

Winterbourne View Programme - Local Stocktake

NOTE: Historically Bromley has never had an ATU service located within its boundaries. This fact means that many of the following questions relating to ATU's are answered from the perspective of us as a placing Authority/CCG. A private provider recently opened a service supporting young adult males with a diagnosis of an ASD, complex needs and challenging behaviour – CCG & LA Commissioners are monitoring the development of this service closely and liaising with CQC Inspectors on the quality of this provision.

1. Models of partnership	Assessment of current position and issues arising	Support required	Good practice example
Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	There is a joint group comprised of CCG & LA Commissioners with the CLDT Team Manager looking at the requirement of the winterbourne view programme and to ensure we deliver to targets.	No	
Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers &	The key partners working together are the Local Authority, the CCG, the provider Oxleas NHS Foundation Trust is also involved in the process. It would be our intention as commissioning organisations to work with our partners in housing to plan for those individuals who may want to return to the borough to find suitable accommodation and support. This will be commissioned through a joint strategic approach to this programme.	Yes support will be required from a project lead to develop accommodation requirement	
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	We are currently in the process of establishing this with our partner organisations and working closely with the CTLD in terms of establishing who is returning to the borough and who will not due to their personal needs, where it is not possible for someone to return due to the circumstances		
Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	This will be the case although at present there is a consultation on partnerships groups that will affect the outcome of this group.		
Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes the H&WB is aware of this programme of work in relation to Winterbourne. It will be our intention to update and provide reports to this group to ensure objectivity an oversight from this external body to provide assurance to NHS England and to the board of the CCG that work is being undertaken in a robust way to meet the overall needs of the programme.		

Does the partnership have arrangements in place to resolve differences should they arise?	Yes these will be escalated within each organisation where this has been determined to be appropriate in moving specific issues forward to ensure that key decisions and development are not obstructed.		
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	Yes. Reports have been presented to our Safeguarding Board. The CCG Programme Groups for Adults & Children will have governance oversight from a CCG perspective with LA oversight from the Senior Mgt Team & elected Members.		
Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with these	We currently have no OR claims against the Borough. We do track and monitor any OOB placements made into this authority.		
Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	In the area of crisis services and what the model of this might be in terms of LD. Whilst there are examples of this in the mental health system in terms of crisis houses, CRT/HTT and such services. However how would this translate in terms of LD. In terms of those services who have a mild LD with an associated mental health diagnosis may be able to be seen by HTT/CRT if we widen the definition. The local CTLD is able to deal with this as there is a current MH/LD team which does deliver this service at present. There would be a need to establish how robust this is in terms of meeting this definition		
2. Understanding the money			
Are the costs of current services understood across the partnership.	Yes these costs are understood in terms of both the LA and the CCG. Any such placements are agreed at a joint funding panel.		
Is there clarity about source(s) of funds to meet current costs, including any funding from specialist commissioning bodies.	Yes		
Do you currently use S75 arrangements are the sufficient & robust	S75 arrangements are in place regarding the joint funding of the CLDT. We are currently in the process of a joint review and development of a joint commissioning function with the end outcome being a S75 agreement based on appropriate outcomes for the borough in terms of users and the commissioning organisations that will be involved in this work.		
Is there a pooled budget and / or clear arrangements to share financial risk	At this time there is no pooled budget; each organisation clearly accepts responsibility for the areas that it is		

	responsible for and ensures that financial risk is managed and mitigated as appropriate.		
Does it include potential costs of young people in transition and of children's services	As an SEN Pathfinder we are reviewing all arrangements regarding services to Children with the CCG. This includes both identification of need, business processes and financial management.		
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.	At this time no – but see responses above.		
3. Case management for individuals			
Do you have a joint, integrated community team	We currently have a partially integrated CLDT Team		
Is there clarity about the role and function of the local community team.	Yes		
Does it have capacity to deliver the review and re-provision programme	No – additional support may be required with those individuals who have complex needs and where the development of support options is much more complex		
Is there clarity about overall professional leadership of the review programme	Yes in terms of the commissioning functions of both the LA and the CCG. In terms of the CLDT and providers we are working with them in a collaborative way using our contracted arrangements for the delivery of the key aspects of this programme on clinical priority, clinical appropriateness, development of models of support, and working with housing and housing providers		
Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	Yes – we also purchase advocacy services from the localities people are placed in to ensure their views are represented .		
4. Current Review Programme			
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.	There are currently 5 people who will be affected directly by the programme. Currently 3 of those individuals are having plans made for alternate accommodation options locally. However; in terms of any final agreements we have not as yet reached this position. Each family will have the support of care management and advocate where the family finds this valuable in enabling them to put across their views and wishes to any multi-disciplinary panel about future accommodation for a particular individual.		
Are arrangements for review of people funded through specialist commissioning clear	We do not have any people currently funded through specialist commissioning at this stage all funding is either		

