

## Winterbourne View Joint Improvement Programme

### Stocktake of Progress

**Local analysis:** Wirral

Attached is your stocktake return with analysis  
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

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Key Strengths	Areas for Development / Potential Development
<b>1 Models of partnership</b>	
Appropriate bodies involved with responsibility to Health and Wellbeing Board. Additional work to be done to finalise regional ,local and national accountability agreements	Significant issues relating to OR
DASS has personal responsibility for programme	
Good engagement of both commissioners and providers in relation to the programme. History of positive partnership working	

HWB board engaged. LDPB also engaged though noted its role and function are to be reviewed to ensure focus includes out of area placements and requirements of WV programme	
Responsibilities and accountabilities are reported to be clear	
Support requested in relation to developing integration, in particular with regard to aspects of a bid in relation to Integrated H&SC Pioneers - information sharing and ability to implement at pace	
Strategic approach involving all partners with clear accountabilities	S
<b>2 Understanding the money</b>	<b>S</b>
Developing approach to understanding and deployment of funds	This may also be a development area
Cases joint funded on an individual basis and pooling of budgets being planned. Implementation planning is in place on the assumption that this will be agreed by the Council and CCG. Sec 75 arrangements exist elsewhere in service and are being reviewed in this context	
Emerging financial strategy based on a modernisation programme that has been in place over last 3 years and current proposal to pool funds.	
<b>3 Case management for individuals</b>	
No current integrated team though plans in place to strengthen current arrangements through ICG.	This may also be a development area
Although separate, clarity about role and function of the respective teams is reported and arrangements for review appear to be well aligned	
Process is in place to enhance advocacy support to include this in early intervention and an prevention initiatives	
<b>4 Current Review Programme</b>	
Clarity about people affected by the programme is reported and arrangements for the review of people funded by specialist commissioners are in place	
Registers are completed and in place and are monitored and updated by CSU.	
Processes are in place to give assurance to quality of reviews and the understanding of future support needs. All reviews have been completed	
<b>5 Safeguarding</b>	
Good safeguarding processes are reported to be in place. There are a range of engagement processes with providers and these have recently been strengthened.	

Both ASB and LCSB are engaged with the programme. A specific programme re WV has been in place at the ASB since May 11 and has taken a stroing leadership role in respect of this and aspects relating to safeguarding identified in the stocktake	
<b>6 Commissioning arrangements</b>	
An assessment of comissioning requirements in in process and has been developed as a componentt of the modernisation of LD services over the last 3 years. Arrangments are in place (as above) to strengthen the degree of integration in LD commissioning. This work includes agreeing resources, structure and monitoring arrangements and is due to be reported to and confirmed by the HWB	
<b>7 Developing local teams and services</b>	
Arrangements are in place to monitor the quality and effectiveness of advocacy, including through feedback from people usiing the service and their carers	
<b>8 Prevention and crisis response capacity</b>	
Crisis and emergency response arrangements are reported to be in place and capacity has been identified. The current pathway is to be reviewed as part of the review of LD teams	This may also be a development area
<b>9 Understanding the population who need/receive services</b>	
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<b>10 Children and adults – transition planning</b>	
Commisisoning arrangements take account of the needs of C&YP and there is focussed work to improve the effectiveness of transition planning. Future demand planning is in place	
<b>11 Current and future market capacity</b>	
MPS considers next 10 years although further work to be done with CYP - currently considered 4 years before transition	
<b>Other</b>	
<b>Dimensions of the stocktake about which you have requested support</b>	

