

## 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**

<b>1. Models of partnership</b>	<b>Assessment of current position evidence of work and issues arising</b>	<b>Good practice example (please tick and attach)</b>	<b>Support required</b>
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>1.1 We are developing a local action plan which will be overseen by established governance structures. Additionally we are liaising with our partner authorities in Leicestershire and Rutland and the respective CCGs to develop specific joint actions and closer working arrangements.</p>	<p>1. Governance Structure Chart 2. HWBB Terms of Reference (TOR)</p>	
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning &amp; providers).</p>	<p>1.2 The Six Lives working group which includes representatives from Adult Social Care, the CCG, Leicestershire Partnership NHS Trust, University Hospitals of Leicester NHS Trust and East Midlands Ambulance Service will take an operational lead to ensure the delivery of the programme. The group will liaise with and provide reports to key stakeholders/partners supporting the programme. These include Public Health, Specialist Providers, Children’s Services, Housing, Healthwatch, self-advocates and carers, all of whom are members of the Learning Disability Partnership Board (LDPB).</p>	<p>3. Six Lives TOR</p>	

<p>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>	<p>1.3 A refresh of both the Learning Disability and Mental Health Joint Commissioning Strategies is currently underway. These build on the Six Lives action plan and will include future work in relation to the Winterbourne Joint Improvement Programme. The LDPB will monitor the work plan and receive regular updates and progress reports.</p>	<p>4. LDPB Minutes Mar.2013 (Ref 5.10)</p>
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>1.4 The LDPB, which has quarterly meetings and is co-chaired by the Assistant Mayor with the lead responsibility for Adult Social Care and a person with a learning disability, will receive regular updates and be asked to monitor our progress. The LDPB will also act in an advisory capacity to the programme, thereby ensuring meaningful inclusion of the views and challenge of experts by experience.</p>	<p>5. LDPB Minutes Sept.2012 (Ref. 6.4 to 6.8) TOR (see membership)</p>
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>1.5 The Health and Wellbeing Board is fully engaged and will receive updates and progress reports at each meeting from the chair of the Joint Integrated Commissioning Group (JICG), a sub-group of the Health and Wellbeing Board.</p>	<p>6. JICG Minutes</p>
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>1.6 Commissioners and key Operational and Finance Senior Managers from the LA and CCG are represented at the LD and MH Joint Commissioning Board (JCB). Should differences arise that cannot be resolved in that forum they will be escalated to the JICG.</p>	<p>7. LD &amp; MH JCB TOR</p>

<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>1.7 The JICG has taken the responsibility for delivering the local plan through the LD &amp; MH JCB. Winterbourne is a standing agenda item at the JCB ensuring a robust and regular mechanism for reports, identifying of issues and solutions.</p>		
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>1.8 The issues around ordinary residence are being considered from several different perspectives:</p> <ul style="list-style-type: none"> <li>• People out of county who want to remain in that area in supported living</li> <li>• City funded people who want to come back to ‘greater’ Leicester, but not live in the city</li> <li>• People from other authorities who are in Leicester</li> <li>• Local agreement with Leicestershire on the exchange of cases</li> <li>• Working with neighbouring authorities in relation to ex-campus individuals</li> </ul>		
<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>1.9 Specific support requirements will be identified as we implement the programme. However, there are several areas where we would welcome the opportunity to share learning and good practice. The three areas we have identified to date include:</p> <ul style="list-style-type: none"> <li>• the challenges of information sharing, in particular between the CCG and NHS England</li> <li>• the application of the CHC guidance</li> </ul>		

