will be joining the Social Care Team in September 2013, on a part time basis for 6 months. Additional resources to secure this arrangement permanently will be required. The cost of a WTE to fulfil this role and function is estimated to be £50,000. | | Commitment that funding of £50,000 will be available to sustain this post |
| 1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress | A review of the current LD Partnership Board in Torbay is taking place. There are plans in place to | | |

1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.

establish a health sub group which will have as its membership representatives from Health and Social Care and the newly appointed CCG GP Clinical Lead. In Devon the existing LDPB has a health sub group in place. Linkages between the two Boards are being developed and Commissioner's and Providers from Torbay recently attended the Devon Board meeting. A reciprocal invitation for Devon to attend the Torbay LDPB is being considered.

1.6 Does the partnership have arrangements in place to resolve differences should they arise.

Update report on Winterbourne View and Learning Disability is scheduled for July meeting with a proposed discussion topic later in the year. The Health and Wellbeing Board has met twice and has received the Safeguarding Adults annual report for Torbay for 2012 which contains updates on actions. There are no patients from Southern Devon that have been identified as part of the Winterbourne View Review.

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 for a, clinical partnerships & Safeguarding Boards.

There is an open and transparent ethos between partner organisations which enables differences of opinion to be discussed and resolved taking into account the service users best interests. Should there be an unresolved issue this would be escalated to the CCG Governing Body and the T&SDHCT Board and the Devon arbitration service respectively.

Regular reporting is made to the NHS England Area Team, Adult Safeguarding Board, CCG quality committee and a report is due to the CCG Governing Body and Health and Wellbeing Board in July for Torbay and for Devon a report is due to the

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| <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>Adult Safeguarding Board and Health and Wellbeing Board on 5th September 2013. There is representation from Learning Disability services on the Torbay and Devon Safeguarding Board, the Integrating Safeguarding Committee (for Torbay) which provides assurance to the TSDHCT Board and there are regular meetings between TSDHCT and LD Commissioning Managers from the CCG. Regular meetings take place across the two CCG's with good LD representation.</p> <p>Torbay receives a significant number of OOA requests. Under negotiation currently is a proposal to provide accommodation and support for 4 young people from other local authority. Devon have separate arrangements with Devon County Council</p> <p>Yes, the size of the geography and capacity within the team is a potential issue in relation to undertaking large scale commissioning of the market particularly in relation to housing for complex patients. Whilst also managing the area of risk around finance in terms of ordinary residence; and access to primary care services. CCG and LAs collaboration is essential. National guidance is required with regards to the rebasing of financial flows between specialist commissioning to CCG's when patients move to in-area CCG commissioned providers.</p> | <p>National guidance on how the funding follows the patient when a patient is transferred from a specialised commissioned provider to a CCG commissioned provider.</p> |
| <p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership?</p> | <p>TSDHCT holds a database held for each patient and costs of care package. There are arrangements in place for monthly reporting to be provided by the</p> | |

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| | <p>Provider to the Commissioner. A soon to be appointed Admin person will be the single point of contact and will set up and maintain a CCG database which will provide regular updates to Commissioners. In Devon, current costs are identified and future spend estimated.</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>Torbay - CHC and CCG funding is managed through a Complex Care Panel consisting of representatives from all funding streams, including children's services. This meets on a monthly basis. There is a financial risk to CCGs when a patient has been in a Specialist Commissioning establishment transfers to a CCG commissioned service as the money does not follow the patient. A rebasing exercise is urgently needed to ensure that there is no financial risk to the CCG.</p> | | <p>See previous comment</p> |
| <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p> | <p>Yes there is an arrangement in place to delegate Torbay Council responsibilities to TSDHCT. In Devon, S75 arrangements are not sufficiently in place. No pooled budgets are being considered or developed.</p> | | |
| <p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> | <p>There is no pooled budget currently. However there are clear responsibilities regarding financial risk between Torbay Council and TSDHCT regarding Adult Social Care funding. A multi-agency complex care panel meets monthly to make decisions regarding funding and risk regarding individuals with complex needs. See previous response from Devon.</p> | | |
| <p>2.5 Have you agreed individual contributions to any pool.</p> | <p>No</p> | | |
| <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> | <p>Transition arrangements have been reviewed and are included, with children's services in the complex care panel.</p> | | |