	Winterbourne View Local Stocktake:			23 Wirral
Q	1.Models of partnership	Codes Used Blank=NR	Coded as	Locality Response From Stocktake Return
1	1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	0 - No arrangement 1 - Included in existng arrangement local 2 - Included in existing arrangement with other(s) 3 - New arrangement	2	Yes. The Council the CCG, together with Cheshire and Wirral Partnership Trust have implemented a coordinated approach across delivery and commissioning to ensure rigorous reviews of individual situations to ensure outcomes for people are safe and robust. The three statutory bodies are now actively working to explore the development of joint community services to further enhance governance of services to those with complex needs. 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 & Wellbeing Board (HWBB), reports will also come to the CCG Governing Body and the Senior Leadership Team within Adult Social Services. Regular updates will also be provided to the recently established Disabilities Partnership Board. This is a multi agency group whose members include service users, family carers, care, support and health and supported housing commissioners
2	1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other Council Depts 5 - CCG(s) 6 -Specialist Commissioner s 7- Other providers	7, 5, 4	Learning disability and mental health providers have been engaged on the back of Winterbourne. The local authority also operates a rolling inspection programme of Care Homes in Wirral, together with robust annual reviews by our dedicated review team which includes covering out-of-borough placements. The Wirral Disabilities Partnership Board brings together service users, carers, representatives from the Council and health service, service providers and others with a key interest in the development of mainstream and specialist services for people with learning disabilities. The partnership is charged, through the White Paper 'Valuing People' (March 2001), with the interagency planning and commissioning of comprehensive, integrated and inclusive services that provides a genuine choice of service options to people with learning disabilities and their carers in the local community.

3	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.	0 - No 1 - Yes 2 - Not clear 3 - In development	1	Yes. There is a planning function in place, and DASS have recently formulated three comprehensive and complementary Commissioning Plans covering Early Intervention and Prevention, Targeted Support Services and Learning Disability Services and as indicated exploring the establishment of joint community learning disability services to further enhance governance and outcomes for people. A Market Position Statement has been developed covering both health and social care. The Market Position Statement distils intelligence and demand trends allied to demographic needs to inform future commissioning intentions and the redesign of services to assure best outcomes and use of available resources This document has been used to proactively engage with providers and will support the development of a learning disability and other needs group and establish Framework for Services to enable a comprehensive range of services to respond proactively to peoples needs. We are bringing together this work through the Integrated Commissioning Group. Part of the planning function is to identify opportunities to return people from out-of-Borough placements. The CCG routinely reviews out-of-Borough placements - both for people with mental health needs and learning disabilities. This is regularly scrutinised at team meetings and discharge dates are identified. However, it is also recognised that some people, who live out-of-Borough, are settled or have families, and may not want to return. All people in Assessment and Treatment have been reviewed.
4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other arrangement 5 - In Progress	3	The Learning Disability Partnership Board has been previously engaged in monitoring the Learning Disability Self-Assessment Framework. However, these arrangements need to be reviewed to ensure an ongoing focus, which includes monitoring the market to ensure we've got the right mix of provision and reporting on that back to the LDPB. This will include the review of out-of-area placements and progress on work required post-Winterbourne
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	1	Yes. This item is on the agenda for the Health and Well-Being Board on the 10 <sup>th</sup> July 2013.

6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/ discussion	3	No special arrangements have been put in place to resolve conflicts and/or difficulties. Wirral has a well established culture of partnership working where any challenges and issues are tackled in a proactive and constructive way by the partners involved. Terms of Reference are currently being prepared which will set out how differences will be managed.
7	1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	4	Responsibilities and accountabilities are clear and well understood by the Council and the CCG who are presently working together to strengthen integrated commissioning arrangements. There is a need for further progress to be made in this area to ensure that accountabilities to local, regional and national bodies are clear and understood across our local partnerships. In May / June 2012, the local authority participated in a Safeguarding Adults Peer Review, which found that relationships were clearly strong across our partnership arrangements in Wirral providing a good foundation for going forward. However, there is further scope for clarifying the links between these groups, notably how information flows between them and how decisions are made. Further action is planned to improve the coherence of these link.
8	1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	1	There are some significant issues relating to Ordinary Residence in the Borough and risks for the local Health and social care economy, These are particularly related to the learning disability/autism client groups. Both the local authority and the CCG know who they are financially supporting. This is going to be reviewed through the Integrated Commissioning Group, with a view to putting safeguards in place against financial risk.
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	1	The Council and the CCG have submitted a bid in relation to Integrated Health and Social Care Pioneers and would welcome additional support in terms of developing integration, including the focus that the Pioneer status might give to issues such as information sharing and ability to implement at pace. This bid will complement work streams already in train to establish integrated delivery functionality at a neighbourhood level, the potential integration of mental health services and as already stated the development of joint community learning disability community services. We are in the early stages of developing integrated plans. Although some actions have been taken forward independently, key areas requiring further support are being identified and considered.
<b>2. Understanding the money</b>				

