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	**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 The Joint Health and Social Services Learning Disability Service has been established for over 10 years. This has been the foundation of this work which has ensured a joint delivery of this programme from the outset. The service is jointly commissioned by Rotherham Metropolitan Borough Council (RMBC) and Rotherham Clinical Commissioning Group (RCCG), with the local authority as lead commissioner, and is managed through a Learning Disability Commissioning Group and an effective Learning Disability Partnership Board.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	1.2 Close working relationships exist with care providers, Supporting People programme, and housing providers which are able to support the programme in Rotherham e.g. 40 supported living schemes already in Rotherham. Supporting People spend 13% of total budget on services for people with learning disabilities. Partners include Mencap, Golden Lane Housing, Voyage Care, RCCG, RMBC Housing Department, and specialist commissioners.		
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 We have a Learning Disability Commissioning Group and other planning groups which ensure that all service developments are planned and developed in partnership. The Commissioning Group reports directly to the Partnership Board and guides decision-making on future service investment and disinvestment, seeking to		

	establish best quality services that can demonstrate value for money. It includes Commissioners from RMBC and RCCG and respective Finance Leads. Evidence from the CCG MH & LD QIPP Board (minutes & TOR) & Rotherham LD Board (Part A & B minutes & TOR). In the last year, an additional 6 supported living placements have been developed, in partnership, to support young people in transition and people living with older carers.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	1.4 The LD Partnership Board consists of all major agencies, carers and service users who receive regular reports of the progress of the Joint Service and how it is delivering on this programme. The Board is chaired and co-chaired by a service user and carer. Evidence of monitoring can be found in the minutes from the LDPB		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress?	1.5 The Health and Wellbeing Board are fully engaged with this agenda. They received an initial report for information regarding Winterbourne View. This Stocktake and the Annual report will be received by the HWB Board, giving the Board an up to date position. Regular update reports will be received on the resulting action plan. The HWB Board at its last meeting received and considered the recent letter from Norman Lamb the responsible government minister.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	1.6 Yes – the terms of reference of the LD Commissioning group are explicit regarding dispute resolution mechanisms. These include reporting through to the Adult Partnership Board (Joint Commissioning Board) and Chief Officers group		

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?	1.7 The CCG is part of the NHS England LAT LD Group Chaired by Margaret Kitching, Director of Quality & Nursing (evidence – minutes). The membership of this group includes representation from Bassetlaw CCG, Doncaster CCG, Sheffield CCG, and Rotherham CCG & NHS England. Safeguarding Adults Board – Director of Health and Wellbeing (RMBC) reports to the Board with regard to the LA's response to Winterbourne and the Joint Improvement Programme (JIP). CQC chair a monthly business meeting with Rotherham health and social care agencies and comprehensive intelligence on local activity in relation to quality assurance/ compliance/ and safeguarding is shared consistently at this meeting. A quarterly CQC strategic meeting looks in-depth at themes and trends, and considers the implications of Winterbourne, the Francis Report and Serious Case Reviews. This stocktake will be presented to the July Strategic Meeting. The Cabinet Member for Adult Social Services also receives the partnership Board minutes and other relevant reports.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?	1.8 No issues at present		
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 It is not considered at present that additional support is required.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership?	2.1 Health element – we have a joint register of health funded out of area placements. (Evidence – Health Funding Register).		

	Similarly all placements and services are closely scrutinised within the Local Authority Budget monitoring. Spend against the Pooled Budget, which funds the Rotherham Learning Disability Service through a S75 Agreement, is monitored by the LD commissioning Group		
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. Yes, there is clarity about the funding sources. These include, in addition to joint funded costs (through the pool budget), CHC & S117 costs. These are detailed on the Health Funding Register (evidence Health Funding Register). Specialist Commissioning Bodies (NHS England) and CHC funded placements - this data is included on the Health funding Register and is monitored by the LD Commissioning Group and the RCCG QIPP Group Which has been established in order to ensure that NHS efficiencies are delivered in a clear and coherent way.		
2.3 Do you currently use S75 arrangements that are sufficient & robust?	2.3 Yes – A pooled budget has been established with the joint LD service and is monitored by the LD Commissioning Group and the LD partnership board		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk?	2.4 The pooled is managed as above and is subject to a 3 yearly refreshed Partnership Agreement.		
2.5 Have you agreed individual contributions to any pool?	2.5 Yes		
2.6 Does it include potential costs of young people in transition and of children's services?	2.6 The pool contains the potential costs of young people who are identified as being in the process on transition to adult services. Transition costs are calculated on the basis of information from children's services and through transition planning. Additional funding from the LA for transitions has been included in this year's budget. RMBC Commissioning is a corporate function (with		