	<p>in relation to the Challenging Behaviour domain and Section 117</p> <ul style="list-style-type: none"> <li>Ensuring the inclusion of families at an early stage and throughout the process of planning.</li> </ul>		
<p><b>2. Understanding the money</b></p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.</p>	<p>2.1 Work is underway to develop a comprehensive understanding of costs for each partner and establish a needs based approach to ensure individuals are safeguarded and are receiving appropriate care and support.</p> <p>2.2 Funding streams and eligibility are currently under scrutiny. Children placed in registered hospitals under CAMHS Tier 4 have their provision commissioned and funded by NHS England.</p> <p>2.3 The section 75 agreement with the PCT is being redrafted to take on board the responsibilities and implications of the new commissioning and funding arrangements.</p>		
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p>	<p>2.4 Although all patients in secure hospitals are funded by NHS England, Pooled Budget arrangements are being considered by the JICG. However, there is already full commitment and work underway to establish the clear alignment of priorities and spend. Additionally, Leicester City Council and Leicester City Clinical Commissioning Group will be submitting an expression of interest to</p>	<p>8. JICG Integration Pioneer Proposal</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>become an integration pilot.</p> <p>2.5 Currently not applicable.</p> <p>2.6. Although there are no Pooled Budget arrangements in place, Children's Services have aligned budgets in place across Health, Social Care and Education to fund local enhanced holistic packages or external placements where appropriate, to meet the needs of children with complex needs, including those in transition. Leicester is a special educational needs and disability (SEND) Pathfinder and a decision has been taken to focus local work on young people with profound and multiple learning disabilities. The pathfinders are seeking to:</p> <ul style="list-style-type: none"> <li>• to develop a new birth to 25 assessment process and a single Education, Health and Care Plan (EHCP);</li> <li>• to explore how the voluntary and community sectors can introduce more independence to the process;</li> <li>• to ensure the full engagement of children and young people and their parents and families;</li> <li>• to ensure the full engagement of schools and colleges; and</li> <li>• to improve choice, control and outcomes for children and young people through the use of personal budgets and direct payments.</li> </ul>	<p>9. SEND Pathfinder Programme Report</p>	
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<p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>2.7 Pooled budgets and joint commissioning arrangements are being considered by the JICG.</p> <p>However significant work is taking place in relation to benchmarking and understanding current and future costs and pressures across both partners in order to inform future investment, potential for savings and refocusing spending priorities to meet the challenges ahead.</p>		
<p><b>3. Case management for individuals</b></p> <p>3.1 Do you have a joint, integrated community team?</p> <p>3.2 Is there clarity about the role and function of the local community team?</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>	<p>3.1 No, but joint working arrangements are being established which will include regular meetings to support one another with particularly complex cases.</p> <p>3.2 There is a monthly Leicester, Leicestershire and Rutland multi agency meeting, attended by Specialised Commissioning, local clinicians and LA/NHS commissioners. All adults with LD who are inpatients are discussed if they:</p> <ol style="list-style-type: none"> <li>1) Are in secure hospital requiring a move to a different level of security</li> <li>2) Require admission to secure hospital settings</li> <li>3) Are ready for discharge and a local exit plan is to be agreed</li> </ol> <p>The process is replicated in Children's Services</p>		

3.4 Is there clarity about overall professional leadership of the review programme.

3.3 As part of co-ordinating the review process we have recognised the need to revisit our local arrangements and pathways to ensure they are configured to provide the best service to individuals. This will identify where there may be need for revised arrangements

3.4 Collaborative management arrangements are supported by clinical leads for LD and a quality lead in the CCG. NHS England's Specialised Commissioning Team applies the national Access Assessment Commissioning Guidance (May 2012) procedure for determining the level of security a patient requires and the admission process into and through secure care.

3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.