10	2.1 Are the costs of current services understood across the partnership.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	3	The funds for patients who require low/medium/ high secure services is held by the North West Specialist Commissioning Team, hosted by the Cheshire, Wirral and Warrington Area Team. We know the costs of current services as individual organisations. We are in the process of bringing the information into one place. The CCG has a Memorandum of Understanding in place with Cheshire and Wirral Partnership Trust to ensure full breakdown of all block contract investment in LD services.
11	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.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	Yes there is clarity about the sources of funds to meet current costs. These funds support the delivery of the current and anticipated provision. Both the local authority and the CCG know who they are responsible / paying for. The current services are clearly understood across the partnership. There is limited pooling of budgets at present although plans are well advanced to develop this (see below), we do though jointly fund a number of individual circumstances and funding for those with complex needs is coordinated through a multi-agency panel.
12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	0 - No 1 - Yes 2 - Not clear 3- Informal arrangements 4 - Included in overall partnership agreement 5 - other methods 6 - In progress	2	The local authority and the CCG currently have in place a Section 256 Agreement in place to confirm funding from the CCG to the Local Authority contributing to a range of services The Council and CCG will actively explore further opportunities to share and pool resources to maximise the use of increasingly scare resources. The Council has a section 75 agreement with the NHS for the Integrated Community Equipment Store. The store is operated by the Community Trust and is funded 2/3 NHS and 1/3 Council. The NHS is host for the pooled budget arrangement. A programme of work has been agreed to strengthen this area. A key feature of this will be the recently confirmed commitment to move towards a position of pooled budgets and shared management arrangements in relation to all jointly funded cases. Arrangements are now in place to develop this and the Council and the CCG have allocated capacity for developmental work. Agreements are in place for joint funding. Section 75 is being updated. The Section 75 arrangements are sufficient and robust, setting out the responsibilities and legal framework under which we can transfer funding.

13	2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	1	Yes and the issue of financial risk is included in the Section 75 agreement.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	4	Currently there are no pooled budgets in this area; however, a proposal around pooled budgets will be taken to the CCG Governing Body in August 2013, and following CCG and Council agreement, this will be progressed through the Integrated Commissioning Group. Existing arrangements ensure that each organisation is notified. Identification is happening at an appropriate time, resulting in discussions between Finance Officers and commissioners.
15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget build 4 - Under review 5 - N/A	4	See above. This includes young people in transition. Both organisations have a good idea of what the costs will be for those in transition. Systems are in place to identify people 3-4 years before they reach adulthood and understand the implications on future budgets. At present this focuses on adults over the age of 18, however the proposals in their early form accept the need to develop work concerning transition and this will build on the recent amendments to transition procedures within the Council which sees Adults. Services taking management responsibility for young people at the age of 16 whilst the statutory responsibility remains with Children's Services. In addition the Council are currently exploring the concept of an all age disability service.
16	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.	0 - No 1 - Yes 2 - Not clear 3 - in process/ development	1	Yes. The Modernisation of Learning Disability Services has been a focus of our work over the last 3 years and a key programme within the Council's strategic plans The development of pooled budgets also acknowledges the need to develop a medium and longer term financial strategy and address how both the need for future efficiencies and increased demand will be factored into the arrangement. We have recently reviewed our residential strategy but another strand of work is about how we step people down and work with Registered Providers to obtain suitable accommodation. This work is undertaken by the LD Housing Panel. In terms of shaping the market and commissioning the right capacity, we are at an early stage. Both organisations are doing this in parallel, rather than jointly, although this will change as discussions around pooled budgets are progressed alongside the development of the Integrated Commissioning Group



