Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint
Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

1. Models of partnership			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	**1.1 –** Yes, local arrangements for the joint delivery of the programme are in place between the local authority and the CCG. The delivery and monitoring of progress is the responsibility of our Health and Wellbeing Board (H&WBB) and this was discussed and agreed on the 1st April 2013. Progress is regularly monitored and on the Forward Plan. The next update is due on the at the H&WBB on the 16th July 2013. The Learning Disability sub-group of the H&WBB is responsible for driving the programme forward. This is a multi agency group whose members include service users, family carers, care and health commissioners, members of the Community Learning Disability Team, North East London NHS Foundation Trust (NELFT), Barking, Havering, and Redbridge University Hospitals NHS Trust (BHRUT), local service providers, Healthwatch, Housing, employment, a member of the Safeguarding Team and the Police.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	**1.2 –** Yes, our programme is being delivered through the Learning Disability sub group of the H&WBB where it is on every agenda. Our muti-agency arrangements as part		

	of our learning disability sub-group ensures we are working closely with all key partners in the delivery of this programme. The key partners and work being done to support the partnership are: Housing – senior officers from the council attend the Learning Disability sub-group. Our 2012-2015 Housing Strategy includes a housing needs assessment for people with Learning Disability. Housing colleagues have also worked closely with Adult Social Care in our Transformation Programme for Learning Disability Services. Local Providers – we have engaged with local providers (for example, MCCH, Look Ahead, Mencap, Outlook Care and Carers of Barking and Dagenham) around local services for people with learning disabilities or Autism, who also have mental health conditions or behaviours described as challenging. Local provider representatives also attend our Learning Disability sub-group and the Learning Disability provider forum where these issues are also discussed. The Local Authority and CGG also work closely with our local NHS Foundation Trust NELFT, who host the health staff in our integrated Community Learning Disability Team (CLDT), mental health services, and inpatient & crisis provision for the borough. The borough also works closely with our local Acute Trust NHS BHRUT and other Allied Health Professionals in providing quality services for people with a learning disability. For example, we recently worked closely with local opticians to set up the *Bridge to Vision*		

	programme which provides specialist eye care in the borough for people with a learning disability. Specialist Commissioning arrangements – The CCG have commissioned North East & Central Clinical Commissioning Unit to manage the local register for service users currently placed in inpatient services or Assessment and Treatment Units and they work closely with colleagues responsible for specialist NHS commissioning. Family Carers and Service Users – the Council works closely with family carers and service users to ensure we engage with them to discuss the issues arising from and the delivery of the concordat and ensure we provide quality services for people with a learning disability and their carers. We have both Family Carers and Service user forums and representatives who sit on the Learning Disability sub group and a large number are actively involved through the service user and carer forums.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	**1.3 -** Yes, we can confirm that we have completed person centred reviews of the six service users who are currently in a Assessment & Treatment Unit (A&TU) or inpatient services by the 1st June 2013 deadline. For those who have been assessed as suitable to move back to the community, a “move on” plan is in place which will focus on them moving back to the borough where this in accordance with their wishes or to a home in the community. As stated in section 1.1 our Learning Disability sub-group has taken responsibility for delivery of this plan to ensure		

	there is a multi agency approach in the delivery of the concordat. As part of our planning functions our latest Joint Strategic Needs Assessment (JSNA) includes a needs analysis of people with a learning disability and Autism in the borough., The latest JSNA refresh was completed prior to the release of the final DH Transforming Care report and Winterbourne View concordat and as part of the next refresh there will be a deeper analysis around assessing the needs of people with complex needs in particular, including challenging behaviour. This will be part of our Health and Wellbeing Strategy and locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging. The borough has recently set its vision for the transformation of day opportunities for people with a learning disability. As part of this vision setting and planning, the council looked at the needs of people with complex needs which has informed the types of day opportunities that we will provide for this group. Finally, discussions are underway with our neighbouring authorities, through East London Solutions, to identify potential joint commissioning arrangements for people with complex needs.		