	Children and Young Peoples commissioners sitting alongside Adults commissioners). This maximises the opportunity to pool expertise and knowledge in seeking the best choice for individuals.		
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 There is close working relationship between health and social care partners – forums in which the medium term strategy are considered exist– evidenced in CCG QIPP forum and LD Commissioning Group. QIPP group considers partner commissioning plans and considers the impact of partner efficiency programmes. The Council has a Medium Term Financial Strategy that collates intelligence from JSNA (and other information tools) and Service Plans to predict future demand for spend.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team?	3.1 Yes- the Integrated community team is well established as part of the Joint LD Service– further evidence Service Specification included in the RDaSH Contract		
3.2 Is there clarity about the role and function of the local community team?	3.2 As above		
3.3 Does it have capacity to deliver the review and re-provision programme.	3.3 Yes – the review programme is person centred and individualised to the customer's assessed needs. There are relatively low numbers of patients involved – and they have consistently been monitored and reviewed – evidenced by ongoing review practise). There is also a CCG case manager in place who works closely with the LD Service.		
3.4 Is there clarity about overall professional leadership of the review programme?	3.4 Yes - operational management is led by the service managers in the joint service – who report progress of the JIP to the Joint Commissioning group and to the Partnership Board		

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 – all our customers and families are supported by named workers. Evidence – Care Co-ordinator & Case Manager Notes, The Health Funding Register, Social Care Assessments, a range of Commissioned Advocacy Services, including IMCA and IMHA, specialist advocacy, and peer advocacy. In addition, Speak Up offers a service user perspective in reviewing the quality of provision in Rotherham care homes, and has a routine presence on the Council's Overview and Scrutiny Committee.		
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 There is clear agreement and full information sharing in place. There are currently 4 people in out of area specialist commissioned places, there are 4 people placed in hospital out of area through section 117 funding. There are 4 people currently appropriately placed in Rotherham ATU. Arrangements to support them include – Care co-ordinators (LD Community nurses), CCG Case Manager.		
4.2 Are arrangements for review of people funded through specialist commissioning clear?	4.2 The arrangements for review are in place and clear. People's circumstances are regularly reviewed with specialist commissioning colleagues and allocated community nurses in joint learning disability team.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Health watch) agreed and in place.	4.3 Yes – the agreements around each individual are in place. All people placed out of area are engaged in the process. Any gaps are met by advocacy services commissioned by RMBC.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used?	4.4 There is full knowledge of everyone identified in 4.1 Evidence – the Health Register is in place, and is comprehensive.		

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 The Health Register has an identified co-ordinator in the Joint Service – who has close liaison with an identified case manager within the CCG. The first point of contact is the allocated worker within the Joint Service. These workers are all members of in the Community Learning Disability Team, which is managed within the Joint Service.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	4.6 There are IMCA and IMHA arrangements in place which include advocacy support in relation to reviews and any safeguarding issues. Rotherham Advocacy Partnership provides professional issue based advocacy and Speak Up are funded to provide self/peer advocacy. In addition there are generic advocacy and advice services which work routinely with people with learning disabilities and mental health problems and will signpost people for more targeted support.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed?	4.7 Reviews were undertaken in line with the guidance provided in February. In addition we are undertaking a case review/quality audit which will be completed by an independent Performance and Quality team by 31st July		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations?	4.8 Yes – as an extra measure of assurance reviews to be audited by Performance and Quality Team against model of good practise issued.		
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. There are no outstanding reviews.		
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 We are aware of and work to the ADASS Guidance. Care co-ordinating staff are aware of local protocols for out of area placements and liaise with local safeguarding strategies as appropriate. Where safeguarding issues arise in respect of people placed		

