

Publications Gateway reference 00498(s)

Winterbourne View joint improvement programme

Stocktake of progress report

Executive summary

www.local.gov.uk

Executive Summary taken from the 'Stocktake of progress' report, available from
www.local.gov.uk/winterbourne-view-joint-improvement-programme

Background

The stocktake of progress questionnaire, requested from chief executives of local authorities, clinical leads of local Clinical Commissioning Groups (CCGs) and the chairs of Health and Wellbeing Boards (HWBs), was sent out as an integral part of the Winterbourne View joint improvement programme (WVJIP) in June 2013.

Its purpose was to enable local areas to assess their progress against commitments in the Winterbourne View Concordat and to allow for good practice and progress from local areas to be shared nationally.

It was further intended to assist in local discussions with key partners, including people who use services, family carers and advocacy organisations, as well as providers. It was based on the principle that the changes required as a response to Winterbourne View could only be successfully delivered through local partnerships.

The aim of the stocktake was also to help local areas identify what development support they might require from the WVJIP.

The stocktake covered 11 key areas of enquiry:

- Models of partnership
- Understanding the money
- Case management for individuals
- Current review programme
- Safeguarding

- Commissioning arrangements
- Developing local teams and services
- Prevention and crisis response capacity
- Understanding the population who may need/receive services
- Children and adults transition planning
- Current and future market requirements and capacity

Sent out on 1 June, returns were requested by 5 July 2013. The majority of returns were received before or on the return date; others subject to discussion and sign off have all been received. Every locality has completed a stocktake and they have all been appropriately agreed.

It is clear that the local work to complete the stocktake has of itself created much of the discussion and decision making that is required to fulfil the Concordat commitments.

The WVJIP has undertaken some rapid work to analyse and assess the responses to both support localities in the next steps and to provide regional and national information. The detail of the analysis is set out in the full report.

The analysis of the stocktake returns is shown in the full report and was completed in two stages. The first stage collated the responses to each question. The second considered the detailed responses that were made by the majority of places to each question. This has provided a very rich picture of strengths, opportunities and development needs at a local and regional level.

From this and other information fed in through questions and comments from partnerships, the following headline conclusions are drawn.

Headline conclusions

As reported in the stocktake, there is evidence of:

- all localities engaging and working on the Concordat commitments
- progress and leadership across the partners
- HWBs being sighted on the Winterbourne priorities; many will be receiving detailed reports in the Autumn from their partnerships
- skilled and committed staff at commissioner, care management, community and provider levels and in leadership roles supporting change
- service user and family carer engagement, although this is not always consistent, nor evident everywhere
- safeguarding practices being followed consistently
- integrated/joint working, evident in assessment, commissioning and service development – though this is not evident everywhere
- the engagement of newly formed CCGs is bringing fresh impetus and priority in some localities
- innovation and strategic planning in some localities to reduce reliance on distant, long-term Assessment and Treatment (A&T) placements, including financial understanding and flexibility
- over 340 examples of good practice and local policy/practice – to be further analysed in partnership with the Social Care Institute for Excellence (SCIE) and NHS England colleagues.

Reflecting concerns raised nationally, the stocktake highlights the following areas for development locally:

- an urgent need to resolve issues of definition raised in 'Transforming Care' and the Concordat and in particular a need to clarify and define the key individuals who need to be considered as part of the change programme both now and in the future
- the development of whole life course planning
- the need to rapidly improve engagement, understanding and joint working across the various commissioning functions (specialist, forensic and health and social care)
- the need for localities to work together both within and across geographical boundaries to achieve longer term sustainable solutions
- a resolution to continuing difficulties in relation to Ordinary Residence
- consistent application at local level of Continuing Health Care criteria
- investment in behaviour support and community-based accommodation options to enable safe and local support services

- the integration of, and use of, financial resources with medium and long term financial strategies
- collaborative work with providers at national, regional and local level to develop alternatives to current provision
- expedite work to improve quality and consistency of care through robust commissioning
- increase the development of, and investment, in service user, family carer and advocacy activity
- increase the understanding and application of personalisation for all individuals, notwithstanding the complexity of their situation
- ensure wide understanding and application of the Mental Capacity Act (MCA) and
- support HWBs in their strategic role.