3. Case management for individuals			
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	0 Currently there is no integrated team, but plans are in place to strengthen this through the Integrated Commissioning Group, and as indicated active exploration of the establishment of joint community learning disability services. The Council has a robust Learning Disability Care Management Team who undertake close liaison with the CCG and Health agencies. There are positive working relationships and effective communication across and between services.
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1 In terms of case responsibility, this is clear for social care clients and indeed for those where there is a joint funding element. In terms of fully funded CHC clients the CCG has developed an arrangement with the CSU to assure that case management and responsibility is appropriately undertaken. Proactive management through assessment and treatment is going on to try and step people down. We are using the existing capacity to appropriate effect to get people into the least restrictive option. The Council can demonstrate its willingness to support other service users with particular issues if support is not available. In terms of all individuals, Advocacy Services are available, in particular identified cases, arrangements are made to provide specialist advocacy. The Council is in the process of enhancing the configuration of Advocacy Services and will shortly procure a range of early intervention and prevention services inclusive of advocacy. There is an agreed community service specification for mental health services with the local mental health trust provider.
19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1 Yes, in partnership with local, regional and national commissioners, we have completed person centred reviews on the 8 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 we 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 1 <sup>st</sup> June 2014 deadline. In addition, Wirral has a successful track record of moving people with learning disabilities from residential settings into independent settings with the support they need to live full and active lives. The first priority of the Integrated Commissioning Group will be to review provision of community teams and A&T provision with a view to pooling budgets to create an integrated community team.

20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	3	Yes professional leadership for the review programme is undertaken jointly by the Director of Adult Social Care in the Local; Authority and the executive lead for Learning Disabilities within Wirral CCG. However, this is primarily within each organisation and we need to improve the co-ordination of the review programme, bringing together data and ensuring a robust collaborative response. This will be done through the Integrated Commissioning Group.
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	Yes there is a named worker for each individual and they lead on the reviewing and care planning of all the individuals. We work in partnership with service users, carers and advocates as part of the process. 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. In addition, we assure the quality of provision of Care homes with a rolling programme of quality inspections. Our inspection programme is informed by intelligence received by the Council's Safeguarding Adults Team and the Quality and Compliance Team, which relates to the quality of provision and low-level concerns in care homes.
<b>4. Current Review Programme</b>				
22	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.	0 - No 1 - Yes 2 - Not clear 3 - in part	1	Yes. Each organisation knows who will be affected by the programme and we are creating a central record across partners. This will also assist the organisations in ensuring that people are not double-counted and for those who have impending moves, work can begin with patients, families/ carers and partner organisations to ensure a smooth transition. When completing the reviews we ensured all service users and family carers were offered access to independent advocacy and information on carer support organisations that could support them through the process.

23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process 4 Not applicable (i.e. none funded by specialist commissioning )	1	Yes arrangements to review the service users funded by specialist commissioning and who are in A&TU or other inpatient setting are clear. Low/Medium Secure Patients are reviewed on a monthly basis by a case manager. (See 2.1). Each patient is reviewed with regards to their treatment, clarity of where they are on the care pathway, identification of any issues regarding safeguarding, egress from secure services. Alongside this, the review team also undertakes unannounced half day reviews. This involves an in depth review of an individual patient. Review Template attached. Good practice: Partners across Merseyside have developed a register template which NHS England (Mersey Team) will request that specialist commissioning teams use to share data on forensic patients. This will reduce the variation in the data which local CCGs request from specialist commissioning teams. Arrangements for reviews are established and undertaken including the appropriate individuals as required including advocacy.
24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	1	Yes. Wirral has a newly created Disabilities' Partnership Board established out of the previous LDPB and have received update briefings on the Winterbourne and the review project. The Local Healthwatch organisation has recently been established in Wirral and it is anticipated that our Local Healthwatch organisation will develop over time but they will have a significant role to play in helping to monitor and shape local health and care services, make recommendations to commissioners and providers about things that could or should be improved. Support is available to people with learning disabilities and their carers through a range of local voluntary and community organisations. Advocacy is also routinely available in Wirral and can be spot purchased if necessary.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	1	The register has been developed jointly by the partners. The local register is managed and updated on behalf of the CCG by the Cheshire and Merseyside Commissioning Support Unit. The register is kept up to date, the numbers of individuals are small and they are regularly reviewed with comprehensive information being recorded. A process is in place to enable care and health commissioners jointly use and share the same register.

