# Winterbourne View Joint Improvement Programme – BRIGHTON & HOVE RESPONSE

## 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 – BRIGHTON & HOVE RESPONSE | | | |
|---|---|---|---|
| **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). | We are working jointly with commissioners from LA & CCG meeting regularly to oversee our local action plan and monitor progress for individuals<br>Joint plan attached | Local Action Plan attached | |
| 1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers). | We have a Framework of providers for complex needs who we will use for clients approaching discharge and needing community services.<br>Commissioner's work in partnership with the Community Learning Disability Team regarding reviews and discharge plans – our CLDT is a fully integrated team with Sussex Partnership NHS Foundation Trust. | | |
| 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. | Please see above – we have a Framework for complex needs – specification attached.<br>We also have a Positive Behaviour Support Network consisting of framework providers, clinicians and practitioners & commissioners, to support the development of best practice – TOR attached. | Framework spec attached<br><br>PBSN TOR attached | |
| 1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress. | We reported our draft action plan to our LDPB and will update them. | | |
| 1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress. | Draft action plan and other details have been sent to the chair of the H&WB Board & there are plans to formally report to the Board. | | |
| 1.6 Does the partnership have arrangements in place to resolve differences should they arise. | The local CCG and LA commissioners meet regularly to discuss progress against the action plan and resolve any barriers or differences. | | |

| | | | |
|---|---|---|---|
| 1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards. | See above re: HWB. We have also reported local progress to our Safeguarding Board and will update them. We have reported progress to the CCG Quality Assurance Committee (a sub-committee of the CCG Governing Body) | | |
| 1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this. | There are no OR issues that relate specifically to specialist hospital placements, but more broadly OR is a significant problem in Brighton & Hove which is an attractive destination for London and South-East area people, plus we have a vibrant Supported Living market which is regularly used by other authorities. | | |
| 1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan. | Consideration is being given to resources that could be reconfigured to support the preventative and crisis response elements to this area of service. For examples, we are planning to discuss the provision of an outreach service with the local health trust who provide our nearest assessment and treatment unit. | | |
| **2. Understanding the money** | | | |
| 2.1 Are the costs of current services understood across the partnership. | We are aware of the costs of all specialist placements | | |
| 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. | CCG fund all of the inpatient placements, a very small number (2) have been identified where responsibility will be transferred to specialist commissioning as appropriate. | | |
| 2.3 Do you currently use S75 arrangements that are sufficient & robust. | We do not have S75 agreements for learning disabilities, but there are close joint commissioning arrangements. | | |
| 2.4 Is there a pooled budget and / or clear arrangements to share financial risk. | We do not have pooled budgets, the local CCG hold the budget for these placements and the financial risks of potential discharges will be discussed through our joint working arrangements. | | |
| 2.5 Have you agreed individual contributions to any pool. | No | | |
| 2.6 Does it include potential costs of young people in transition and of children's services. | No | | |
| 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. | Initial discussions are being held around how we use resources differently to support and sustain placements in the community. | | |
| **3. Case management for individuals** | | | |

| | | | |
|---|---|---|---|
| 3.1 Do you have a joint, integrated community team. | Yes | | |
| 3.2 Is there clarity about the role and function of the local community team. | Generally, yes, though the service specification needs updating | | |
| 3.3 Does it have capacity to deliver the review and re-provision programme. | Yes a full-time specialist post has been newly commissioned by the CCG and is working well with the integrated Community LD Team | | |
| 3.4 Is there clarity about overall professional leadership of the review programme. | Yes – LA has strategic lead, working jointly with CCG. | | |
| 3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates. | Yes – dedicated reviewing officer for all placements, and that officer is ensuring adequate representation is in place | | |
| **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. | Yes – we have a client list shared by LA & CCG and updated by dedicated reviewing officer to take account of admissions & discharges | | |
| 4.2 Are arrangements for review of people funded through specialist commissioning clear. | Discussions are being held with specialist commissioning to agree this, but our assumption is that existing arrangements will continue until alternative arrangements are made | | |
| 4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place. | Our dedicated reviewing officer has developed a comprehensive schedule of areas to be covered through the review process. This includes ensuring there is adequate representation through advocacy and the involvement of family. Locally we are sharing the action plan with the Learning Disability Partnership Board. Safeguarding Board, CCG governance boards and the Health & well-Being Board to ensure adequate oversight from all partners. | | |
| 4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used. | We have a Behaviour Support Team in our CLDT who have an active caseload of clients who need specialist support due to challenging behaviour.<br>We have a client register of people in specialist inpatient services | | |
| 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 | Please see 4.1 & our register includes all relevant contact details | | |

| | | | |
|---|---|---|---|
| 4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes | Please see 3.5 | | |
| 4.7 How do you know about the quality of the reviews and how good practice in this area is being developed. | There are quarterly meetings in place with:<br>• Specialist Placements Reviewing Officer<br>• Operations Manager, CLDT<br>• LA Commissioning Manager, LD<br>• CCG Commissioning Manager, MH<br>At these meetings review process and content was agreed and review outcomes for each client are discussed | | |
| 4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations. | Yes, acknowledging that reviewing is an ongoing process and new information is produced and processed over time. We are confident that so far reviews are thorough. | | |
| 4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed. | All reviews have been completed and commissioners have received comprehensive verbal feedback on each client | | |
| **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 – links are made with local Safeguarding teams as appropriate | | |
| 5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments. | Care providers are given full information when discharge plans are developed and referrals are made. | | |
| 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. | We have no units in our locality | | |
| 5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme. | We have reported to our adults Safeguarding Board and are communicating through the children's commissioner to ensure they are aware and involved in the programme. | | |
| 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. | We do not have any local specialist hospitals/ATU, but we link with the local safeguarding teams where we have clients placed. | | |
| 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. | We have a multi-agency Positive Behaviour Support Network as a forum for sharing and improving practice, and we have a local Positive Behaviour Support policy. | | |