This summary analysis demonstrates that while every locality has evidenced a clear commitment to fulfilling the Concordat commitments and all are making progress towards this, inevitably some are more developed than others. The key issues that mark out this differential progress are as follows:

Leadership and partnership

Findings: Due to a range of factors the strength of the partnership between local authorities and their key partners are at different stages: organisational changes, financial pressures and the historical legacy of arrangements all impact on progress. Every locality is reporting some progress in this regard. Following the stocktake it is clear that all HWBs are aware of the Winterbourne View joint improvement programme.

This needs to be built on as a part of the developing role of HWB, and the boards themselves are at different stages of development.

Response: The WVJIP will focus some of its improvement work on leadership and strategic partnership and support to HWB. This will link with the established Local Government Association (LGA) Health and wellbeing system improvement programme and partnership.

Engagement with individuals and families

Findings: In many areas, particularly those that have a strong tradition of working with partnership boards or similar, there is very good engagement at local level with the community and voluntary sector, as well as with user-led and family carer groups, and this often includes advocacy. However this is not universal – organisational changes and other pressures on all parts of the sector have led to some diminution of this engagement.

Response: In the ongoing improvement work and with others, the importance of local engagement and the provision of high quality advocacy support must be reinforced. This will be integral to the programme itself, as will the development of personalised services and engagement with family carers.

Work with providers

Findings: The stocktake shows that 93 per cent of localities have concluded or are progressing market intelligence/market development with their local providers. Many have already concluded a provider analysis.

Emerging relationships between commissioners and providers are variable. There are a few strong examples of good collaborative commissioning, but these are yet to have a real hold. Many places still rely on a more distant commissioning arrangement, too often characterised by supply appearing to determine commissioning outcomes. There remain very variable approaches to issues of quality and clarity of task, resulting in long-term arrangements that do not meet the post Winterbourne View requirements.

There is some anecdotal reporting that a small number of providers may be seeking to re-designate provision from A&T Centres to other similar types of provision without changing the nature and function of the service. If this is the situation it needs further explanation as this is clearly not acceptable.

Response: Alongside the national work that is being established with providers, regions and localities will be supported in developing their own strategic approach to commissioning services to meet the needs of people now and in the future.

The development of a standardised specification for services across all ages will support this, as will the Enhanced Quality Programme. The programme will work closely with the Care Quality Commission (CQC) in the continuing registration of providers.

Development of commissioning

Findings: The development of commissioning is both at the heart of achieving the WV priority changes and is the most complex and difficult area of development.

The stocktake shows that issues of commissioning between the key partners are inextricably linked to the use and flexibility of resources. This is the biggest single area that requires support and development. There is a very variable picture indeed of progress in providing integrated or joint commissioning in which individuals have a seamless pathway starting with a single assessment and supported by consistent care management.

Within this key area the issues that create difficulties are reported as:

- ordinary Residence rules and associated financial risks
- engagement between specialist, secure (forensic) and local commissioning (health and social care)
- use and criteria for Continuing Health Care
- the development of pooled or integrated budgets
- flexible use of resources including workforce, workforce planning and development and local skills assessments
- lack of longer term financial planning
- agreed definitions of the key target groups
- limited use of care management type services
- inconsistent application of standards and quality requirements.

Response: Work with commissioners at all levels will be a priority for the programme as detailed throughout this report. We will link with other relevant work through LGA, NHS England and NHS Improving Quality.

Planning for children, young people and adults – Preparing a pathway

Findings: There are a few very fine examples of work to improve the transition of young people to adulthood across the partnership. However, there are very few examples from the stocktake of places where the needs of children are seen within the context of their longer term care into adolescence and adult opportunities.

Response: This is a national, regional and local priority for WVJIP and will also need to engage other government departments, key national organisations and providers of services at all levels to achieve real change. Commissioning through children’s services is a vital component of this.

Future support and development

The Winterbourne View programme has at its core an improvement programme that has regional, national and local components and is based on the core principles of sector-led improvement.

The key objectives of the programme are set out in ‘Transforming Care’ and the Concordat but are now particularly defined by the work of recent months and the findings and conclusions from the stocktake of progress.

The key task is to ensure these objectives are turned into strategic (national) and operational (local) actions and outcomes.

