

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 | | Assessment of current position evidence of work and issues arising | Good practice example (please tick and attach) | Support required |
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| <p>L. Models of partnership</p> <p>L.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p> <p>L.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p> <p>L.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.</p> <p>L.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p> <p>L.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p> | <p>Project Group and review team established and working well - comprises people with learning disabilities, carers, representatives of the Council and the CCG and a nurse advisor.</p> <p>There are representatives of both children's and adult services on the Board.</p> <p>See attached Terms of Reference.</p> <p>The Council's operational social work, strategic housing and commissioning staff. In addition the Carers' Centre and the User Led Organisation - Sunderland People First - are members of the board.</p> <p>The main NHS Mental Health Foundation Trust provider is involved.</p> <p>That planning function already exists in the Council with CCG involvement. The Resettlement Team was established some years ago to support the Campus closure programme. Its work is now captured within the Community Opportunities and Resources Agency – CORA.</p> <p>Yes. Reports are presented at each meeting of the Board (every 6 weeks). The LDPB is also represented on the Project Group.</p> <p>Yes, a background and detailed report has been presented. Progress reports also are given. These are received via the Adult Partnership Board – the advisory group to the Health and Wellbeing Board which has received direct a report regarding this stocktake.</p> | <p>✓</p> | | |

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| <p>L.6 Does the partnership have arrangements in place to resolve differences should they arise.</p> | <p>Yes, the Joint Commissioning Group is the place for disputes if unresolved by individual officers. The JCG is an officer board which reports to the CCG Governing Body and via the directorate management team in the council to portfolio holders.</p> | |
| <p>L.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>Yes - various regular reports are placed formally on the agenda and presented. The Project Board reports to the LDPB, Adult Partnership Board, Sunderland Safeguarding Children's Board, Sunderland Safeguarding Adults Board, CCG Quality, Safety and Risk Committee (a subcommittee of the governing body).</p> | |
| <p>L.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> | <p>We do not have current issues in relation to the individuals who are listed on the register at this time. However, due to the pattern of services in the region, including the presence of an autism college ESPA, we face challenges relating to Ordinary Residence where younger people are placed by Children's Services from other areas and as they reach adulthood may decide to settle in Sunderland as this is where their friendship networks have developed and where they now feel at home. We have also obtained a clarification on the law as it pertains in certain circumstances to an individual detained under the Mental Health Act (this case has been concluded).</p> | |
| <p>L.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>We have already drawn on support from Inclusion North to assist our communications strategy – we are subscribers to I.N. At present we have not identified other areas where we require more support, although further clarity on the position in relation to forensic cases and young people would be beneficial.</p> | |
| <p>1. Understanding the money</p> | | |
| <p>1.1 Are the costs of current services understood across the partnership.</p> | <p>Yes, although always subject to some commercial sensitivity.</p> | |
| <p>1.2 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>Yes. A comprehensive spreadsheet of information on individuals funded by the CCG.</p> | <p>✓</p> |

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| <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p> | <p>See attached example.</p> | <p>Yes. There is a section 75 agreement in place for a learning disabilities pooled budget and for CHC. This is reviewed annually in line with policy.</p> | |
| <p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> | <p>Yes, there is a learning disabilities pooled budget for certain placements and other expenditure.</p> | <p>Yes, there is a long standing formula for parts of the pooled budget.</p> | |
| <p>2.5 Have you agreed individual contributions to any pool.</p> | | | |
| <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> | <p>Not at present. The council has well established arrangements for projecting future costs in adult services of those young people in transition between children's and adult services. These projections form part of the annual planning and budget setting round. The council is moving towards the establishment of a People Directorate, with the Lifespan service a significant contribution to these developments. The council is also monitoring the impact of changes to ILF and Supporting People funding.</p> | <p>Emerging only at this stage for the partnership. The council's approach to widening the range of accommodation for people with learning disabilities includes an expectation that independent living, choice and control and the reduction in dependence on institutional forms of care will deliver financial efficiencies as well as better outcomes for individuals.</p> | |
| <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p> | | | |
| <p>3. Case management for individuals</p> | | | |
| <p>3.1 Do you have a joint, integrated community team.</p> | | <p>No but see 3.2.</p> | |
| <p>3.2 Is there clarity about the role and function of the local community team.</p> | | <p>Yes. There are close working arrangements and operational protocols between the local authority and the mental health provider community learning disabilities teams. Line management remains separate,</p> | |