26	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	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	1	The transfer of the register has been completed and is now with the CCG with a lead commissioner identified. Each patient who is in an A&TU or inpatient service has a care coordinator who is their identified first point on contact.
27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1	The three secure services in the North West have independent advocacy contracts which provide a self-advocacy model and provide the statutory IMHA service. Advocacy is routinely available to people. The Council has contracts in place to provide advocacy.
28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	1	Outcomes of reviews are tested via internal supervision and file auditing process. The secure case managers meet weekly for clinical supervision and all findings are discussed within the team. Issues are highlighted to supplier managers to ensure they are addressed appropriately if they require a contractual response. The Council has in place a rolling programme of audits covering adult safeguarding, wider casework and supervision. Cases are reviewed in line with an agreed audit template each month.
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances	1	Yes. In completing the face to face reviews we ensure that these are completed by a MDT who have significant experience in supporting and caring for people with a learning disability and /or autism who may have behaviour that challenges. Within Secure services – during the in depth reviews – care plans are reviewed in line with national guidelines, staff are interviewed and there is a detailed report of findings. Reviews take consideration of least restrictive options for delivery of care, deprivation of liberty, mental capacity of the resident, and evidence of best interest decision making where appropriate.

30	4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	1	Yes, all the required reviews have been completed prior to the 1st June 2013 deadline.
<b>5. Safeguarding</b>				
31	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.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Yes, we routinely and regularly engage with other councils and their partners. Wirral's Multi Agency Safeguarding Procedures mirror the processes as outlined in the ADASS protocol. As host Authority a proactive approach is taken from the outset to engaging placing Authorities in accordance with the protocol as appropriate. As a placing authority priority is given to the principle of continuity of duty of care ensuring vulnerable adults are protected and safe. We work with host authorities in line with the protocol and will escalate any concerns that arise to ensure the needs of individuals are safeguarded.
32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	1	Safeguarding meetings have representatives from various organisations. The Council works closely with a range of care providers and hosts a number of forums for them to discuss overall issues and agendas. The Council has strengthened its relationship with local providers by establishing a Wirral wide provider's forum. In terms of individual service users, we take a very person centred and individual view to ensure that individual risk assessments are promptly and appropriately developed.

33	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.	0 - No 1 - Yes 2 - Not clear 3 - N/A	1 CQC send reports through to the relevant officers and there is further scope to improve CQC's strategic engagement with our local partners. In respect of issues arising from inspections, the Council has been fully appraised of developments and shares relevant information with Health colleagues. Similarly, the Council has on going monitoring of its own with regular engagement with CQC inspections and carefully monitors all relevant information relating to providers of services for Wirral. There are established quality assurance arrangements in the local authority and, since the creation of the Integrated Commissioning Group, work is underway to integrate our quality monitoring arrangements.
34	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1 Wirral's Safeguarding Adults Partnership Board (WASB) has kept this matter high on its agenda since the initial exposure in May 2011. The WASB has considered the review and understands the programme and its leadership role. The action plan and the stock take will be discussed further at the next WASB and Local Safeguarding Children's Board (LSCB) meetings
35	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.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	1 This is an agreed role. The Council employ a dedicated MCA/DoLS Lead Officer, who to comply with governance arrangements (following guidance which came out after the review project) reports information on MCA/DoLS through the strategic management team when an annual governance report is issued. These arrangements give the assurance that appropriate arrangements are in place. In addition, through monitoring and compliance visits with care home providers, the Council review care plans and are able to engage with providers on the steps they are taking to ensure de-escalation can be evidenced as part of people's care plans.
36	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.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/ Being developed 4 Yes, regional only	2 Yes, all agencies operating in Wirral are expected to work in accordance with the Wirral's Adult safeguarding Policy & Procedures to safeguard adults from abuse which sets out clear expectations around whistle blowing and raising safeguarding alerts. The multi-agency training delivered by the Council is very clear about the need for everyone to raise safeguarding concerns and locally we think this is working as we continue to report high levels of alerts.