An important feature of the stocktake has been the requests from each locality for ongoing support and development. This has been encouraged in the spirit of sector-led improvement. The stocktake will directly form the basis of the local and regional improvement offer from the programme.

The WVJIP Improvement Offer is aligned with the LGA and NHS England’s wider approach to improvement and the principles of sector-led improvement. This ensures engaging political leadership, finding new ways of working with local people and communities, inviting challenge from peers and sharing good practice. The self-assessment stocktake is an exemplar of using comparative data as a driver for improvement.

Eighty-six specific requests for support are identified, with at least one request in each of the 61 questions. The largest number of requests (distinct from general support needs) are regarding Ordinary Residence and associated financial risks, a range of issues relating to specialist commissioning, capacity in crisis response services and pooled budget arrangements. A summary table of support requests is available in the full report.

In addition there have been over 340 examples of good or demonstrative practice and local policy initiatives. These will provide a very rich source of information that will be used right across localities as part of development. This will be done over the autumn in conjunction with the Social Care Institute for Excellence (SCIE) using well established and proven methodology.

Items included highlighting innovative practice, sample protocols and/or agreements (for example s75 agreements) as well as local policy and practice examples. It is intended that this material will be available on the WVJIP knowledge hub in the coming weeks.

In the spirit of openness and transparency, the report will be widely available and publicised through both NHS and LGA channels. Local places are encouraged to use their own communication channels to further publicise and discuss this document, including potentially reporting to Health and Wellbeing Boards.

The detailed analysis of individual places will be made available to local areas for their own use, with the expectation that these will be reported to the HWB as appropriate.

In addition, regional summaries will be made available to LGA, NHS England, Association of Directors of Adult Social Services (ADASS), Association of Directors of Children's Services (ADCS) and Department of Health (DH).

This material will then inform the development of the improvement offer and supporting programme using the established four national priorities and bespoke regional and local support:

- Life course planning
- Working with providers
- Keeping people safe
- New financial models

Findings from the stocktake will be further informed by the LD Census and Joint Self-Assessment Framework (SAF).

Work with local areas will always be based on joint agreement regarding the issues to be explored and the approach to be used.

The key elements for regional activity will be:

- **Bespoke support** to partners or individual authorities based on their own reported current stage of development and their requests for support.
- The development of **regional priority plans** supported by resources from the improvement programme using local and existing networks and facilities to expedite progress, linking this to national work of both WVJIP and partner organisations. This will commence immediately with plans being in place by early November 2013. Existing work will not be impeded in this process.

This will also link with existing mechanisms regionally and nationally for supporting improvement, identifying areas in need of early or extra support, and assuring quality. This will include discussions with the LGA's principal advisers and quality surveillance groups.

Challenge from peers will be through the development of a specific Winterbourne View module developed jointly with the Towards Excellence in Adult Social Care (TEASC) programme.

- The programme will provide **in-depth support and make links to existing programmes**. It is vital to draw on the range of development and support already existing and to ensure that good coverage is given to all those who will need to work together to achieve the policy and practice changes required by the Winterbourne View Concordat.

This will include working with existing programmes in NHS and local government including the Health and wellbeing system improvement, Adult safeguarding and the Towards Excellence in Adult Social Care programmes. The NHS England Commissioning Development work with CCGs and NHS Improving Quality and transforming provision will also be engaged.

The rationale for any further in-depth support will be:

- partner's request for 'deep-dive' support
- follow-up discussions on stocktake analysis that might warrant more study
- in-depth work to draw out exemplars of good practice or process
- significant numbers of challenging placements
- apparent stocktake responses that are out of step with regional findings
- where concerns about individual placements have been raised.

The sharing of innovative practice and local policy will be disseminated as described elsewhere and the further development of the Winterbourne JIP Knowledge Hub group will increase awareness of the material that is available.

Summary of WVJIP responses to issues raised in the stocktake

Set out below are the summary actions that will be built into the WVJIP improvement offer, determined by priorities identified from the self-reported stocktake of progress.

The WVJIP will focus some of its improvement work on leadership and strategic partnership and support to HWBs. The apparent variability in the development of leadership arrangements across the regions will be followed up by the WVJIP. A key emphasis of the improvement programme will be to take account of the relative development of local partnerships and the need for progress.