	out of district, there is attendance at any strategy meetings and action plans would be implemented.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments?	5.2 Care Providers are invited to regular Shaping the Future (Provider Engagement) events to discuss future commissioning intentions, risk assessments will be reviewed as part of the holistic reviewing process and is part of the Contract Compliance Officer role alongside the Home from Home Quality assessment. A risk matrix has been developed that measures against contract compliance, QA, safeguarding activity, financial viability, business continuity etc. RMBC, RCCG and FTs share information routinely with CQC, including the gathering of more 'soft intelligence' arising from our Eyes and Ears processes. .		
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 – Rotherham ATU inspected by CQC on the 1st and 2nd November 2011. This was part of the 150 urgent inspections which were part of the immediate response to Winterbourne. Outcomes 4&7 were met but required improvements. Outcome 21 was not compliant. The issues identified regarding, in particular care plans and recording were subsequently improved following an immediate and detailed Action Plan being implemented by all partners involved. CQC acknowledged the improvement on their subsequent inspection on the 2nd March 2012 when the ATU was found to be fully compliant. (Action plans – evidence) Ongoing quality assurance of ATU as part of RMBC contract and performance monitoring. (evidence – minutes)		
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 Rotherham Adult Safeguarding Board has received Winterbourne reports and RMBC and NHS responses to it. The RSAB will review this Stocktake document and any future updates. There is a senior management representative form Children's services on the Adult		

	Board, and adults service representation, on LSCB, both at Director level, which ensures an effective senior management link between the Boards. The LSCB will receive a copy of the stocktake and any subsequent reports.		
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 The Assessment and Treatment Unit (ATU) _uses the BILD accredited RESPECT model of restraint – closely managed by Service Manager who is tasked to investigate and report any identified incident to Senior Management within RDASH. Out of Area – restraint processes/DOLS requirements are fully considered in reviewing process.		
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 ATU in Rotherham is part of the Joint LD service and is able to share good practise and share training and information across the whole joint service. Evidence RDaSH's report on Winterbourne.		
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 There is a Vulnerable Persons Unit staffed by the Police and the Council with a remit to consider and act on oppression and Hate Crime, and to protect the interests of vulnerable people. Safer Neighbourhood Teams apply intelligence from VPU to their community safety activity and will actively support vulnerable tenants where indicated. Police representatives attend the Safeguarding Boards. Rotherham operates a 'Safe in Rotherham Scheme' with town centre traders, shops, and operators, which advertises where vulnerable people can go to receive welcome and support and a public place of safety.		
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 Yes – all parties linked to safeguarding board. Monthly risk matrix completed and discussed directly with CQC (evidence (minutes and risk matrix's) in regular meetings where concerns are shared. The		

	highlights from the risk matrix are presented to adult Safeguarding Board at each meeting. Commissioners receive alerts from CQC around planned visits, and CQC contact RMBC Safeguarding team direct where safeguarding issues are encountered during visits. Named officers are in regular contact. Where issues relate to care homes or care providers CQC attend Strategy meetings and Case Conferences.		
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 – work is underway to progress the recommissioning of the Rotherham ATU. This will reduce bed capacity to the level of demand and other changes to the community based support that is provided will ensure increase in capacity, to prevent further admissions and support the gradual reduction of bed base . Evidence – ATU & Psychiatry Review currently under way (evidence – minutes from the MH & LD QIPP Group, Rotherham LD Board). ATU reducing beds from 10 to 5 by September 2013. Review will assess whether this level of provision will continue to be provided – in conjunction with a strengthening of support in the community.		
6.2 Are these being jointly reviewed, developed and delivered.	6.2 The Joint Service Management Team and Commissioners ensure that commissioning intentions are clear and in line with Winterbourne JIP. Evidence as in 6.1 + TOR – membership of these groups included CG, RMBC, RDaSH (Mental Health Trust and lead provider NHS services). There is a Project Board in place which works jointly to ensure these plans are being delivered.		
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 Health Funding Register includes all out of area placements that are funded by health (includes joint funding). There is clear agreement on the numbers of placements that are funded.		

