

## 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](mailto: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).	Yes; we have developed a Task & Finish Group in partnership. Alongside progress on early milestones we are currently discussing issues for agreement, as we are clear that there will be a number of challenges to fully implement the programme in.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Yes; we have key partners on board, including: CNWL, and third sector organisations. We are discussing with housing and children's services in relation to their roles.		
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.	<p>This is not yet in place, but is in development as part of the Winterbourne programme locally. We expect this to be delivered by the Task &amp; Finish Group.</p> <p>We have implemented a new children's tripartite panel, to identify the transition for childhood to adulthood. In addition Harrow Council's Children and Adult Services meet regularly to plan for the transition of young people with complex needs.</p> <p>Following review of the CAMHS pathway - identification of a service gap has been resolved by the implementation of a CAMHS provision for moderate to severe learning disabilities.</p>	 H:\Transition\res schools panel\Resider	
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Our Task & Finish group has been designed specifically to implement Winterbourne programme. This is one of a number of groups that are being designed to replace the LD Partnership Board delivering specific priority areas. This is in order to fit		


	with the Health & Wellbeing strategy.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes; we are keeping them informed and involved.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	<p>Partially; we may require additional support to achieve this.</p> <p>We are seeking to operate at a strategic and an operational level to deliver the Winterbourne Programme. At a strategic level we are working in partnership to overcome challenges and tackle strategy together. We will deliver this through our Task &amp; Finish group.</p> <p>However we have had some difficulties agreeing arrangements regarding the operational group that is overseeing the reviews of individuals.</p> <p>There have been differences between the two organisations about how assessments and placements should be considered and whether the forum for discussing these should exclusively focus on Winterbourne. As a result these have not been discussed at a joint forum to date.</p> <p>However It has now been agreed that social care will attend the CCG's Assessment &amp; Placement forum for detailed discussions when the Winterbourne clients are discussed.</p> <p>We do not currently have an agreed dispute resolution policy. We are working to develop this to assist with some challenging issues. This is a top priority for both the CCG and the council, and has been escalated accordingly.</p>		x

<p>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 &amp; Safeguarding Boards.</p>	<p>Largely; we are clear on all areas except NHSE, due to lack of clarity on their role to date.</p> <p>Harrow CCG inform us that they are working actively with NHSE to ensure that there is clear accountability with local services for clients in specialist placements.</p>		
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>Not at present. These are dealt with on a case by case basis. We need to do more work to understand the link here with the Mental Health Act.</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>This has been considered, but it is too early to conclude on specific areas of support needed. As our analysis of gaps and issues progresses we will have more clarity about challenges specific to Harrow that may warrant support.</p> <p>We anticipate issues around funding arrangements. There is concern in the local authority that the Winterbourne Programme could lead to a substantial shift away from health funding towards social care for people with needs that are considered challenging. We have a concern that in addition to the three clients in in-patient care that there are a further significant number of current health funded clients that health may wish to be re-interpreted as social care responsibility, and that the Winterbourne programme may be used to argue that health should not have a role supporting this group.</p> <p>NHS Harrow CCG wishes to move to an arrangement of both organisations agreeing to commission services on 'Cost of Care' based on assessed need (such as the Care Funding Calculator) basis which will enable delivery of an integrated care pathway to meet the needs of our local LD population.</p>		

	Both Health and Local authority budgets are under extreme pressure and need to resolve the issue of delivering a high quality local care pathway using the existing financial resources available to both organisations. It is important that the care of vulnerable individuals is provided in the most appropriate way and that they are able to exercise their right to to free NHS care as appropriate.		
<b>2. Understanding the money</b>			
2.1 Are the costs of current services understood across the partnership.	Yes; Both organisations have clear accountability for spend and demonstrate a willingness to share information.		
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.	Yes although more information is required regarding specialist commissioning bodies. This is being addressed by Harrow CCG.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	We do not have a current S75 for learning disabilities.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No. This has been discussed by partners, but needs further consideration by HWB.  As referred to elsewhere financial arrangements are expected to be challenging and may require additional support.		
2.5 Have you agreed individual contributions to any pool.	No. We anticipate that financial allocations, for a wider group of people considered to have challenging needs will be an area of tension in the partnership.		
2.6 Does it include potential costs of young people in transition and of children's services.	No. The tripartite panel considers this issue for children but this does not currently assist with the transition from children to adult services.		
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.	No. This will be developed as part of the Task & Finish Group. We expect this to be challenging as there is no broad agreement at this stage.		
<b>3. Case management for individuals</b>			
3.1 Do you have a joint, integrated community team.	No.		
3.2 Is there clarity about the role and function of the local community team.	Yes.		