1.4 Is the Learning disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	**1.4-** Yes, issues arising from Winterbourne View have been discussed and considered following the Panorama programme initially aired on the 31st May 2011. Both the Safeguarding Adults Board and the Learning Disability Partnership Board have considered the findings from the Serious Case Review (SCR) commissioned by South Gloucestershire Council Adult Safeguarding Board and the DH initial report into the scandal. Since the release of Transforming Care and Concordat in December 2012 this has been a main agenda item at meetings which were on the **14th January**, **18th March**, a Partnership Board Away Day on the **10th May** and the **17th June**. The Partnership Board, since becoming a sub-group to the H&WBB, has been given the responsibility to continue to monitor and review progress at all forthcoming meetings and report progress to the H&WBB.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	**1.5 –** Yes, Our H&WBB is responsible for strategic responsibility and setting the direction for ensuring delivery on the key actions in the Winterbourne View Concordat. Senior representatives from our local health and social care economy and elected Members are formal members of the H&WB. Members of the H&WBB include: 4 Council members, including the Chair of the Board who is the Cabinet member for health, the Cabinet Member for Adult Social Care, the Cabinet		

	Member for Children"s Services Director of Public Health Corporate Director, Adult and Community Services Corporate Director, Children"s Services Executives from NHS BHRUT (Acute provider) Executives from NHS NELFT A Local Area Team representative from NHS England Healthwatch CCG's Accountable Officer CCG's Chair CCG Clinical Director Local arrangements for the Winterbourne View Concordat were discussed and agreed by the H&WBB at the first statutory board meeting on the 23rd April, 2013 and again at the next meeting on the 16th July 2013.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	**1.6 –** Yes, any disputes, around the delivery of the programme, will be discussed and resolved through our Learning Disability sub-group and any difficulties escalated to the H&WBB as a formal decision making committee of the Council. However, local arrangements and milestones are clear and there is no disagreement between the partnership with regard to our project plan.		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG for a, clinical partnerships &	**1.7 –** Yes, local accountability for the delivery of the Winterbourne View Concordat sits with our H&WBB which, as outlined in s1.5, includes senior representation		

Safeguarding Boards.	from three senior members of the CCG, Corporate Director of Adult Social Care and a representative from the local area team for NHS England which ensures that local accountability is in place. Through ADASS there are also strong links with the National Winterbourne View Joint Improvement Programme and which ensures regular communication is in place both through this route and the LGA. Additionally, members of the Winterbourne View Joint Improvement Programme team have attended ADASS London branch meetings allowing our DASS to engage with them.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?	**1.8 –T**he Local Authority is applying existing rules on Ordinary Residence and have taken responsibility for reviewing service users that were funded by the Council or the PCT prior to April 1st. Moving forward any issues arising with regard to Ordinary Residence will be resolved through the usual guidance. We do not foresee any issues with the people we have reviewed in the short term though we anticipate this may be an issue nationally or in areas where there are larger numbers, particularly with differing rules around local authority ordinary residence and the over complex NHS responsible commissioner guidance.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	**1.9 –** Yes**,** Barking and Dagenham have identified two areas where we might be able to use further support: **1)** We would welcome the opportunity for pan-London workshops around the Winterbourne View Concordat and		✓

	to build on the Pan London Market Position Statement that was completed by NHS London in 2012/2013. We believe that this would help identify collaborative opportunities across the region and to identify regional solutions that will help deliver the programme. 2) Secondly, we would welcome support to ensure both local and national involvement from the Care Quality Commission and for them to help define the relationship between themselves and our local safeguarding arrangements.		
2. Understanding the money			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
2.1 Are the costs of current services understood across the partnership.	**2.1**- Yes, there is clarity around the costs of current services across the local authority and CCG for the existing service users that are placed in either an Assessment & Treatment Unit or other inpatient service.		
2.2 Is there clarity about sources of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	**2.2** – Yes, there is clarity around the sources of funds to meet the current costs for our six service users, including funding from specialist commissioning, Continuing Health Care and NHS and Social Care. Funding arrangements are reported and monitored as part of our local register.		