3.5 Case managers encourage this and delivery is monitored through the contract process. Individuals are allocated to teams who provide on-going support as required. Once allocated to a worker individuals and families will have named support. We have good links with advocacy agencies and advocates will be referred as required. Within the Leicestershire Partnership Trust (Agnes Unit) the Care Programme Approach is utilised for reviews. Family carers, named workers and advocates are included where appropriate. For CHC managed cases – this requires further work to confirm that the interests of people who are being reviewed,



	<p>family carers and advocates are supported by named workers and/or advocates in each instance.</p> <p>NHS England case managers review and ensure patients are safe, that there is an appropriate and timely treatment plan and exit strategy developed. It is the responsibility of the provider to involve the patient or their representative, families, external professionals and advocates.</p>		
<p><b>4. Current Review Programme</b></p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p>	<p>4.1 There is clarity around the current inpatient population affected by the programme and consideration is being given to extending the cohort through identification of individuals who are at risk of admission to ensure that we can plan more effectively for their needs to be met. We will support individuals and their families through the process as we would any family where we need to review with a view to moving someone. This ensures full involvement, giving clear information as to the reasons for the move and the options available and providing advocacy and other support to enable them to make decisions.</p> <p>From a children’s complex care perspective, there is an identified Children’s Complex Care Manager who has ensured full transfer to the appropriate CCGs and maintenance of cases and records.</p> <p>NHS England case managers review all patients as per the NHS England Case Manager Guidance 2013. Once information sharing issues have been resolved we</p>	<p>10. Learning Disability In-Patient Register</p>	

	<p>envisage working with the NHS England case managers in the same way as the CCH team so we can plan for future discharge.</p>		
<p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>4.2 Responsibility for reviewing is clear depending on the funding arrangements and within these the reviewing arrangements are consistent. NHS England case managers review all patients as per the NHS England Case Manager Guidance 2013.</p>		
<p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p>	<p>4.3 The LDPB receives periodic reports from Healthwatch and the Safeguarding Unit. A QAF is in place and this is being extended to include peer reviews.</p>	<p>11. Safeguarding Adults: Multi-Agency Policy &amp; Procedures January 2010</p>	
<p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>4.4 The current LD register is being reconfigured to enable new data to be collected and collated, to meet changing requirements. This work is being undertaken by the CCGs and will be supported by Leicester, Leicestershire and Rutland local authorities and the provider trust. The inpatient register has been developed and work is underway to expand the dataset to ensure that there is adequate information to inform the development of future services.</p>	<p>12. Proposed Learning Disability In Patient Dataset</p>	
<p>4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual</p>	<p>4.5 A new agreement is currently being negotiated between the CCGs &amp; Leicestershire Partnership NHS Trust for the revision of the Register to meet current</p>		

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</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>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>needs. NHS England has a database for all LD children and adult patients that are in secure hospital or CAMHS services placements funded by NHS England. The first point of contact is the NHS England case manager</p> <p>4.6 Yes, we have advocacy contracts and arrangements in place which are monitored as part of the contractual arrangements and via the quality audit.</p> <p>4.7 All reassessments are authorised by managers and complex packages of care are required to go to a Quality Assurance panel, chaired by a senior manager, to check the quality of the assessment and appropriateness of the support plan. For local providers the quality of reviews is assured via the CPA process, quality indicators in contracts and quality visits to the Assessment and Treatment Unit by commissioners.</p> <p>4.8 The reviews do address support needs but in order to enhance the understanding of behaviour support required, pen portraits relating to individual patients are being produced by providers including the Local Provider Trust and CHC. Case managers encourage this and delivery is monitored through the contract process. This will be included in the quality assurance process that the CCG is undertaking. For NHS England Case managers and the</p>		
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	Supplier, managers monitoring a person is at the centre of the care approach through the contract process and case reviews. Evidence is collated to demonstrate providers are implementing 'My Shared Pathway' with evidence of use of easy read documentation and/or total communication systems. The 'My Shared Pathway' has been a CQINN since 2012/13.		
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 All reviews for children placed out of area or receiving a local enhanced package through complex care have been completed or have a clear set date to be completed. All Adult Learning Disability/Autistic Spectrum Disorder reviews have be completed and there is a timeline identified for each patient for moving on/discharge		
<p><b>5. Safeguarding</b></p> <p>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>	<p>5.1 NHS England through contact and monitoring are linked into local safeguarding issues related to patients they are responsible for.</p> <ul style="list-style-type: none"> <li>• The local authority has a process of contracting with providers when placing people, such that they would have to comply with a core contract. An expectation of the specifications is that the agency is compliant with safeguarding processes.</li> <li>•The process of establishing the out of area contract involves enquiry with that particular local authority to gain information to validate that we should contract with the same provider.</li> <li>• As a placing authority we would expect to be informed of concerns that might trigger</li> </ul>		