	We do not have an integrated team. Individually organisations are clear on their roles and responsibilities.		
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes.		
3.4 Is there clarity about overall professional leadership of the review programme.	Yes.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes; this will be considered as part of the review process.		
<b>4. Current Review Programme</b>			
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.	Yes. Development of arrangements is an ongoing process.  However there is not yet agreement about the wider group of people who would be included in our new strategy for challenging behaviour.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Harrow CCG are currently working with NHSE to ensure that this is in place.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Service are available if needed. We commission advocacy services which are available to individuals as and when required.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	NHS Harrow CCG has a register in place and a system for maintenance and update. Work is on-going to develop a joint register between health and social care.  The council do not specifically identify 'challenging behaviour' in our electronic social care record system. NHS does not routinely collect that specific metric but can do so quickly. Work is required around the clarity of the threshold.  Support/guidance may be needed in this area.		x
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	Yes		




<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p>	<p>Yes. Both Health and Social care commission these services.</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>We have made been made aware that reviews with the three clients have been undertaken, but they have not been fully “joint”.</p> <p>Health reviews have taken place, but to date have only involved social care at CPA stage. NHS Harrow CCG is clear that the CPA process is the vehicle to define the on - going care and discharge plan and is a multi-disciplinary forum. However the council feels that a more detailed and in-depth process should be in place specifically for people who have spent time in Assessment &amp; Treatment services.</p> <p>Information about reviews was presented to the Learning Disability Panel. This included a summary of presenting needs. However the council has not been involved in these panels and has not been part of these discussions.</p> <p>There is now agreement for these discussions to take place, with social care attendance at the Assessment and Placement Group when Winterbourne clients are discussed.</p> <p>We would be interested in good practice examples particularly in relation to joint health and social care reviews.</p> <p>NHS Harrow CCG has established the Harrow Placement Efficiency Programme to deliver high quality assessments and reviews of care. The aim is to imbed high quality assessments in the Harrow LD community team.</p>		<p>x</p>

4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	There is an assessment template, considered robust by the CCG, that identifies individual need and treatment outcomes with clinical and social care challenge via the LD Assessment/ Placement Group	 Trustwide_Placement_Review_master.doc	x
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes – all reviews have been completed. These have been completed via the multi – agency/disciplinary LD Assessment /Placement group process referred to in 4.7.		
<b>5. Safeguarding</b>			
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.	<p>Yes; Winterbourne has been integrated into the LSAB business plan.</p> <p>This is Local Authority led, but the CCG is required to be involved for anyone placed in or out of borough that they are responsible for.</p>		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	<p>This is being addressed via the LSAB business plan and joint work between Safeguarding and contracts (Harrow council). The Regular Provider Forum run by the Contracts Team ensures that providers are briefed on safeguarding issues. A refreshed alert form has been re-issued so that they can raise concerns as they arise.</p> <p>Community health teams undertake a risk assessment as part of the CPA and placement review process. The CCG work with providers as part of the multi disciplinary arrangements for all assessments and reviews as standard</p>		
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.	<p>Ongoing dialog with CQC and contract management team. For the local authority quarterly meetings are held with CQC regional officer</p> <p>The CCG are alerted where there are concerns raised as a result of an inspection, but are not necessarily briefed generally that an inspection has taken place.</p>		



	<p>The CCG are only briefed where concerns are raised. However, inspection reports are an operational requirement for all care managers, nurse assessors and care co-ordinators. They are required to share an up to date inspection report on any identified placements before new people are placed.</p>		
<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>Yes re: adults and children. Our Adult safeguarding lead has briefed the children safeguarding group and they are aware of the Winterbourne View review and development programme.</p> <p>We have a safeguarding protocol in place for children transitioning to adult service which is embedded in our transition protocol.</p> <p>The LSAB first considered the Winterbourne View documentary at its Annual Review Day in June 2011 and a report benchmarking Harrow practice against the findings of the national report was presented at a Business Meeting in November 2011 - with 5 new actions being agreed. These were subsequently embedded in the LSAB's 3 year Business Plan and so are reviewed as a standing item (in the exception report) at every meeting. All LSAB members have re-checked that whistle blowing protocols are in place in their organisation, including at induction. The Contracts Team now speaks with out of borough Safeguarding Adults Teams before making a placement in that area to see whether there are any concerns about the home from their perspective.</p> <p>The Local Safeguarding Adults Board has discussed Winterbourne View and any actions required locally at every meeting since the documentary was first</p>		