	The cost of any provision will be met by the NHS until the point that any patient is assessed not to need NHS CHC.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	**2.3**- The Local Authority and the CCG currently have in place a Memorandum of Understanding. Partners are discussing the scope of a s75 agreement and this will be in place to facilitate both pooled budget & lead commissioning arrangements as well as the delivery of our locally agreed joint plan by1st April 2014.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	**2.3**- These will be established as part of our s75 arrangements which will be in place by the 1st April 2014.		
2.5 Have you agreed individual contributions to any pool?	**2.5**- These will be established as part of our s75 arrangements that will be in place by 1st April 2014.		
2.6 Does it include potential costs of young people in transition and of children"s services.	**2.6**- Yes, the borough has an agreed comprehensive Transitions Strategy (2012-2015) in place. This identifies the potential costs of young people in transition from children"s services. These costs of young people in transition and children"s services were used to inform the vision for our transformation programme of day opportunities for people with a Learning Disability in the borough.		
2.7 Between the partners is there an emerging financial strategy in the medium term that is b u i l t on current cost, future investment and potential for savings.	**2.7**-Yes, a financial strategy is being formulated as part of our s75 arrangements with the CCG and our locally agreed joint plan.		

3. Case management for individuals			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
3.1 Do you have a joint, integrated community team?	**3.1**-Yes, we have a multi-disciplinary Community Learning Disability Team (CLDT) which includes social workers, Occupational Therapists, Physiotherapists, Nursing, Speech and Language Therapists, Health Facilitators, Psychologists and a Consultant Psychiatrist. This team is hosted and managed by the Local Authority.		
3.2 Is there clarity about the role and function of the local community team.	**3.2** - Yes, our CLDT has a comprehensive operational policy and procedure which is regularly reviewed and updated to reflect any best practice or statutory changes. This has also been adopted across other North East London authorities. A copy of this operational policy and procedure is found as appendix 3.2.	✓	
3.3 Does it have capacity to deliver the review and re-provision programme.	**3.3** – Yes, our CLDT, in partnership with local, regional and national commissioners, have completed person centred reviews on the six service users that are currently placed in either an A&TU's or other inpatient services. As part of the person centred reviews which were developed in partnership with family carers (where appropriate), service users, advocates and service		

	providers; our CLDT have put in place comprehensive move on plans to support those who have been identified as being able to move into less secure settings by the 1st June 2014 deadline. The CLDT will continue to work closely with commissioners to ensure re-provision programmes are in place and we have recognised that ongoing plans need to be made to support those to move-on from A&TU's or inpatient services.		
3.4 Is there clarity about overall professional leadership of the review programme.	**3.4**- Yes, professional leadership for the review programme is undertaken jointly through the Divisional Director for Adult Social Care in the Local Authority and the Clinical Director for Nursing in the Clinical Commissioning Group.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	**3.5** Yes, a face-to-face review was undertaken by a social worker and a nurse for each of the six service users that are currently placed in either an A&TU or other inpatient service. As part of our reviews, we ensured we considered the needs and views of informal family carers and they were supported through this process. Where appropriate or needed, family carers were also given information and access to an independent advocate.		
4. Current Review Programme			

	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	**4.1 –** Yes, both the Local Authority and CCG have jointly agreed the numbers of individuals who are affected by the review programme. When completing the reviews our CLDT ensured all service users and family carers were offered access to independent advocacy and information on carer support organisations who could support them through the process.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	**4.2** – Yes, arrangements to review the service users funded by specialist commissioning arrangements and who are in A&TU or other inpatient settings are clear.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	**4.3** – Yes. There were six service users placed in either an A&TU or inpatient service and we have agreed and put in place comprehensive individual joint arrangements for each service user. In completing our person centred reviews, we ensured advocacy, family carers (where appropriate) and providers were fully engaged in this process. In completing the reviews the CLDT followed the Joint Improvement Partnerships „Framework for Individual		