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| <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>TSDHCT have reviewed their reporting systems and have developed more robust reporting arrangements for Adult Social Care including LD. This gives details of cost and volume broken down by GP cluster (Zones) and specialist service and is tracked on a monthly basis. Ordinary residence cases are tracked on an individual basis.</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>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 .Community teams are multi-disciplinary and fully integrated across the local authorities and CCG's</p> <p>The Torbay LD team has carried out a review of the function of the team including workforce and there are likely to be significant changes from September 2013. This is in parallel to a similar pieces of work that is being carried out in Devon by Devon Partnership Trust.</p> <p>Yes. There are 5 Torbay residents in receipt of in-patient services. There are no patients from the Southern Devon area.</p> <p>Yes clear communication and reporting arrangements across the LA's and CCGs are in place.</p> <p>Yes named workers with support from Advocates</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>Yes</p> <p>Yes reviews are reported to Complex Care Panel</p> <p>Yes in its infancy, and will be developed. The 2012 Safeguarding Adults Report has been shared with Healthwatch together with the Business Plan for</p> | | |

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| <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>2013/14.</p> <p>Partial. An audit of people who live in Torbay and Southern Devon and are known to the Community Learning Disability Team and have, or can present with offending behaviour was carried out by a Clinical Psychologist. A new service has been launched by Devon Partnership Trust (June 13). The new Liaison and Diversion Service will provide screening assessments for those presenting in the criminal justice system with mental health, learning disability and alcohol and substance misuse issues. There will be an opportunity to work closely with the service to develop a register.</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>Further planning needs to take place to establish this register. Resources and expertise need to be identified in order to set this up effectively.</p> | | |
| <p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> | <p>Yes</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>System needs development, however. It has been suggested that one way of doing this would be to expand the LD Nurses forums to include nurses currently employed in private hospitals and specialist residential care will provide the opportunity to share good practice and to monitor quality of provision. There is currently an initiative from TSDHCT to implement the use of the Quest tool to monitor the performance and wellbeing of local teams. We would like to provide support and facilitation to enable this to happen and would estimate the cost to be £20,000 p.a.</p> | | <p>Additional resource of £20,000 to provide support and facilitation to enable this to happen</p> |
| <p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p> | <p>Yes, reviews are MDT with family involvement. Extended nurses forum will give the opportunity for</p> | | |

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| | NHS nurses to influence practice within private hospitals/specialised residential care . Devon has identified the need for more behavioural support. | | |
| 4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed. | There is currently an action plan in place to complete all reviews. This year including those that are outstanding. Due to complexity, cost and risk associated with some of the individuals, a very small highly skilled team is in place to ensure that the needs of individuals are being met effectively within available resources. For future sustainability of this function, beyond 31 st March 2014, resources will be required to continue and develop this essential function. The financial benefits to commissioners are expected to be significant and will far out way the cost of continuation of this team. Devon has suggested that better links need to be made by Specialised Commissioning. | | |
| 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. | Yes as appropriate. Evidence – Out of Area Safeguarding teams has contacted the relevant TSDHCT Commissioning Team . | | |
| 5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments? | Engagement within forums such as The Frequent User Panel (high attenders to A & E/Police/SWAST/Fire) and the Torbay Vulnerability Forum. | | |
| 5.3 Have you been fully briefed on whether inspection of units by our locality have taken place, and if so are issues that may have been identified being worked on. | Not fully briefed by CQC. Information is obtained through accessing the web site. | | |
| 5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme. | Torbay and Devon Safeguarding Adults Board receives regular reports and updates on progress with the Winterbourne View review. | | |
| 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. | Clarity is required as to whether Devon and Torbay SABs have recognised that there is a role for them in ensuring all current placements take account of | | |