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| <p>but with regular contact for strategic and operational management from the two organisations. The council is developing virtual integrated locality teams with health partners.</p> <p>Yes.</p> <p>Yes – shared by the Council and the CCG.</p> <p>Yes by named local authority social workers and independent advocacy where appropriate and where not declined by the individual.</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>I. Current Review Programme</p> <p>I.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>I.2 Are arrangements for review of people funded through specialist commissioning clear.</p> <p>I.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>I.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p> <p>I.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>I.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>I.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p> | <p>Yes - arrangements are in place.</p> <p>There is robust oversight and monitoring of these people via specialist commissioning (NHS England) but we are awaiting the response of NHS England as to the detail of how they will oversee the formal review'. Yes, all relevant bodies have received reports.</p> <p>Yes, held by the local authority and the mental health provider community learning disabilities team and shared with the CCG. This is updated as information transpires. See attached example.</p> <p>Yes. There is a joint LA and CCG care and support planning team. Both organisations work closely with the NHS provider service.</p> <p>Yes, although it is not always accepted e.g. where people or families feel confident that they can speak for themselves.</p> <p>Through the workings of the LA/CCG care and support assessment team and the reporting of outcomes to the Project Board and to the LD Partnership Board. Experienced staff have been deployed, using an agreed established approach for these reviews with close</p> |

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| <p>1.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p> | <p>Quality Assurance by operational management.</p> <p>Yes. Behavioural support plans are collated and reflected in community individual support plans when discharged.</p> | |
| <p>1.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p> | <p>All completed.</p> | |
| <p>i. Safeguarding</p> <p>i.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>Yes. Where out of area arrangements are made local safeguarding policy and procedures apply in line with ADASS protocol, with the placing authority (Sunderland) being notified of any Safeguarding issues that arise.</p> | |
| <p>i.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> | <p>Through CPAs/MDTs and commissioning intentions. Also, there is a representative from strategic housing with overall responsibility for accommodation on the Project Board. There is a dedicated specialist commissioning resource within the council with overall leadership for developing the provider market in relation to meeting the accommodation needs of vulnerable and disabled residents in Sunderland.</p> | |
| <p>i.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>There are no units in our locality but CCG reports are examined where external placements are made. The council and the CCG are in regular contact with CQC with well established working relationships to ensure information is shared in a timely and structured way.</p> | |
| <p>i.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> | <p>Yes through reports to meetings and attendance at those meetings by the relevant officers.</p> | |
| <p>i.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>Yes, when arising from reporting.</p> | |
| <p>i.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>Yes particularly through provider forums for general good practice. On a case by case basis when individuals are moving towards discharge the planning process is extensive and can be in place for many months, with dedicated staff being appointed to get to know the</p> | <p>✓</p> |

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| <p>individual, to familiarise themselves with the care plan and any special techniques in place and to support the individual to get to know new staff members and new surroundings. Case Study attached</p> <p>This work has not formally been reported through the Safer Sunderland Partnership; however there is a strategic priority around reducing the incidence and effect of crime on the most vulnerable. It actively promotes third party reporting of Hate crime including specific reporting from people with learning disabilities and is exploring the development of Safe Place schemes, for example in town centres. The partnership is represented on the Safeguarding Adults Board and receives reports through that forum.</p> <p>Yes. The Safeguarding Adults Board is supported and managed by the division of Health, Housing and Adults Services which incorporates Social Care Governance and Quality Assurance, Adult Safeguarding, Strategic Commissioning and Contract Monitoring and Performance Management – which is also the division which leads on the relationship with CQC. The connections are made across all relevant intelligence areas, and link closely to fieldwork and assessment and care and support services.</p> | | |
| <p>individual, to familiarise themselves with the care plan and any special techniques in place and to support the individual to get to know new staff members and new surroundings. Case Study attached</p> <p>This work has not formally been reported through the Safer Sunderland Partnership; however there is a strategic priority around reducing the incidence and effect of crime on the most vulnerable. It actively promotes third party reporting of Hate crime including specific reporting from people with learning disabilities and is exploring the development of Safe Place schemes, for example in town centres. The partnership is represented on the Safeguarding Adults Board and receives reports through that forum.</p> <p>Yes. The Safeguarding Adults Board is supported and managed by the division of Health, Housing and Adults Services which incorporates Social Care Governance and Quality Assurance, Adult Safeguarding, Strategic Commissioning and Contract Monitoring and Performance Management – which is also the division which leads on the relationship with CQC. The connections are made across all relevant intelligence areas, and link closely to fieldwork and assessment and care and support services.</p> | <p>This is an ongoing feature of social work support to individuals and continues a way of working in Sunderland. Information gained is fed into commissioning intentions.</p> <p>See attached anonymised document.</p> <p>Yes.</p> <p>Yes through a comprehensive spreadsheet of information. See 2.2 above.</p> | <p>✓</p> <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.

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. Commissioning arrangements

5.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.

5.2 Are these being jointly reviewed, developed and delivered.

5.3 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.