	Care Reviews of People with Challenging Behaviour currently in Hospital Placements".		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	**4.4** Yes, NHS Barking and Dagenham (the PCT) handed over, by the 1st April 2013 deadline, a comprehensive local register to the CCG on patients who are currently placed in either an inpatient setting or A&TU. This local register is managed and updated, on behalf of the CCG, by the North East & Central London Commissioning Support Unit (see appendix 4.4). The local register is now a live document which is reviewed and regularly updated and a process has been put in place so that care and health commissioners jointly use and share the same local register.		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	**4.5 –** Yes, our local register is owned by the CCG and updated/maintained by a named contact (Continuing Healthcare Manager) in the North East & Central London Commissioning Support Unit. Oversight of this process is undertaken by the Nurse Director who has responsibility for both Safeguarding and Quality on behalf of the CCG governing body. Each patient who is in an A&TU or inpatient service has a care coordinator who is their identified first point of contact.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	**4.6** - Yes, following a comprehensive review of current advocacy provision in the borough, we have recently launched a „Specialist Advocacy and Social Care Complaints" framework that gives service users increased choice over the independent advocacy support they	✓	

	receive in the borough. We can confirm that independent advocacy was discussed and offered to all six services users (other than those who have declined) and all service users (others than those declined) have an independent advocate. Barking and Dagenham are part of the pan London commission with Voiceability to deliver the NHS complaints advocacy service.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	**4.7** The Divisional Director for Adult Social Care and Chief Operating Officer for the CCG personally reviewed the quality of reviews for the six service users to ensure they met the required statutory requirements and quality standards set out in the Joint Improvement Programme"s framework for completing the reviews. Best practice, and review quality, was also discussed as part of CLDT"s team meetings and clinical supervision delivered by the teams Psychiatrist. The quality of reviews is considered as part of the Council's case file audit programme.		
4.8 Do completed reviews give a good understanding of Behaviour support being offered in individual situations.	**4.8 –** Yes, in completing the face-to-face reviews our CLDT ensured that these were completed jointly by a social worker and a community learning disability nurse who had significant experience in supporting and caring for people with a Learning Disability and/or Autism who may have behaviour that challenges.		

	Further clinical support was offered by the CLDT‟s Psychologists and Psychiatrist through clinical supervision.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	**4.9** Yes, all the reviews were completed by the 1st June 2013 deadline. There are no outstanding reviews.		
5. Safeguarding			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	**5.1** Yes, the borough follows the Protecting Adults At Risk: London Multi-Agency Policy And Procedures To Safeguard Adults From Abuse (Jan 2011) or, if outside of London, the ADASS Guidance on Out of Area Safeguarding Adults is applied (June 2012).		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	**5.2** Yes, the borough runs bi- monthly multi agency safeguarding training sessions, which are regularly attended by around 30 delegates,. We have strengthened our relationships with local providers by establishing a borough wide Provider‟s Forum, as part of our Learning Disability sub-group, which meets quarterly and attended by Safeguarding Adult Team representatives.		

5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	5.3 We do not have any units in the borough. The local unit is in neighbouring Redbridge, which is provided by NHS NELFT, and no issues have been identified with this Unit. Clinical oversight for Barking & Dagenham patients is undertaken by the CLDT psychiatrist.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	**5.4 -** Yes, the Safeguarding Adult Board (SAB) has led a great deal of discussion in relation to Winterbourne View dating back to the initial expose in May 2011. At the October 2011 Business Planning Day we took members through a fictional case study based on the abuse which occurred (Appendix 5.4a & 5.4b). We revisited the issues at the October 2012 Business Planning Day (Appendix 5.4c) where members were called to offer assurance of the safeguards in place within their organisation to mitigate a similar concern arising. Similarly, the Local Safeguarding Children"s Board (LSCB) is represented at the SAB and has been asked to consider the implications of Winterbourne at the next meeting in October 2013. A report is scheduled to be presented by the chair of the Learning Disability sub-group at the next LSCB in October 2013 for the LSCBs consideration.	✓	
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	**5.5** Yes, in light of Winterbourne View we introduced systems to aggregate intelligence that we receive in relation to providers (Complaints, Safeguarding Concerns, Serious Incident forms, Health Protection		