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.	6.4 There is a planned reduction of Assessment and Treatment beds from 10 to 5 beds. All Out of Area Placements are subjected to rigorous examination. (Rotherham CCG Annual Commissioning Plan). Any Out of Area hospital placements have to be agreed with the CCG contract manager. There is an active position from RMBC to seek local community placements and least restrictive setting for everyone needing high level packages of care.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	6.5 Joint reviewing agreements have been in place for some time and the Joint Learning Disability team have worked consistently closely with specialist commissioner s in returning people to Rotherham as, and when, appropriate.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	6.6 Future costs are kept under review by LD Joint Commissioning Group.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	6.7 Rotherham Advocacy Partnership and Speak Up SLA's have been reviewed in 2012/13 and provide sufficient advocacy. A consortium agreement exists for IMCA and there is sufficient capacity and IMHA services are adequately resourced. Services are regularly monitored and reviewed by the contracts team and provider Impact Assessments undertaken for any change in service delivery to make sure that service meets demand.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed?	6.8 Initial plans are in place for the S117 Health Funded placements. The 4 Secure Placements are currently considered appropriate and people will not be moving.		
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 We are confident that all in patients have been reviewed and those identified as being appropriate to move back have been supported to move already. Currently there are 8 people in either Specialist		

	provision or Out of Area Section 117 accommodation ATU and for whom an immediate return to Rotherham is not appropriate. However 2 or 3 people may be returned to Rotherham within the next 12 months, depending on their personal circumstances, and person centred plan. Within Rotherham the number of beds is reducing from 10 to 5 by September 2014 – with an intention to review further as resources shift to more intensive support for people in crisis within the community		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, and legal)?	None 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 Same as 6.1		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements?	7.2 Advocacy is commissioned by RMBC – contracts are managed and reviewed by LD Commissioners and are regularly quality assured. (Evidence -Quarterly reporting mechanism).		
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 The care planning for individuals in undertaken on a person centred individualised approach. The relatively low numbers of potential people involved in this programme means that Rotherham will have capacity to meet this demand.		
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 The commissioning plan on which the current service reconfiguration is taking place is based on an assessment of the capacity needed to respond to the needs of individuals once the service has been reconfigured. The Health part of the Joint Service has recently reconfigured its provision (including the reduction of ATU beds) – this has led to a strengthening of the Intensive Support Team (IST) which will		

	strengthen the crisis response capacity in the service.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	8.2 this is being considered as Phase 2 of the ATU and Psychiatry review which will move onto examine further systems and services which will be aimed towards supporting and treating people in the community in crisis wherever possible.		
8.3 Do commissioning intentions include a workforce and skills assessment development?	8.3 Phase 2 will require a consideration of the skills and mixture of staff to achieve this		
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 The JSNA was been refreshed in 2012 in preparation for and to inform the Joint Health and Wellbeing Strategy and is in the process of review currently. The Market Position Statement from December 2013 will address the specific needs of people with complex needs and will link with the Adult Service Plan which is under development.		
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 – the reviews consider all these issues where appropriate		

10. Children and adults – transition planning			
10.1 Do commissioning arrangements take account of the needs of children and young People in transition as well as of adults.	10.1 The Learning Disability Commissioning Group and Partnership Board receive periodic reports from the Service regarding funding for the number of young people identified in transition into adult services and commissioners work together to consider needs in transition.		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services?	10.2 Yes. There is an effective transitions process in place, including person centred reviews in years 8 and 9. There is close liaison with Children's services –		

	quarterly meetings with them has ensured an accurate up to date list of those expected into adult LD services and likely costs and demands for the next 2 -3 years (evidence – transitions document)		
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 –the Council has a Market Position Statement which is now being refreshed, supported by the IPC national development programme (Developing Care Markets for Quality and Choice). 11.2 The existing market position statement includes a gap analysis as informed by the JSNA – this work will be refreshed this year in line with 11.1. 11.3 The numbers of people in Rotherham identified in this stocktake are indicative of the consistent measures and approach of the LD service in endeavouring to support people at home and in their own community. The approach taken has been a person centred approach to ensure that services are individualised.		

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

This document has been completed by

Name: John Williams

Organisation: Joint RMBC/NHS Learning Disability Service

Contact: 01709 302839 or john.williams@rotherham.gov.uk

Signed by:

Chair HWB: Councillor K J Wyatt JP

LA Chief Executive:  MARTIN KIMBER

CCG rep:  CHRIS EDWARDS