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| <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>existing concerns, alerts, requirement of DoLs and the monitoring of restraint.</p> <p>There are currently Community Learning Disability Nurses situated at South Devon Healthcare NHS FT and within the Torbay and South Devon Community. There are LDPBs in Devon and Torbay. Where there are specific requirements for sharing the learning and experiences such as Retinal Screening and desensitisation, bespoke sessions have been arranged.</p> <p>We have not yet entered into conversations with the safer communities partnership although briefing paper is due to be considered following Health and Wellbeing Board.</p> <p>Torbay Safeguarding Adult Board has membership from CQC, TSDHCT contracts team, Safeguarding and Statutory Providers. TSDHCT host the Safeguarding Team and the Single Point of Contact and the Zone Managers regularly link with the contract team and care case managers for individual alerts. Torbay SAB also holds learning events following serious case reviews that are attended with all of the above.</p> <p>Devon SAB has membership from CQC, Safeguarding Team and Statutory Providers. Contact is made with the contract team and case managers by the safeguarding adult officers in relation to individual alerts. NEW Devon and Devon CC are developing a care collaborative to review the commissioning of Care Homes within Devon County Council, linking to initiatives by TSDHCT within Torbay.</p> | | |
| <p>6. Commissioning arrangements</p> | | | |

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| <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>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>Current mapping of people placed and current commissioning arrangements. Provider and commissioner in regular contact as to planned movement and alternative placements.</p> <p>Yes as above.</p> <p>Yes, regular update on reviews, visits and developments, shared spread sheet is provided monthly by TSDHCT to CCG.</p> <p>Commissioning intentions have been formalised in a written document "Getting a Life and not just a service" Following the stocktake a further review will take place</p> <p>TSDHCT has a business support and quality team but further development is required to ensure multi agency involvement. Devon has highlighted that there needs to be a clear process and specification for transition.</p> <p>Costs of currently placed people are known and forecasting likely future expenditure is taking place.</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 an identify appropriated 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 advocacy is in place the service is being developed to offer increased levels of choice.</p> <p>Yes. There are plans in place to produce an updated commissioning strategy for LD which will feed into the Market Position Statement (MPS)</p> <p>Current plans indicate that one person is restricted by home office legislation and a further person is placed out of the area with highly complex needs which may not be met locally. Work is continuing to</p> | | |

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| 6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal). | identify potential providers. Lack of local provision for highly complex individuals. | | |
| 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. 7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning. | Yes, as they provide reports directly to social workers who have commissioned the service. Yes by regular contract monitoring of IMCA services. 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. 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. | Not currently. A commissioning strategy is due to be developed shortly Not at present, however consideration is being given to work with niche providers who could support people who are on the verge of being admitted. A review of local NHS provider teams is near completion | | |
| 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. | Reactive rather than proactive response to demands on the service at present. Limited resources and conflicting demands contribute to this. All people have been reviewed and there are regular planning meetings with relevant people including commissioners, current providers and potential providers to progress more the community based and appropriate care packages. | | As previously stated addition funding of |

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| <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>The aim is to develop a framework and an individual with appropriate experience and skill mix will be joining the Torbay Social Care Team in September 2013 part time for 6 months. Additional resources to secure this arrangement will be required. The cost of a WTE to fulfil this role and function is estimated to be £50,000. Yes.</p> | <p>approx. £50,000 required to sustain this post.</p> |
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| <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>This is an area that requires development and appropriate resources to ensure that transition from children’s services to adult services is seamless, appropriate and involves the service user and their families in the decision making process.</p> <p>Horizon scanning is an area for future development and needs appropriate resources to deliver an effective plan.</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>Market position statement is being prepared for Adult Social Care which should be finalised by January 2014 and will cover market capacity and identify any gaps in provision. This will include LD services.</p> <p>See previous comment</p> <p>The LDPB meets bi-monthly and has as its membership representatives from a broad range of stakeholders. One innovation that will take place in August 2013 is a ‘Blue Light Day’ which is an event that is being held to increase awareness and break down the barriers that exist regarding contact with the emergency services. Police (Cars, dogs and their handlers), Fire, Ambulance, Lifeboat, Dartmoor Rescue will be on site as well as the Healthy Lifestyles Team, Local Radio. This is taking place during LD awareness week.</p> | | |

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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This documents has been produced in collaboration with colleagues from Torbay and Southern Devon Health and Care Trust and NEW Devon Clinical Commissioning Group.

Signed by:

Chair HWB

LA Chief Executive

CCG rep.....