In the ongoing improvement work and with others, the importance of local engagement and the provision of high quality advocacy must be reinforced. This will be integral to the programme itself, as will the development of personalised services and engagement with family carers. The WVJIP will follow up on the availability and quality of advocacy arrangements locally and regionally.

Alongside the national work that is being established with providers, regions and localities will be supported in developing their own strategic approach to commissioning services to meet the needs of people now and in the future. As a priority this will include supporting regions to develop viable locally-based alternatives to long-term and geographically-distant services.

Work with the regulator, financiers and existing providers will be developed over the coming months to achieve step change in revised provision. “Jointness” of approach may also be indicative of how effective joint care planning and review processes are for people in receipt of care and support and this will be an issue followed up in further detail by the WVJIP.

Pathway planning for children, young people and adults is a national, regional and local priority for WVJIP and there is a need to engage across government departments, key national organisations and providers of services at all levels to achieve real change.

‘Transforming Care’ invites a range of “definitions” of both people and places and there is a pressing need for clarity and focus. This key action has been taken forward by the WVJIP and is an issue the JIP will want to clarify shortly. This work will be a key feature of the improvement offer.

The improvement programme will need to work with those places that still need to establish good strategic planning to ensure that the financial aspects are understood and that the mechanisms are in place to support the flow and flexibility of resources.

The following are areas for further follow-up with localities and have become key elements of the WVJIP programme. These will form the basis of improvement offer discussions.

- Alternative provision, including the ability to commission this within timescales and/or identifying suitable providers.
- Mental Health Act and/or Ministry of Justice restrictions.
- Funding arrangements, including lack of finance, clarity about specialist commissioning funding, NHS Continuing Care and Ordinary Residence.

Significant change is needed, particularly from early years through to adult care, if a fundamental shift in approach is to occur. Incremental change is not sufficient. The improvement programme needs to work with others to harness and target resources from Government, the sector and other sources to support some of the fundamental changes in the way planning, decision-making and care is delivered to children, and in order to ensure a different way of working in the future. Continuing to react year on year to rising numbers of children needing costly, but less effective, adult placements is not tenable.

The improvement programme response

Supported by NHS England, the LGA and the DH, the WVJIP has at its core an improvement programme that has regional, national and local components and is based on the core principles of sector led improvement.

The key objectives of the programme are set out in Transforming Care and the Concordat but are now particularly defined by the work of recent months and the findings and conclusions from the stocktake of progress. A supporting programme plan has been developed.

The key task is to ensure these objectives are turned into strategic (national) and operational (local) actions and outcomes.

They support the achievement of the key outcomes for people set out in policy and achieved through the significant system, method and practice changes that are required.

Key principles of the improvement offer

- Coproduction of offers and outcomes with people with learning disability, autism and behaviour that challenges, and their families.
- All development will operate within the context of the engagement strategy agreed by the Board in May 2013.
- The improvement work will use existing local, regional and national structures and approaches to improvement.
- The improvement work will relate to wider views and approaches to improvement.

- It will align to and complement the existing improvement and development work of key partners at national and local levels.
- Work with local areas will always be based on joint agreement regarding the areas to be explored and the approach to be used.
- Any support and development will be provided in a transparent, constructive and supportive way while providing appropriate challenge and will not seek to duplicate existing mechanism or structures.
- All support activity will seek to use or share resources in a way that encourages local sustainability.
- While national offers may be developed these will be fine-tuned to support bespoke local application.
- The use of shared learning, the collation and sharing of innovative practice and peer development and challenge.

Key building blocks for improvement and a benchmark for progress

- Local leadership arrangements put in place to drive the programme.
- A clear understanding of current costs and commitments, sources of funding through the local authority, Clinical Commissioning Group (CCG) and specialist commissioning, and a determination to tackle longstanding barriers in relation to these (e.g. NHS Continuing Care).

- A clear, resourced, joint delivery plan focused on personalised community provision.
- Developed care management to ensure progress and quality.

Further details of the improvement offer will be presented to the WV JIP Board and key partners in early October and then publicised more widely after that.

The improvement team

- Ian Winter: Lead
- Zandrea Stewart: Principal Adviser
- Steve Taylor: Principal Adviser
- Angela Ellis: Engagement Adviser
- Jane Alltimes: Policy Adviser
- Kristian Hibberd: Communications Adviser
- Marie Coffey: project support

The team is working with:

- Emma Jenkins and LGA Principal Advisers
- Sam Cramond and Ray Avery, NHS England

The key messages from the stocktake of progress have impact across national, regional and local dimensions.

