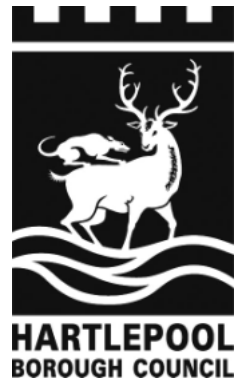


ADULT SERVICES COMMITTEE AGENDA



15 July 2013

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sims

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. MINUTES

- 3.1 Minutes of the meeting held on 21st May 2013 and 17 June 2013 (*previously circulated*)

4. KEY DECISIONS

None.

5. OTHER ITEMS REQUIRING DECISION

None.



6. ITEMS FOR INFORMATION

6.1 Adult Social Care Outcomes Framework – *Assistant Director, Adult Services*

6.2 Winterbourne View Stock Take – *Assistant Director, Adult Services*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

8. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006

ITEMS FOR INFORMATION

Date of next meeting – 12 August 2013 at 10.00am in the Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE

15 July 2013



Report of: Assistant Director - Adult Services

Subject: ADULT SOCIAL CARE OUTCOMES FRAMEWORK

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to provide the Adult Services Committee with an overview of the Adult Social Care Outcomes Framework (ASCOF) – the national reporting regime for adult social care.

3. BACKGROUND

- 3.1 ASCOF was first introduced in 2011/12 and aims to measures how well social care services are delivering outcomes for people, with a focus on the issues that people have identified as being important for themselves and their friends and relatives such as:
- treats people with dignity and respect;
 - supporting people to stay well and independent; and
 - supporting people to play an active part in their local communities.
- 3.2 This is a different approach to previous performance regimes such as the Performance Assessment Framework and National Indicator Set which were very heavily focused on numbers and activity levels (e.g. number of referrals, numbers of reviews etc) and didn't address the outcomes that were being achieved for people who were using services.
- 3.3 Councils are expected to use ASCOF to drive up standards of care and give people choice and control over the services they use. The clear focus is to promote improving people's quality of life and their experience of care.

- 3.4 ASCOF is already being used in Local Accounts which are published annually by councils to communicate with their communities, as well as for councils own reporting, and benchmarking against national and regional progress.

4. STRUCTURE OF ASCOF

- 4.1 The ASCOF has 3 elements:

- Supporting councils to improve the quality of care by providing nationally comparable information on outcomes and experience of local people;
- Introducing greater transparency in the delivery of adult social care through the Local Account and;
- Enabling national measurement and comparison of performance of adult social care.

- 4.2 There are four domains into which a range of existing performance measures and future measures are aligned:

- Enhancing quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring people have a positive experience of care.
- Safeguarding people whose circumstances make them vulnerable and protecting people from avoidable harm.

- 4.3 Domains are sub-divided into the following outcomes, to which performance measures are grouped:

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Carers can balance their caring roles and maintain their desired quality of life.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation
- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs. Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence
- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.

- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- Everyone enjoys physical safety and feels secure; People are free from physical and emotional abuse, harassment, neglect and self harm; People are protected as far as possible from avoidable harm, disease and injury; People are supported to plan ahead and have the freedom to manage risks the way that they wish.

- 4.4 A summary of the measures linked to the outcomes and domains is attached as **Appendix 1**.

5. DATA COLLECTION

- 5.1 The ASCOF measures are informed by a number of existing data sources including the Combined Activity Return (CAR), the Mental Health Minimum Data Set and the Referrals, Assessments & Packages of Care (RAP) Return.
- 5.2 The ASCOF measures are also heavily influenced by feedback from people using services and their carers through the Adult Social Care Survey and Adult Social Care Carers Survey.

6. PERFORMANCE OF HARTLEPOOL BOROUGH COUNCIL

- 6.1 As previously reported, Hartlepool recently received feedback from the Adult Social Carers Survey which was very positive with over 92% of carers reporting that they have been included or consulted in discussion about the person they care for and almost 85% of carers reporting that they find it easy to find information about services.
- 6.2 Early feedback from the Adult Social Care Survey (for users of social care services) includes similar positive responses from people using services with 78% of people reporting that they have control over their daily life and over 76% of people reporting that the services they have used made them feel safe and secure.
- 6.3 The comparative regional performance data against the ASCOF measures will be collated during June and July and shared with a future meeting of the Adult Services Committee.