	<p>safeguarding enquiry in the local host authority.</p> <ul style="list-style-type: none"> <li>• As the placing authority we would expect to be invited to any safeguarding meetings and engaged in local processes.</li> <li>• If the distance of the out of area concern is great (e.g. Glasgow) we have also asked for that local authority to provide an independent annual review of the placement.</li> </ul>		
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.?</p>	<p>5.2</p> <ul style="list-style-type: none"> <li>• Safeguarding Adults Information Sharing Agreement in place, currently being revised to make it more staff friendly into a toolkit format with an FAQ section.</li> <li>• Leicester Safeguarding Adults Board (LSAB) newsletter produced quarterly which is shared with all the care providers to maintain communication channels and the LSAB provides an annual conference for all staff in Leicester working with vulnerable adults.</li> <li>• The care provider group EMCARE and East Midlands housing association sit at board level.</li> <li>• Care Providers Forum/ Care Summit/ Carers Action Group.</li> <li>• Care Assessment has a section regarding sharing information with third parties.</li> <li>• Contractually, duty to cooperate with safeguarding investigations.</li> <li>• QCT champion good practice examples of risk assessments and improvement plans.</li> <li>• In Large Scale Investigations and individual safeguarding investigations the care provider receives copies of minutes.</li> </ul>	<p>13. Safeguarding Adults Information Sharing Agreement (Appendix 2 p174 of Safeguarding Adults: Multi-Agency Policy &amp; Procedures January 2010)</p>	

<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>	<p>5.3</p> <ul style="list-style-type: none"> <li>• In July 2012 the Leicester City Primary Care Trust provided a report to the LSAB Executive Group relating to assurance activity within the PCT cluster in respect of commissioning learning disability services following WBV and Castlebeck.</li> <li>• The CCG have planned to complete joint reviews with the local authority of private hospitals within the local area.</li> <li>• ‘Learning Disability Group – 6 Lives’ has representation from the CCG and the local authority. This group are responsible for coordinating the completion of the action plan and providing assurance to the LSAB.</li> <li>• The Learning Disability Partnership Board receives periodic updates on safeguarding and the outcomes of Healthwatch (LINKs) enter and view reports.</li> </ul> <p>The LSAB’s Executive Group will be requesting a ‘one year on’ briefing from agencies on actions taken following the previous report.</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>5.4</p> <ul style="list-style-type: none"> <li>• October 2011 the LSAB were circulated the BBC iplayer link to the programme requesting they make note of its content.</li> <li>• December 2011 an update on the review progress was shared with the LSABs</li> </ul>		

Adult Review Group, noting that Margaret Flynn was completing the Serious Case Review, an author who we have previously used locally.

- In April 2012 the Leicester Safeguarding Adults Board received a presentation from the Leicester City Primary Care Trust's Safeguarding Adults Team on the learning from Winterbourne View and the PCT's local experience.
- In July 2012 the Leicester City Primary Care Trust provided a report to the LSAB Executive Group relating to assurance activity within the PCT cluster in respect of commissioning learning disability services following WBV and Castlebeck.
- In February 2013 Browne Jacobson published their round table event on Winterbourne View which was shared with Adult Review Group members and the LSAB Chair.
- In June 2012 the PCT presented a formal report to the LSAB on providing PCT assurances for their agencies and commissioned services around learning from the national reviews into Winterbourne View and also Castlebeck.
- On 20 August 2012 the Leicester safeguarding adults board's adult review group received the Winterbourne View Serious Case Review Executive Summary by Dr Margaret Flynn and discussed its content.
- WBV was made reference to in our independent chairs introduction to the LSAB annual report 11/12 and the LSAB's October and January newsletters noting the review's publication and then the government's

response.