	Agency information and contract monitoring outcomes) to assist local commissioners in contract monitoring and placements. Managing Authorities attend DoLs training which is run by the local authority. Contract monitoring looks at safeguarding arrangements and compliance with the Mental Capacity Act and social workers are alert to the need to identify unauthorised DoLs when undertaking reviews.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	**5.6** – Yes, all agencies operating in the borough are expected to work in accordance with the Protecting Adults At Risk: London Multi-Agency Policy And Procedures to safeguard adults from abuse (Jan 2011) which sets out clear expectations around whistle-blowing and raising safeguarding alerts. The multi-agency training we deliver twice monthly to local providers, along with our *'Icare'* campaign (Appendix 5.6a,b&c), is very clear about the need for everyone to raise safeguarding concerns and locally we think this is working as we continue to report very high levels of alerts.	✓	
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	**5.7-** Yes, we have made steady progress in ensuring that our community safety response more adequately addresses the needs of people with learning disabilities and that our learning disability arrangements consider community safety issues. This has been achieved through a number of mechanisms.	✓	

	Leadership – The Learning Disability sub-group is chaired by the Divisional Director of Community Safety and Public Protection, and our DASS chairs the Community Safety Strategic Partnership. Strategy – The Community Safety Partnership includes a Hate Crime Strategic Group and a Domestic and Sexual Violence Strategic Group. Service user engagement – The Metropolitan Police regularly engages with service users and family carers through our Learning Disability sub-group and local community events that ensure they are considering issues that might impact on people with learning disability in the community. This has led some exciting projects to ensure that services users are given a voice in community safety. Examples of achievements include:- Development of a voluntary adult at risk contact list so that community safety messages can be targeted to them via the safer neighborhood teams and the roll out of the „safe card" scheme (Appendix 5.7c); Disability Harassment training in schools (Appendix 5.7d), Training for police officers on disability awareness		

	(Appendix 5.7e) Training for carers on managing challenging behaviour and the easy read „Say No to Abuse" leaflet (Appendix 5.7f) and DVD. We have a person with a learning disability who volunteers with the Metropolitan Police and who does work at the schools with the Police on hate crime.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	**5.8** - Yes, and as set out in 5.5, we introduced systems to aggregate intelligence that we receive in relation to providers (Complaints, Safeguarding Concerns, Serious Incident forms, Health Protection Agency information and contract monitoring outcomes) to assist local commissioners in contract monitoring and placement decisions. This is overseen by a sub-group of the Safeguarding Adults Board who have an overview of local services. The Care Quality Commission are members of the SAB and are also routinely invited to attend strategy meetings and case conferences where safeguarding concerns relate to institutions. In practice CQC attendance is limited and unfortunately they have rarely engaged with our Safeguarding Adult Board. Engagement of CQC is an area of support that we have identified and stated earlier in section 1.9 of this stocktake.		✓

6. Commissioning arrangements			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
6.1 Are you completing an initial assessment of commissioning requirements to support peoples‟ move from assessment and treatment/in-patient settings.	**6.1–** Yes, move-on plans were considered as part of the boroughs review programme and individual placements, which included individual commissioning requirements, have been considered for those who are moving back to the community. Wider commissioning requirements are in the process of being developed as part of our local strategic plan.		
6.2 Are these being jointly reviewed, developed and delivered.	**6.2 –** Yes, an initial assessment of commissioning requirements was reviewed and discussed jointly between both health and care commissioners for the service user who is able to move back to the borough in the short term. Another service user and their family have requested not to move back to the borough and we are working closely with them, and the relevant local authority, to ensure plans are in place to support them move back to the community in this area.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	**6.3 -** Yes, the borough has a firm grasp on the numbers of Adults placed outside of the region. As of 15.06.2013 the borough has: 1. 6 x Service users in AT&U‟s or inpatient services		