7. RECOMMENDATIONS

- 7.1 It is recommended that the Adult Services Committee receive this report and are made aware of the use of ASCOF to measure performance in adult social care.

8. REASONS FOR RECOMMENDATIONS

- 8.1 ASCOF is the national approach to measuring performance in adult social care, and will enable the Adult Services Committee to understand how Hartlepool Borough Council is performing and how this compares with other councils.

9. CONTACT OFFICER

Trevor Smith
Performance & Information Manager (Adults)
Child & Adult Services
Hartlepool Borough Council
Tel: (01429) 523950
trevor.smith@hartlepool.gov.uk

Domain	Outcome	Ref	Title
Enhancing quality of life for people with care & support needs	Overarching measure	1A	Social Care related quality of life
	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.	1B	Proportion of people who use services who have control over their daily life
		1C	Proportion of people using social care who receive self directed support, and those receiving direct payments
		1C-1	Part 1 - Number of adults, older people & carers receiving SELF DIRECTED SUPPORT in the year to 31-Mar as a % of all clients receiving community based services and carers receiving carer specific services
		1C-2	Part 2 - Number of adults, older people & carers receiving DIRECT PAYMENTS in the year to 31-Mar as a % of all clients receiving community based services and carers receiving carer specific services
	Carers can balance their caring roles and maintain their desired quality of life.	1D	Carer related quality of life
	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation	1E	Proportion of adults with LD in paid employment
		1F	Proportion of adults in contact with secondary MH services in paid employment
		1G	Proportion of adults with LD who live in their own home or with their family
		1H	Proportion of adults in contact with secondary MH services who live independently with or without support
		1I	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.
Delaying & reducing the need for care and support	Overarching measure	2A	Permanent admissions to residential & nursing care homes per 100,000 population
		2A-1	Part 1 - Permanent admissions of Younger adults (18-64) per 100,000 population aged 18-64
		2A-2	Part 2 - Permanent admissions of Older people (65+) per 100,000 population aged 65+
	Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs. Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.	2B	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
		2B-1	Part 1 - Proportion of older people (65+) discharged from hospital to their own home or residential/nursing care, extra care for rehabilitation, with clear intention that they will move on/back to their own home who are at home, in extra care or adult placement scheme setting 91 days after the date of discharge from hospital.
		2B-2	Part 2 - Proportion of older people (65+) offered reablement services following discharge
		2D	The outcomes of short term services: sequel to service
	When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence	2C	Delayed Transfers of care from hospital and those which are attributable to adult social care per 100,000 population
		2C-1	Part 1 - Overall number of delayed transfers of care
		2C-2	Part 2 - The number of these delays that are attributable to social care services
Ensuring people have a	People who use social care and their carers are satisfied	3A	Overall satisfaction of people who use services with their care and support

positive experience of care	with their experience of care and support services (overarching measure)	3B	Overall satisfaction of carers with social services
		3E	Improving people's experience of Integrated Care
	Carers feel that they are respected as equal partners throughout the care process.	3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for
	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	3D	Proportion of people who use services and carers who find it easy to find information about services
Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm	Overarching measure	4A	Proportion of people who use services who feel safe
	Everyone enjoys physical safety and feels secure; People are free from physical and emotional abuse, harassment, neglect and self harm; People are protected as far as possible from avoidable harm, disease and injury; People are supported to plan ahead and have the freedom to manage risks the way that they wish	4B	Proportion of people who use services who say that those services have made them feel safe and secure
		4C	Proportion of completed safeguarding referrals where people report they feel safe

ADULT SERVICES COMMITTEE

15 July 2013



Report of: Assistant Director - Adult Services

Subject: WINTERBOURNE VIEW STOCK TAKE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to provide the Adult Services Committee with an update on actions identified following publication of the Winterbourne View Hospital report and Concordat (December 2012) to provide assurance of collaboration between health and the Local Authority.
- 2.2 To provide an update and stock take as requested by Chris Bull, Chair of the Winterbourne View Joint Improvement Board (NHS England & Local Government Association).

3. BACKGROUND

- 3.1 The Department of Health review responded to criminal abuse at Winterbourne View Hospital revealed by the BBC Panorama programme in May 2011. It is equally concerned with the care and support experienced by children, young people and adults with learning disabilities or autism who also have mental health conditions or behave in ways that are often described as challenging.
- 3.2 The picture from investigations and reviews, and from people who use services, their families, and the groups which represent them whilst good in some places has been found too often to fall short. The review found widespread poor service design, failure of commissioning, failure to transform services in line with established good practice, and failure to develop local services and expertise to provide a person-centered and multidisciplinary approach to care and support.