37	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.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	1	Yes, we are continuing to strengthen links between the community safety issues and learning disability issues for example Wirral have adopted a Hate Crime Awareness and Safe Place Campaign alongside multi agency training events. Within Wirral there has been a relatively small number of people moving back into less restrictive environments. Building upon the experience of the Council and other key partners in supporting people with challenging behaviour back into the community, there have been no specific issues identified to the Community Safety Partnership. If issues do emerge/arise then these will be dealt with appropriately. The CCG, Adult Social Care, and Children and Young Peoples Services are all represented on the Community Safety Partnership and will be in a position to address issues proactively.
38	5.8 Has your Safeguarding Board got working links between CQC, contractsmanagement, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	1	Yes. CQC are invited to the WASB, and are also routinely invited to attend strategy meetings and case conferences where safeguarding concerns relate to institutions. Improved linkages with CQC include better sharing of information and co-ordinated inspections
6. Commissioning arrangements				

39	6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	The CCG (supported by the Council) is leading on this work with support and clinical advice from Cheshire and Wirral Partnership Trust to support people's move from assessment and treatment/in-patient settings, through reviews alongside community learning disability teams. Partners have contributed to the Wirral Market Position Statement which was ratified by the Council in May 2013 following support from the national programme lead for North West Local Authorities. The Wirral Market Position Statement was built up through active and positive engagement with providers and forms the basis of a developing Framework Agreement to support and procure services. The Market Position Statement is one means of engaging with providers to shape and design services that are responsive to the spectrum of needs impacting upon local services. This includes developing market capacity to deal with more complex needs locally and any planning would include step down provision. Information on current service demand over the next 10 years has been included in the MPS. The MPS will be a tool to support providers in making decisions about whether to invest in services in Wirral and prepare for further opportunities that arise as a result of the introduction of personal budgets. Due to the relatively 'small numbers' for Wirral and as individual plans in place, this overall commissioning approach is felt appropriate, and where services require commissioning for particular individuals or small groups of individuals, plans are in place. Equally Wirral is working within a wider footprint of Merseyside and Cheshire local authorities to explore added value of commissioning and procuring services based upon populations across local authority boundaries. This initiative recognises the challenges faced by those with complex and challenging needs.
40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	3	Yes. The Council and CCG are moving to strengthen the integrated nature of its commissioning for Learning Disability Services, led through the Integrated Commissioning Group.
41	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.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	Yes, there is a shared understanding of the number of people placed out of area and the funding arrangements that are underpinning these. We have reconciled the registers held by the health and social care to ensure there is a shared understanding. A combined register is held by the CSU, and this is kept up to date and reviewed. The Council and the CCG commissioning intentions both reflect the need to re-provide some services, but there is no major re-design involved, the approach is to focus on a person centred individualised approach. The number of Adults placed outside of the region as at the 26th June 2013 : 8 Service users in AT&U or inpatient services 27 Service Users in Residential Care Homes 1 Service User in CHC Placements 4 Service Users in Nursing Home Placements 12 Service Users in Supported Living