	2. 29 x Service Users in Residential Care Homes placements 3. 8 x Service users in CHC Placements 4. 2 x Service Users in Nursing Home placements 5. 30 x Service Users in Supported Living There is a clear and shared understanding across the partnership of the current funding arrangements for people who are funded through either NHS CHC, social care and jointly.		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	**6.4 –** Not currently. The Council"s commissioning intentions were put in place prior to the release of the Winterbourne View Concordat and Transforming Care report. When they are reviewed later this year, as part of our commissioning cycle, we will ensure it reflects the requirements set out in the Winterbourne View concordat. As part of our local joint strategic plan we will be reviewing our current service provision across health and social care to identify how we will reduce hospital placements in the future.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	**6.5 –** Given the small numbers/activity and dispersed locations of services users (6) that we have in either an A&TU or inpatient setting we are not planning any joint		

	reviews and (de)commissioning arrangements with specialist commissioning teams at this stage. As stated in 1.9 we would, however, welcome the opportunity to engage any regional or pan-London workshops to explore regional joint planning and commissioning opportunities.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	**6.6 –** Yes, initial scoping is underway to review the potential costs and source of funds for future commissioning arrangements. This will need to be developed further to inform our local joint strategic plan which will be in place by 1st April 2014.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	**6.7-** Yes, we have recently launched a new specialist advocacy and social care complaints framework where people with learning disability have increased choice and access to independent advocacy in the borough. In addition, we have IMCA, IMHA services and family carer advocacy services in place. Barking and Dagenham are part of the pan London commission with Voiceability to deliver the NHS complaints advocacy service.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed	**6.8 -** Yes, we are in the process of agreeing a structure and project plan for our local delivery plan. The proposed structure for our plan is due to be discussed and approved at the next H&WBB on the 16th July 2013.		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient	**6.9 –** Yes, we are confident that the service users who, as part of our review programme, have been identified as		

settings to be placed nearer home and in a less restrictive environment).	able to move to a less secure setting will be achieved by the 1st June 2014.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	**6.10 –** Of the remaining service users a major obstacle for them to move back to the community is due to them being detained following hospital orders with MoJ restrictions. Given the level of risk, together with their challenging behavior, it would not be realistic to consider a move into a community setting by the 1st June 2014. Any medium term plans would be dependent on the availability of more forensic places regionally to manage a stepped approach to them moving to less restrictive settings and ultimately their own independent accommodation. Work across London has identified a shortfall in regional forensic facilities that would enable this approach to be considered.		
7. Developing local teams and services			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	**7.1 –**Yes, an initial assessment of the service users who were part of the review programme and who were able to move back to the community has been completed.		

	The wider commissioning strategic requirements, to support move on from A&TU"s or inpatient services, will also be part of the joint local strategic plan.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	**7.2-** Yes, to improve choice and quality of our local advocacy provision in the borough in 2012 we reviewed previous services which resulted in us launching a specialist advocacy and social care complaints framework in April 2013 which gives our service users greater choice over the independent advocacy they receive in the borough. To ensure quality the local authority has in place a well established and comprehensive contract monitoring systems which includes: Comprehensive contracts and service specifications that include clear outcomes, quality standards (based on the advocacy charter) and key performance indicators. Quarterly contract meetings with advocacy providers to discuss performance / quality issues. A requirement for advocacy providers to submit a comprehensive contract monitoring information bespoke to our advocacy contracts. Comprehensive annual reviews which include	**X**	

	seeking feedback from service users. Unannounced spot checks and mystery shopping. Regular meetings with all framework providers to discuss best practice. The local authority, CCG, and IMCA providers also meet quarterly for an IMCA steering group which follows the Public Health England"s best practice guidance on commissioning IMCA services (see appendix 7.2 for the groups Terms of Reference).		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	**7.3-**Yes, the local authority currently has trained and supported 22 best interest assessors which is sufficient to meet current demand across the borough. There are more social workers currently being trained to undertake this work to ensure there is flexibility in deployment.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and attach)**	Support Required
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	8.1– As part of our joint local strategic plan we are completing a review of the capacity to manage crises locally.		