- LPT Safeguarding Committee gets regular updates on LD plans and these are shared with Boards.
- Our Independent Chair and our CCG Board members attended a regional event on WBV run by the Care Quality Commission in March 2013 and fed back to the LSAB.
- Our Independent Chair reviewed the Interim CCG assurance framework 2013/14 noting the WBV “Has the CCG self-assessed and identified any risk to progress against its Winterbourne View action plan?” requesting local assurance through the Safeguarding Effectiveness Group where the PCT provided a report.
- The LSAB’s Safeguarding Effectiveness Group received information that regionally the SHA had reviewed the SAAF for LPT, of which they received a positive review noting that the outcomes and recommendations from the Winterbourne Serious Case Review had been identified in reporting to the board of directors. It had identified that the trust had engaged in an effective programme to learn from the serious case review and adopt key recommendations in addressing the needs of vulnerable people coming into the service. In responding to Winterbourne View reviews and the Francis report they have piloted a panel involving people who use services and family carers and will be rolling this out across the Trust.
- The Local Safeguarding Children’s Board’s Executive Chair attends the LSAB, and share the same Independent Safeguarding

14. Lessons learnt from Winterbourne View Hospital - LD Division Action Plan for The Agnes Unit Update April 2013



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?

Board Chair for key messages to be disseminated between the two. Both Safeguarding Board Managers are members of both sets of Review Groups for the LSAB and LSCB.

- The LSAB's multi-agency training programme is continuously updated to include relevant local and national case examples, and was updated to reference to WBV review.

5.5

- Across Leicester, Leicestershire and Rutland there is a joint DoLS partnership service. This DoLS partnership arrangement is managed by the Local Implementation Network (LIN) which monitors quality through a multi-agency quality assurance framework.
- The LSAB receives a quarterly update from the DoLS Service at every meeting on the statistics and good practice examples and identified areas for improvement; providing the LSAB with assurance and the opportunity to ask questions and commission pieces of work.
- The Leicestershire Social Care and Development Group provide DoLS and MCA Training to care homes free across Leicester, Leicestershire and Rutland.
- Concerns and alerts about care providers are recorded on the local

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.

5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.

authorities, adult social care recording system through the 'notification of concern' section and safeguarding adults recording section.

5.6

- The LSAB's multi-agency training programme is continuously updated to include relevant local and national case examples, and was updated to reference the WBV review.
- The local authority is currently in the process of revamping its safeguarding adults professional practice forum open to adult social care and health.
- The local authority has recently put on a number of 'master classes' open to social care and health, a few of which include MCA and DoLS as the focus.
- The Leicestershire Social Care and Development Group have a number of training courses available for staff in all settings to look at DoLS and MCA
- The local authority is in the process of inviting Mark Neary to speak at a half day training event for staff regarding proper use of DoLS and providing real case examples and family stories.

5.7

- The Community Safety Partnership in Leicester (The Safer Leicester Partnership) has a Safeguarding Adults

5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.

Delivery Group within its structure. The LSAB's Executive Group acts as a dual function for the SLP and the LSAB reporting updates to both as required delivering on priorities.

5.8

- The Care Quality Commission (CQC) is a floating member of the LSAB and is invited annually to a meeting to present an update on its work. In 2012 the board received an update on CQC's work, including its learning from reviews such as Castlebeck and Winterbourne View with assurances as to how its is improving its systems and in 2013 CQC provided an update.
- Another member of the LSAB is the Director of Care Services and Commissioning who is responsible for all local authority commissioning of care providers. Where appropriate the LSAB invites key players from Continuing Health Care and the Service Contracting and Procurement Unit to be on task and finish groups.
- The LSAB's task and finish group – 'Raising Care Home Quality' reviewed the intelligence gathering aspect of care home activity as part of their remit.