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| <p>5.4 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>5.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>5.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p> | <p>Yes, although this is a continuation of long established arrangements and processes. The number of in-patients hospital beds has been systematically reduced on a sub-regional basis as part of the long-term planning for hospital re-provision in line with the stated aim of reducing the number and duration of hospital placements.</p> <p>There is robust oversight and monitoring of these people via specialist commissioning (NHS England) but we are awaiting the response of NHS England as to the detail of how they will oversee the formal review.</p> <p>There are bi-monthly meetings with forensic commissioning case managers and there is a regional clinical network attended by all parties.</p> <p>This is being firmed up through a revised joint commissioning strategy. There is a long history of joint working and funding between the local NHS and the Council and there are current discussions regarding further integration between the CCG and the Council.</p> | |
| <p>5.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>5.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>5.9 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>Sufficient at present and monitoring of the existing contract addresses any issues in - year. The council currently contracts with third sector providers for independent advocacy, IMHA, IMCA, Healthwatch etc. The strategy and commissioning programme is being refreshed in readiness for the next procurement round which is scheduled for 2014. Capacity and demand assessments form part of the planning process for the new contract, as well as Quality Assurance.</p> <p>In place.</p> | <p>We are confident that we will meet this target. The target will apply to individuals whom clinicians and/or MH tribunals agree should be placed in a different environment or have completed their treatment or</p> |

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| <p>5.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p> | <p>should receive it elsewhere. It should be recognised that some provision is appropriately planned on a sub-regional basis, where distances and natural communities may cross current administrative boundaries in Tyne and Wear authorities. Individuals cannot be relocated unless there is agreement from all involved in their treatment, particularly Tribunals, psychiatrists and other clinicians. Families' views are also taken into consideration.</p> | |
| <p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p> | <p>There are existing commissioning intentions for all such individuals in hospital. See 6.1 above.</p> <p>Social workers and other service providers' views are sought through contract monitoring. Social workers also receive feedback from individuals about the quality of the advocacy support they have experienced. Where advocacy features in broader complaints this is picked up through the complaints process and the themes or issues fed into the commissioning and contract monitoring.</p> <p>There have been no difficulties so far in obtaining BIAs. The council has a number of trained Best Interest Assessors who operate a daily rota which also covers out of hours arrangements and incorporate response to BIA requests into their normal work pattern.</p> | |
| <p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> | <p>Yes. The model for crisis response has been developed as part of the work programme of the South of Tyne</p> | |

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| <p>3.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>3.3 Do commissioning intentions include a workforce and skills assessment development.</p> | <p>Models of Care Programme Board. The Initial Response Team was piloted and commissioned and has been in place for over 12 months. Activity and Performance is reported and reviewed regularly and further developments are being progressed. The model has been seen as a significant improvement.</p> <p>There already is a crisis response team and knowledge of individuals/families where this may arise. This team has developed into a universal crisis and home treatment team which is supported by learning disability professionals to enable it to effectively support people with a learning disability who are experiencing a psychiatric crisis. The expectation is that individuals in crisis will be supported in the least intensive and restrictive setting appropriate to their needs.</p> <p>Partners develop annual workforce development and training plans. Where relevant these are aggregated through the work of the Workforce Development and Training joint sub-committee of the two Safeguarding Boards. The Tyne and Wear Care Alliance is commissioned to ensure the training requirements of partners are met. In house training is also in place in each of the partner agencies. Annually there is an allocation of places for AMHP training and Post Qualification training is supported within the council along with the newly qualified Supported Year in Employment. These areas are overseen by the social care reform board. Service specifications developed by commissioners include expectations and standards around training and workforce development.</p> | <p>Yes through a commissioning framework and a small number of experienced providers.</p> |
| <p>4. Understanding the population who need/receive services</p> <p>4.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> | | |

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| <p>2.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p> | <p>Yes, those issues are considered.</p> | |
| <p>1.0. Children and adults – transition planning 1.0.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 1.0.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p> | <p>The “Futures Team” (our transition team) comprises person centred planners and nurses. Work is commenced with year 9 pupils in the special schools and needs are identified which influence future commissioning and placement activity. This team is part of the development of the Lifespan Service which is being established with the Children with Disabilities Team See attached document. The Lifespan Service will continue the local tradition of working closely with the dedicated resource for commissioning accommodation and specialist support</p> | <p>✓</p> |
| <p>1.1. Current and future market requirements and capacity 1.1.1 Is an assessment of local market capacity in progress. 1.1.2 Does this include an updated gap analysis. 1.1.3 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 analysis is an ongoing feature of LA commissioning and is discussed in provider forums. The Market Position Statement forms part of this work. Yes as above. The joint governance meeting between NTW and Sunderland City Council, with relevant input from the CCG, is a senior strategic forum for partnership working which has built sound working relationships and offered a “no surprises” approach to working together. Beneath it we have also established an operational joint management group which deals with specific cases and unblocks issues as they arise. It has led to significant improvements for both organisations. The Transitions Strategy Group is a multi-agency group responsible for driving forward our partnership approach to supporting young people and their families through the period of transition. It has been the ideal forum to explore the development of single assessments processes and the Learning for Life and</p> | |

Work Framework. There is an operational group sitting beneath the Transitions Strategy Group which addresses the specific circumstances of individual cases to ensure that suitable joint plans are in place and are delivered. The arrangements have enabled the development of the Lifespan Service.

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 Chief Officer