	The outcomes of the assessment will link into our joint strategic plan, and its commissioning intentions, where will be looking at developing appropriate emergency responses for people with challenging behaviour.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	8.2 - Yes, emergency responses are currently provided by our local CLDT which includes a Consultant Psychiatrist. We will consider the capacity of this provision and look to develop our emergency responses to avoid hospital admission as part of local strategic plan.		
8.3 Do commissioning intentions include a workforce and skills assessment development.	8.3 - Yes, a workforce and skills assessment has recently taken place across our current social care workforce as. The needs of our local workforce, especially on supporting and caring for people with challenging behaviour, is to be considered with our partners in the NHS as part of future workforce planning. As part of the autism action plan we have also commissioned a independent organisation to complete a mapping of local autism services where part of this project includes a workforce and skills assessment.		
9. Understanding the population who need/receive services			
	Assessment of current position evidence of work and issues arising	**Good practice example (please tick and**	Support Required

		attach)	
9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	**9.1 –** Yes, the development of our integrated CLDT in 2010 was an outcome of local planning to ensure we had a community team that could provide support to people with a learning disability which included people with complex needs and those with challenging behaviour. Since the publishing of the Winterbourne View Concordat in 2012 the borough has also supported NHS London (pre 1st April 2013) in the development of a London wide Market Position Statement (MPS) on both Health and Social Care learning disability services. The borough is also developing its own a local MPS through the support of the Department of Health's 'Developing Care Markets for Quality and Choice' (DCMQC) programme. Both Market Position Statements will be used in the development of our local joint strategic plan which will be in place by 1st April, 2014. As part of the boroughs autism action plan we have recently commissioned an independent organisation to complete a mapping exercise of our Autism specialist and mainstream services in the borough. This work will include a market assessment and understanding future demand for autism services which will also be used to inform our joint local strategic plan.		
9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	**9.2 –** Yes, demographic information is collated and monitored through both our local register and electronic recording system.		

10. Children and adults – transition planning			
10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	**10.1 –** Yes, through the development of our comprehensive Transition Strategy the borough has a clear understanding of the needs of young people coming through transition and this takes into account of the emerging requirements set out in the Children and Families Bill. Transition planning was also taken into account in the development of the transformation programme for day opportunities in the borough.		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	**10.2 -** Yes, the borough has in place a number of established approaches to enable us to understand the future demand on our service through: Reviewing Disabled Children Services and Special Educational Needs (SEN) Prevalence Data to understand demand. As part of our JSNA we look at future demand, in terms of numbers, on the needs and number of people with a learning disability, autism and transition. Using reliable tools on national prevalence data, namely the Improving Health and Lives website, PANSI and NASCIS. Analysing local population data. Through consultation with, for example, family		

	carers. Through the completion of learning disability Self Assessment Framework.		
11. Current and future market requirements and capacity			
11.1 Is an assessment of local market capacity in progress	**11.1-** Yes, through the support of the Department of Health's 'Developing Care Markets for Quality and Choice' (DCMQC) programme, the council is drafting an Adult Social Care MPS which will include data on the availability of current social care services , support available in the borough, analysis of gaps and opportunities in the market. This will be completed by the autumn.		
11.2 Does this include an updated gap analysis.	11.2Yes, the assessments of local market capacity and gap analysis completed by the council will also feed into and support the development of our local joint strategic plan on challenging behaviour.		
11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice	11.3 The Council recently held a „market place event". New and existing service providers were given the opportunity to describe and market their services to frontline staff who assist in the development of support plans. This event will be followed up with a larger market event where people that use services, and family and carers will meet providers and learn about the services and support they offer. Planning is also underway for a series of smaller events based around localities in the borough focused on the support and services available in a particular local area.		