	completely through the CCG or the LA.		
Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	These are already in place through the partnership board arrangements. In terms of the specifics of this piece of work a specific task group will be convened (see previous response) to ensure that we have covered the various outcomes associated with this programme in order that we meet the overall priorities of the group.		
Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed	Yes		
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 we have a lead commissioner in the CCG at present who is responsible for this. The CCG has entered into negotiations with the LA on the establishment of a joint commissioning function and this is at an early stage but it is hoped that this review and development will be completed as quickly as possible to ensure the best outcomes locally for LD Commissioning.		
Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes there is a commissioned service locally and discreet pieces of work have also been commissioned for specific individuals.		
How do you know about the quality of the reviews and how good practice in this area is being developed.	Care managers within CLDT are being trained on the use of the HoNOS-LD assessment tool.		
Do completed reviews give a good understanding of behaviour support being offered in individual cases	Yes where this is done and a good level of understanding of this key areas		
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 and we are satisfied with the quality of these reviews.		
5. Safeguarding:			
Where people are placed out of your area, are you engaged with the local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes. When a safeguarding alert is raised by another LA we are informed. The host LA takes the lead in line with ADASS protocols and we track & record progress through our own client recording systems. We also attend SG investigation meetings as appropriate and discuss recovery plans with providers as necessary.		
How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments	See linked Safeguarding Board newsletter for details on this area http://www.bromley.gov.uk/downloads/file/1532/bsab_newsletter_december_2012		

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.	The CQC carried out an inspection of the private service mentioned under Notes and informed us of their initial issues immediately.		
Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Yes, a status report will be going to the Board.		
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.	Yes. DOLS Assessments are carried out by the locality in which a service is located.		
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 are unclear as to whether this relates to individual clients – then information sharing protocols are in place. If it relates to general service provision we have no in borough ATU facilities.		
Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	The ASB Unit monitor all vulnerable adults in the community. MAPPA track anyone at various levels who is seen as a risk in the Borough. Work has been previously done through the LD Partnership Board around safeguarding, advocacy and hate crime to raise awareness and knowledge.		
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			
Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings	The CCG & LA have carried out assessments and have a clear view in terms of those who will be able to be transferred to appropriate accommodation and support options locally.		
Are these being jointly reviewed, developed and delivered.	Yes		
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		
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.	See previous comments re people currently placed in ATU's. All requests for any ATU placement are rigorously reviewed at a joint CCG/LA panel to ensure that all avenues are addressed.		
Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	This is not relevant in terms of the service users in A&T units as none of these are low secure.		

Have the potential costs and source(s) of funds of future commissioning arrangements been assessed	These are being developed.		
Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes – within borough it is a contracted service with appropriate quality assurance & monitoring functions built in. Externally it is commissioned on a spot basis for individuals against a set of person centred outcomes.		
Is your local delivery plan in the process of being developed, resourced and agreed.	This is currently a work in progress		
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		
If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	N/A		
7. Developing local teams and services			
Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes		
Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes		
Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning	If there is a need to have BIA's involved this is something that we will ensure. The CLDT have trained BIA's and BIA for DOLS is conducted by the host Authority for OOB placements.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally	See comments below		
Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA)	We have in Borough responsive teams (MH & LD) operating in a specialist community based service, including nurse prescribers, to mitigate hospital admission.		
Do commissioning intentions include a workforce and skills assessment development	In development.		
9. Understanding the population who need/receive services			
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	Yes – through the JSNA.		

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		
9. Children and adults – transition planning			
Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	See previous comments re the role of the SEN Pathfinder. We are also a national Preparing for Adulthood Pathfinder site.		
10. Current and future market requirements and capacity			
Is an assessment of local market capacity in progress.	We are developing Market Position Statements in relation to our services as per the Care & Support Bill, this is also linked to the Local Offer development under the SEN Pathfinder.		
Does this include an updated gap analysis	Currently in development in light of changing market situations		
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.	Not at this time.		

IW/TH

10/05/13