	shown. Benchmarking took place against local services and actions have been implemented as required. A presentation and discussion has also taken place at the Local Safeguarding Children's Board (LSCB) and the senior professional worker from the LSCB sits on the LSAB.		
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.	Requirement to inform where serious incident is taking place. A system is in place on the Framework-i database (local authority) that can record alerts in institutional settings each time they arise. This allows the SGA Team to keep an overview of the number of alerts being raised in any particular home and to discuss with the Contracts Team and other relevant parties e.g. CCG commissioners		
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.	Yes.  This is being developed via the joint multi agency/ professional LD Assessment/Placement Group and will continue to be implemented as part of the work commissioned by health within the revised community health provision that delivers training and support to universal service providers.		
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.	Will consider as part of the Task & Finish Group.  There is a local programme working in partnership with service users, the Community Safety Partnership and Mencap to address hate crime and related concerns being raised by people with a learning disability living in the community.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Harrow has a very strong approach to Safeguarding Assurance. We have regular meetings with CQC and regular meetings between Safeguarding, Quality	 Monthly meetings between SGA Service	

	<p>Assurance, Contracts and Social Work teams attended by two Heads of Service.</p> <p>There are strong working links between CQC, Safeguarding/care management and local Contracts staff to ensure effective communication and joint planning takes place.</p>	 SGA Team Meeting agenda anon.doc  Joint meeting with Contracts Team anon	
<b>6. Commissioning arrangements</b>			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	<p>Yes.</p> <p>This is being undertaken by the LD Assessment /Placement group- health use the attached paperwork - and are working on the development of the paperwork to demonstrate this.</p>	 Panel_Application_Form_master[1].doc	
6.2 Are these being jointly reviewed, developed and delivered.	<p>Yes; as referred to above through the LD Assessment and Placement Group with oversight from the Task &amp; Finish Group</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>Yes; both health and social care are aware of this detail.</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>Yes, however these are not fully developed yet.</p> <p>This will be part of the work of the Task &amp; Finish Group.</p>		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	<p>This work has been a high priority by NHS Harrow CCG</p>		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	<p>Currently being working on by the Task &amp; Finish Group.</p> <p>There is no agreement between partners about arrangements for ongoing funding – this reflects concerns at national level following initial confirmation that Local Authorities must not be worse off as a result of changes, but which is no longer so</p>		

	clear.  NHS Harrow CCG wish to move towards a cost of care arrangement and work collaboratively with the LA to ensure that there is an effective local care pathway that meets both the health and social care needs of our local residents.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Yes, though still in the early stages		
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).	Yes. We are confident that we will overcome the challenges we face.  The Placement Efficiency Programme (CNWL) has been established in Harrow for 2 years and substantial work has already been undertaken to repatriate out of borough clients.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	N/A		
<b>7. Developing local teams and services</b>			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes; as part of the Task & Finish Group.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes; via standard contract management		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Harrow Council have considered our capacity and believe it to be adequate however in order to increase our capacity one worker has just completed the training and another worker is booked on the course in the autumn.		
<b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b>			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	There is access to emergency capacity assessments.		

	However Harrow council has raised concerns regarding the capacity available locally to deliver crisis support. We expect to address this as part of the Task & Finish group.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	Yes; through the Task & Finish Group.		
8.3 Do commissioning intentions include a workforce and skills assessment development.	Not to date; we will develop this as part of our Strategy.		
<b>9. Understanding the population who need/receive services</b>			
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.	<p>Work has commenced and will require a robust, integrated approach from health and social care alongside a greater level of development from the market.</p> <p>This will be developed in our Strategy. This is included in Commissioning plans and is done with statutory, Voluntary sector and Independent sector providers, working jointly with service user groups, care groups, the local authority and the main NHS Provider Trust.</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.	Yes		
<b>10. Children and adults – transition planning</b>			
10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	We have joined these up to some degree but we recognise the need to do extra work		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	<p>LBH has a good understanding here. Health looks to developed this aspect and will build upon LBH learning.</p> <p>This work is being embedded in all service developments as health defines care pathways. In addition the CAMHS LD service development</p>		

	<p>particularly takes account of the transition of children with a moderate/severe LD into adult's service.</p> <p>NHS Harrow CCG work in partnership with Harrow Public Health, Harrow Local Authority and our community providers to scope future demand for LD provision.</p>		
<b>11. Current and future market requirements and capacity</b>			
11.1 Is an assessment of local market capacity in progress.	This is part of the plans for the Task & Finish Group.		
11.2 Does this include an updated gap analysis.	This is part of the plans for the Task & Finish Group.		
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.			

Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

**This document has been completed by**

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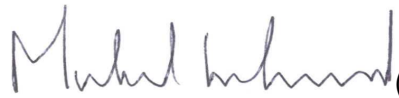
Signed by:

Chair HWB



(Cllr Krishna James)

LA Chief Executive



(Michael Lockwood)

CCG rep.....



( Javina Sehgal, Chief operating Officer NHS Harrow CCG)