42	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	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	4 Yes, as a consequence of Shaping Tomorrow (the Council's Commissioning Framework) Adult Social Care are developed three complementary Commissioning Plans covering Early Intervention and Prevention, Targeted Support Services and Learning Disabilities allied to a cross cutting Carers Strategy also recently refreshed, that will be outcome focused and embrace co-production to assure positive and effective engagement. Central to both the Early Intervention and Prevention and Learning Disability Commissioning Plans, supported by the revised Carers Strategy will be a focus upon empowerment and accessibility to promote greater choice and control. All business processes will be linked to clear commissioning intentions and the on going transformation programme. We will have joint commissioning intentions going forward and we are in the process of ensuring that people with LD are included in CCG commissioning intentions going forward. It is a commissioning intention of the CCG with Cheshire and Wirral Partnership Trust to reduce reliance upon inpatient beds and revise the community team infrastructures. We intend to use the quality, innovation, productivity and prevention (QIPP) challenge to develop appropriate initiatives.
43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	2 There are relatively small numbers of Wirral residents who are A&TU or in-patient settings ( 8 ) ; since 2012 the number of A&TU or in-patient settings beds was streamlined with an increased emphasis on community provision.
44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	3 Yes initial scoping is underway. The cost of future commissioning/placement intentions is being identified including those of young people in transition. This will be factored into the proposals identified above in relation to joint commissioning. This will need to be developed further to inform our local joint strategic plan which will take place by 1st April 2014. The arrangements for the existing cohort –who are not subject to Section 117, are clear. We are agreeing a transparent and appropriate means of sharing funding where people are subject to section 117.

45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ under review	1 Yes arrangements are robust. The Council, with support from the CCG has commissioned arrangements for independent advocacy. Currently within the Wirral, people with learning disability have increased choice and access to independent advocacy. In addition we have IMCA, IMHA services and family carer advocacy services in place. As indicated, as part of the Early Intervention and Prevention Commissioning Plan, DASS will be implementing a thematic approach to commissioning, which has been co-produced with the Voluntary, Community and Faith Sectors to provide universal access to services that promote continued independent living and advocacy is one strand of the thematic approach. This will act as a building block to wider engagement across the Council and Public Health to ensure we are making best use of all available resources.
46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3 Yes, we are in the process of agreeing the resources, structure, monitoring arrangements, and project planning for our local delivery plan. The proposed structure for our plan is due to be discussed and approved at the next HWBB, following endorsement by respective organisational management teams.
47	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).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	1 We are confident that the 1st June 2014 target will be achieved for all people currently living in in-patient settings to be placed nearer home and in a less restrictive environment will be achieved where appropriate. We are working with a range of providers to develop services locally to ensure we can meet people's needs where appropriate. The key driver here is to ensure that services are tailored to individual needs and as indicated this will involve a complementary, where appropriate integrated approach to build a comprehensive range of services within available resources.

48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	2	In respect of any remaining service users a major obstacle preventing them from moving back into the community is that they are being detained following hospital orders with MoJ restrictions. Given the level of risk, together with their challenging behaviour, 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 forensic places regionally to manage a stepped approach to them moving into less restrictive settings and ultimately their own independent accommodation. The approach adopted will be clinically and professionally based to manage potential risks posed to assure the rights and responsibilities of individuals with a range of complex and challenging needs.
<b>7. Developing local teams and services</b>				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Yes planning is advanced and partner organisations are involved as early as possible. Placements are discussed with patients, families / carers and relationships are built up with providers to ensure a smooth transition for all. 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 the move from A&TU's or inpatient services, will also form part of the local strategic plan, led through the Integrated Commissioning Group. The approach adopted brings together both micro and macro commissioning intentions to establish pathways appropriate to assessed needs and services configured to meet such needs. Inevitably this is noting how resources are currently deployed, resources available to be deployed and the need to decommission and re-commission services as we move forward.
50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	Wirral provide statutory Advocacy through the IMCA and IMHA services. We commission IMCA from Wired; IMHA from Advocacy in Wirral, and specialist LD advocacy from Wirral Mind. We also spot purchase advocacy as required to ensure a flexible arrangements can respond to the needs of service users and carers. We receive regular reports from existing contract providers and we have now built commissioning and quality assurance capacity that facilitates rapport building and governance in relation to performance to aid service improvements. We further receive feedback from service users, families / carers.