They found that the local authority records Notifications of Concern (NOC) raised about providers, which allows the Safeguarding Team and the Contracts Team to identify trends and patterns in these to initiate relevant action. These NoCs are recorded on the adult social care recording system within the local authority and allow social workers to review and inform them with regard to information alerted to the local authority about the home. The Large Scale Investigations information is also stored on the same system allowing social workers to see what involvement the safeguarding team currently has with a care home when seeking to place service users.

To enhance the contract monitoring process, the City Council has developed a Quality Assurance Framework and a self-assessment for providers which will result in a star rating once the evidence provided has been verified following conversations with staff, service users and families. Additionally the council will carry out announced and unannounced visits and look back on complaints and notifications of concern to ensure a triangulated approach to rating providers in order to give assurance to stakeholders in

	relation to quality and safeguarding.		
<p><b>6. Commissioning arrangements</b></p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support people’s move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p> <p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p>	<p>6.1 As well as the information contained in the inpatient register, pen portraits are being produced by providers/case managers to inform the commissioning requirement for the current inpatients. Alongside this we are working with our stakeholders as outlined in 1.3 above.</p> <p>6.2 Yes, this information will be jointly reviewed, developed and delivered by the CCG and Local Authority.</p> <p>6.3 There is an understanding of the numbers of individuals. There are however reviews currently being undertaken which may alter the funding streams, following the change in CHC Guidance.</p> <p>6.4 This will form part of the delivery plan and be agreed at the LD &amp; MH JCB.</p> <p>6.5 This will form part of the delivery plan and be agreed at the LD &amp; MH JCB.</p>		

<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>6.6 The work is still in progress, however there is recognition of the need to review investment in this area</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed?</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>6.7 Local advocacy arrangements are in place and are being further developed with the CCGs.</p> <p>6.8 The local delivery plan is currently being developed and will be presented to the CCG, the JICG and the Health and Wellbeing Board for sign off upon completion.</p> <p>6.9 It is expected that the remaining individuals that will be ready for discharge will be supported to move within the given timescale. We do not envisage any significant challenges for individuals expected to be ready for discharge.</p> <p>6.10 As already identified there are challenges around the interpretation of the CHC guidance and section 117 which is delaying decision making on future funding arrangements. These processes are currently under review to ensure that individual needs and support are not compromised.</p>		<p>CHC and section 117 process under review</p>
<p><b>7. Developing local teams and services</b></p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient</p>	<p>7.1 The inpatient register is being analysed and enhanced to better inform this</p>		

<p>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>assessment and will be supported by joint working with our neighbouring authority.</p> <p>7.2 Yes, advocacy contracts are monitored and reviewed regularly as part of our contract monitoring arrangements which will include quality checking with individuals and their families</p> <p>7.3 Based on the numbers involved there will be adequate capacity in the Best Interests team.</p>		
<p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b></p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development?</p>	<p>8.1 This will form part of the delivery plan and joint working with our neighbouring authority as described at 7.1.</p> <p>8.2 Part of the local work plan includes an audit of historic cases and working with individuals, their families and those who support them to understand what, if anything could have prevented their admission. This will help shape future provision and practice.</p> <p>8.3 Part of the wider transformation agenda includes the development of a Workforce Strategy which will consider a skills assessment and required development of the internal and external workforce to meet changing need and priority based on enhancing choice and control for individuals</p>		