| | | | |
|---|---|---|---|
| 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. | We have not yet discussed this with the CSP, but plan to do so. | | |
| 5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns. | Yes | | |
| **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. | We have received initial summaries of reviews of clients and outlined next stages – for those that may be suitable for discharge in the near future this involves the completion of paperwork/referral information. Once this is done we will be setting up MDT meetings around individual's care planning to review the information and make commissioning plans | | |
| 6.2 Are these being jointly reviewed, developed and delivered. | Please see 6.1 – where bespoke commissioning is required we will be doing this through a multi-disciplinary approach. | | |
| 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. | Yes we hold this information, and systems will be developed to ensure this can be held in a way that ensures full shared understanding across commissioning bodies. | | |
| 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. | Yes – we are looking at existing populations and seeing who can be supported in the community & when. We are also developing community capacity to prevent future population e.g. PBS Network and setting up of 2 new specialist services for people with behaviour that challenges.<br>We need to do more work in planning for high-risk people coming through transition | | |
| 6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams. | No, but discussions are underway. | | |
| 6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed. | No, but discussions will be held as part of the planning for individuals. | | |
| 6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed. | Advocacy services are currently being re-commissioned and consideration will be given to the needs of people being discharged from specialist hospitals. | | |
| 6.8 Is your local delivery plan in the process of being developed, resourced and agreed. | Local action plan is a working draft and is in the process | | |

| | | | |
|---|---|---|---|
| | of formal sign-off. | | |
| 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). | For some people this will be an appropriate timescale, but this may not be enough time for all people: in our experience planning services for people of this level of complexity can take up to 2 years, once their needs are fully assessed and how to support them safely is well understood. | | |
| 6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal). | • Thorough assessment is an ongoing process and may in itself generate the need for further assessment and interventions<br>• Initial feedback from our reviewing officer is that some individuals are extremely institutionalised and therefore discharge planning may be lengthy<br>• Identifying the appropriate providers may take some time and may involve engaging with providers we do not currently work with, depending on the needs of some clients<br>• Providers need time – to recruit, train and develop staff with the right skills, attitude and experience<br>• Housing solutions may take time to source<br>• The need to involve multiple agencies and disciplines may take more time<br>• Legal frameworks for supporting someone in the community need to be explored in different settings and the application of the MH Act may slow the process down<br>• Funding sources will need to be agreed/identified<br>• There may be procurement procedures that have prescribed timescales. | | |
| **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. | Yes, see 6.1 | | |

| | | | |
|---|---|---|---|
| 7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. | Yes, our local advocacy agencies are actively reviewed and contract managed | | |
| 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning. | This will be addressed as part of the discharge planning process outlined in 6.1 | | |
| **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. | We are aware that more could be achieved to prevent crisis and the requirement for crisis management. We will therefore be developing a strengthened preventative model of care and community response, for inclusion in our 2014- 2015 planning cycle.<br><br>This will include exploring opportunities for outreach specialist support to local community providers to assist them in supporting and managing people in more independent living. This will help to prevent a number of crises and the need for crisis management and/or hospital admission. | | Would like support here |
| 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) | See above | | Would like support here |
| 8.3 Do commissioning intentions include a workforce and skills assessment development. | This will form part of the commissioning intentions above. | | Would like support here |
| **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. | Generally yes; we have good information sharing with children's services and processes for JSNA and are developing a Market Position Statement. We are aware that we can of course sometimes make improvements in the way we plan for individuals. To ensure we do this we are actively reflecting and learning from experience to focus on better planning and preventative interventions. | | |

| | | | |
|---|---|---|---|
| 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. | This will be taken into account in the review process | | |

| | | | |
|---|---|---|---|
| **10. Children and adults – transition planning**<br>10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. | Yes – we commission strategically with that in mind and commission services for named individuals as they approach adulthood. We have planned further joint work to improve our arrangements. | | |
| 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services. | Yes, to some extent, but this could be improved – for example working more closely with children's and education commissioners. We are scheduling strategic planning meetings to improve our processes in this area. | | |
| **11. Current and future market requirements and capacity**<br>11.1 Is an assessment of local market capacity in progress?<br><br>11.2 Does this include an updated gap analysis?<br>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. | Starting work on Market Position Statement which will include this area<br>Yes, it will<br>Please see attachments<br>• Complex Needs Framework specification<br>• Positive Behaviour Support Network ToR | | |

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

**This document has been completed by**

Name: Mark Hendriks

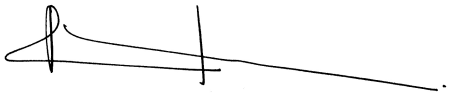
Organisation: Brighton & Hove City Council

Contact: mark.hendriks@brighton-hove.gov.uk or 01273 293071

Signed by:

Chair HWB: **Councillor Rob Jarrett, Chair of Brighton & Hove Health & Well-Being Board**

LA Chief Executive: **Penny Thompson, Chief Executive, Brighton & Hove City Council**



CCG rep: **Dr Christa Beesley, Accountable Officer, Brighton & Hove Clinical Commissioning Group**