51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	The Council has recently reviewed its capacity in relation to Best Interest Assessors and found that there is currently insufficient trained and skilled staff available to meet demand. The Council currently has 12 trained and supported BIA's. As a result the Council is undertaking a BIA recruitment exercise in September 2013 with BIA training in October 2013.
<b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b>				
52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	Crisis and contingency planning are in place. Capacity has been identified. Intensive support services are in place and pathways and protocols are established to ensure LD clients are supported. During the day, if a crisis occurs, clients have access to a 'pathway' through specialist LD Community services: including triage, assessment, and intervention or the MH Home Treatment Team. . In an acute out of hours episode LD clients will be directed via the Emergency Duty Team and have access to the Council's AMHP provision: or depending on the situation via the Hospitals Psychiatric liaison service. Currently there are A&TU's .which provides 24 hour inpatient services for adults living in Wirral. Work is on-going to redirect resources earlier in the pathway to prevent a deterioration / crisis from occurring .This will be reviewed as part of the strategic review of LD community teams and A&T units.
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	In Wirral we have a multi-disciplinary crisis intervention team who provide short term help for people who are in a mental health crisis, or who require intensive community support following discharge from hospital. In particular, mental health support services are intervening with people who have mental health needs and a learning disability, but who do not meet the criteria for LD specialist services. Through these interventions, mental health support services are preventing a potential escalation of LD needs. We will consider the capacity of this provision and look to develop our emergency responses to avoid hospital admission as part of our local strategic plan.

54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	1	Yes, The review of community MH services and the move to integrate LD community services will crucially consider capabilities and capacity to ensure we have a workforce fit for purpose. The continuing needs of our local workforce, especially on supporting and caring for people with challenging behaviour, is to be considered with partners as part of the reviews of services in train to inform future workforce planning .At present, workforce and skills assessment development has been built around the needs of the team supporting individuals and there are many examples of individually tailored training packages being delivered in relation to areas such as the management of challenging behaviour, autism in practice, the administration of medication, etc.
<b>9 Understanding the population who need/receive services</b>				
55	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.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	Yes, a partnership approach utilising the LD Commissioning Plan, Autism Strategy, the Integrated Transition Strategy and the Wirral Market Position Statement and other local planning functions (Adult Social Care, Health, Planning and Housing) understand and support the development of services for people with complex needs and behaviour that challenges. Additional services supporting the Challenging Behaviour Programme are looking to be commissioned to support people with particularly complex needs. As part of the Training and Development Strategy of the Council, specialist management of challenging behaviour training is available for all relevant staff.
56	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.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	Yes. In terms of future planning and service developments we take these factors into account and in relation to the particular needs of individual groups, these are carefully considered and Equality Impact Assessments undertaken in relation to all relevant decisions. The LD Commissioning Plan and The Wirral Market Position Statement distils demographics in relation to the local learning disabled population.
<b>10. Children and adults – transition planning</b>				

57	10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	We are continuing to improve the effectiveness of transition planning for children and young people, who have on going support needs. Commissioning arrangements do take account of the need of children and young people. The Council has recently introduced revised procedures to improve the awareness of Adults Services with Care Managers taking case management responsibility for young people from the age of 16, with Children and Young Peoples Services retaining statutory and funding responsibilities. The CCG is currently working with the LA to review its transition arrangements.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	Yes Wirral has a clear schedule of future demand and the numbers of people likely to need services in place. A number of approaches enables us to understand the future demand on services through : reviewing CYPD Disability Services data; special Educational Needs data; JSNA numbers in relation to LD, Autism and Transition; prevalence data from PANSI and NASCIS; and the compilation of the LD self-assessment framework
<b>11. Current and future market requirements and capacity</b>				
59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	As described earlier, a local market capacity analysis is in progress. It will include an updated gap analysis (and opportunities in the market) with relevant information being included in the LD self-assessment. It is planned to be shared with the local provider forums and staff groups.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	3	Yes, the assessments of local market capacity and gap analysis completed by the council will also feed in and support the development of our local joint strategic plan on challenging behaviour. For example, we have identified local gaps for people with severe learning disabilities and severe challenging behaviour, who occasionally we cannot provide for locally. Day opportunities are currently traditional. We also need to develop supported living options.

61	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.	0 - No 1 - Yes 2 - Not clear	1	Yes, we currently have a Learning Disabilities Housing Panel which brings together social care, welfare benefits, strategic housing and registered providers to enable suitable accommodation to be provided.
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