Working with the four national priorities, the improvement team will engage directly with localities, generally across the four NHS England regions and the nine geographic ADASS/ADCS groupings.

Follow up may be based on one or more of the below but will always be decided through joint agreement regarding the need for further study and the areas to be explored.

The key elements for regional activity will be:

Bespoke support

The first task will be to offer individualised engagement with partners in localities based on stocktake returns and analysis. This could include engagement at HWB level and strategic commissioning to assist in advice, planning and shaping based on the locality's own self-assessment. This will be based on the analysis returned to each partnership.

Regional support

The second activity will be to work in each of the nine regions using the existing networks and arrangements to develop the most appropriate work and responses based on aggregated stocktake returns and the leadership priorities. This will take place during September and October 2013. Resources will be made available to support local networks to develop this work. Each region will be supported to develop its own regional priority plan during November 2013. Existing work will not be impeded in this process.

This will also link with existing mechanisms regionally and nationally for supporting improvement, identifying areas in need of early or extra support, and assuring quality. This will include discussions with LGA Principal Advisers and Quality Surveillance Groups.

Challenge from peers will be through the development of a specific Winterbourne View module developed jointly with TEASC.

In-depth support and links to existing programmes

It is vital to draw on the range of development and support already existing and to ensure that good coverage is given to all those who will need to work together to achieve the policy and practice changes required by the Winterbourne View Concordat.

This will include working with existing programmes in NHS and Local Government including the Health and Wellbeing System Improvement, Adult Safeguarding and the Towards Excellence in Adult Social Care programmes. The NHS England work with CCGs and NHS Improving Quality and transforming provision will also be engaged.

The rationale for further in-depth support will be:

- Partners request for 'deep-dive' support.
- Follow up discussions on stocktake analysis that might warrant more study.
- In depth work to draw out exemplars of good practice or process.
- Significant numbers of challenging placements.
- Apparent stocktake responses that are out of step with regional findings.
- Where concerns about individual placements have been raised.

Based on the above the in-depth or deep dive approach must be a collaborative response that will support the partners in the locality and develop skill and knowledge that can be shared more widely.

Using principles already well established, for example by the sector led improvement activity and other methodology including appreciative enquiry, the deep dive will have a basic outline that is then matched to local requirements and priorities following discussions with the partners.

Where appropriate it will be linked to the Enhanced Quality initiative outlined above.

Winterbourne View Principal Advisers will be central in the discussions and local developments, though to achieve breadth of development with expertise and challenge it is very likely that a partner organisation(s) would be asked to work with us to set up the programme in detail.

National activity is already taking place which will feed into local developments.

Sharing innovative practice

The collation of good practice and local policy will be disseminated as described elsewhere and the further development of the Winterbourne JIP Knowledge Hub group will increase awareness of the material that is available. Resources will be made available broadly on a regional basis to support priorities and be allocated according to the key principles as outlines above and the stocktake analysis of priorities.

The requests for support from the stocktake returns will be collated and fed into this process.

Winterbourne View joint improvement programme

The programme has a small improvement team led by Ian Winter. The purpose is to lead national priorities and support action with regions to ensure that the Winterbourne View Concordat commitments are met.

Stephen Taylor

Telephone: 07920 061189

Email: Stephen.Taylor@local.gov.uk

Programme priority: New financial models, understanding information, and assuring progress in developing alternative models of commissioning.

Regional contact for: South East, South West and North East

Zandrea Stewart

Telephone: 07900 931056

Email: Zandrea.Stewart@local.gov.uk

Programme priority: Life course planning, for people from childhood into adulthood.

Regional contact for: Midlands, East of England and Yorkshire and Humber

Ian Winter CBE

Telephone: 07963 144128

Email: ianjwinter@gmail.com

Programme priority: Working with providers and developing quality standards.

Regional contact for: London and North West

Stephen Taylor, Zandrea Stewart and Ian Winter

Programme priority: Keeping people safe, appropriate use of legislation and guidance, promoting rights and raising expectations.



Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, October 2013

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.