	<p>and their families.</p> <p>There is a small Outreach Team within the LD Division of LPT and as part of the SDI (Service Development Initiatives) it is planned for review in 2013 with a view to looking at increasing the flexibility and capacity to prevent admissions.</p>		
<p><b>9. Understanding the population who need/receive services</b></p> <p>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> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>9.1 Information from the needs assessment will inform market development and the ongoing work with the provider market to support the changing needs and priorities.</p> <p>9.2 There is an understanding of the needs of the small number of people currently affected by the review for whom personalised solutions are being worked on. Ongoing work will include looking at the wider needs of this customer group to ensure appropriate provision is in place. In Leicestershire we have a wider register of people with learning disabilities. The register identifies those who are at risk of needing additional support with managing their behaviours. This will be used to inform our JSNA and planning for future accommodation and support needs.</p>	<p>15. Market Position 2012 Statement is currently being refreshed. (Sec. 2 Supply &amp; Sec 3 Delivery models) Joint Specific Needs Assessment currently being undertaken &amp; will be available in autumn 2013.</p>	



<p><b>10. Children and adults – transition planning</b></p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>10.1 Yes, we have a specific Transitions Partnership Board that is co-chaired by our Heads of Service from Adults and Children’s Services (Removing the Barriers). The work plan feeds into and informs commissioning plans. With matched funding from the Regional Joint Improvement Programme, we piloted a family leadership programme aimed at families of young people with complex needs in order to engage them in planning for the longer term future of their loved ones and to support a change in aspiration, thinking and exploring possibilities.</p> <p>10.2 The Transition team redevelopment of the transitions database is taking information from education, health and social care from the age of 14 to map and plan for future need. In addition a jointly funded Transitions Project Worker is undertaking specific work with schools and colleges to understand the history, needs, aspirations, destinations, plans and outcomes for young people with complex needs, aged 14 to 25. This work involves looking retrospectively, at what has occurred over the last 5 years, as well as at future need and cohorts of individuals.</p>	<p>16. Family Leadership Programme Report</p>   	
<p><b>11. Current and future market requirements and capacity</b></p> <p>11.1 Is an assessment of local market capacity in progress?</p>	<p>11.1 The Independent Living and Extra Care strategy (currently being refreshed) addresses market capacity for accommodation. The ASC Market Position Statement will support the market to develop services that meet the needs of current and future communities, targeting our resources to the most vulnerable in society.</p>	<p>17. Choice Unlimited Flyer</p> <p>18. <a href="http://www.choosemysupport.org.uk">www.choosemysupport.org.uk</a></p>	

<p>11.2 Does this include an updated gap analysis?</p>	<p>11.2 The JSNA is currently being refreshed and has a chapter on Learning Disability, which includes a gap analysis. Through the Right to Control local trailblazer, two large scale events were held in partnership with our User Led Organisation, for providers to talk directly with and showcase their offer to individuals, families and professionals. Part of the conversation included gathering information about gaps in the market. Additionally the Choose My Support website also has a mechanism for capturing gaps in the market based on searches for service and support by individuals, families and workers.</p>		
<p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>11.3 There is a Leicester, Leicestershire and Rutland NHS Autism Strategy group which has overseen the development of our local Autism Diagnostic and Support Pathway across Children and Adult services. This work and practice has been shared across the East Midlands region, and beyond. In order to address a gap identified in the development of the Autism Pathway, local commissioners in partnership with the CCG lead for Autism are developing a specification to enhance the current Learning Disability Service within the provider trust to offer a holistic diagnostic and support service to adults across the whole Autistic Spectrum.</p>	<p>19. Autism LLR Strategy Group TOR</p> <p>20. Adult Autism Pathway Overview (Mapping skills for standards - 10)</p>	

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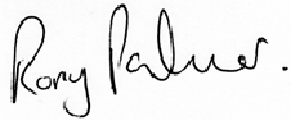
Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

**This document has been completed by**

Name: Yasmin Surti

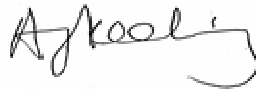
Organisation: Leicester City Council

Contact: 0116 252 [6957/Yasmin.Surti@leicester.gov.uk](mailto:6957/Yasmin.Surti@leicester.gov.uk)



Signed by: Chair HWB

LA Chief Executive



CCG Rep