3.3 The main actions identified for health commissioners through the review and concordat are to:

- Complete and maintain a register of patients from 31 March 2013.
- Identify patients who are placed in learning disability inpatient services.
- Ensure patients within Learning Disability inpatient beds have received an appropriate review that addresses the areas detailed within the concordat by 31 May 2013.
- From these reviews identify patients that are within 'inappropriate' placements.
- Agree a plan for move on with all parties, including patient/family advocates.
- Develop commissioning plans with Local Authority partners to move patients identified to community based setting by June 2014.

3.4 A recent letter sent to all Health and Wellbeing Board Chairs identified that Health and Wellbeing Boards could play a pivotal role in delivering the commitments of the Winterbourne View Concordat **Appendix 1**, particularly in relation to joint commissioning plans and pooled resources.

3.5 In addition a letter received from Chris Bull, Chair of the Winterbourne View Joint Improvement Board asks Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally **Appendix 2**.

3.6 A report presented to Health and Wellbeing Board on 24 June 2013 provided an update on progress and provided a local 'stocktake' **Appendix 3**.

4. PROPOSALS

4.1 It is proposed that a joint plan be developed to deliver this work once the individual patient requirements are known; this will also include the review of existing inpatient assessment and treatment bed requirements for the future.

4.2 It is important to note that this work will be on-going as there remains a flow of people that will make the transition through to adult services with the same level of complexity and associated specialist requirements, whose needs will require careful planning and commissioning. Planning for transition is in place between health and Local Authority partners with the aim of mapping future demand, informing investment requirements, and preventing out of area placements.

5. RISK IMPLICATIONS

- 5.1 The timescales identified nationally for the post Winterbourne View actions are a particular pressure given the complexity of the people identified, and the risk of re-admission throughout this programme remains high. Service design, procurement, commissioning and transition plans are key deliverables to achieve safe long term solutions.
- 5.2 The market within Teesside requires significant development with regard to workforce training and culture. A range of new or re-developed community providers are required to meet the needs of this vulnerable and challenging group of people. The procurement process also forms part of a regional discussion with the Learning Disability Clinical Network.
- 5.3 Each person identified will require individually designed and commissioned long term solutions. Bridging and transitions plans and the further development of community infrastructure will require recurring additional investment from CCGs
- 5.4 Failure to ensure that the move on provision is robust, well planned, and has intensive intervention support may result in placement breakdown and further re-admission.

6. FINANCIAL CONSIDERATIONS

- 6.1 Capital investment may be required to deliver the individualised provision and this is further recommended by the Concordat through the development of pooled budgets with Local Authorities.
- 6.2 Any additional resource requirements are unknown at this point

7. EQUALITY AND EQUALITY CONSIDERATIONS

- 7.1 Impact assessment work is underway with Tees Esk & Wear Valley NHS Foundation Trust which could potentially suggest that the current investment in assessment and treatment provision is re-provided into community services to support delivery of this work and prevent re-admission through placement breakdown.

8. RECOMMENDATIONS

- 8.1 The Adult Services Committee is asked to receive the update and assurance that plans are in place to work collaboratively between the Clinical Commissioning Group and the Local Authority to develop long term solutions for these patients.

9. REASONS FOR RECOMMENDATIONS

- 9.1 The update demonstrates that joint working is underway that will ensure the requirements of the Winterbourne View Review are managed effectively and in partnership, including the use of resources to deliver the best solutions for this group of vulnerable people.

10. BACKGROUND PAPERS

- Appendix 1 –** Letter from DH re: Delivery of the Winterbourne View Concordat and review commitments
- Appendix 2 –** Winterbourne View Joint Improvement Programme (Letter)
- Appendix 3-** Winterbourne View Joint Improvement Programme (stocktake)

11. CONTACT OFFICER

Neil Harrison
Head of Service, Child & Adult Services
Hartlepool Borough Council
Tel: (01429) 284371
Email: neil.harrison_1@hartlepool.gov.uk

From Norman Lamb MP
Minister of State for Care and Support



To: Chairs, Health and Wellbeing Boards
Cc: Council Leaders and Chief Executives
Chairs and Chief Operating Officers, GGCs

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 4850

Dear Colleague,

Delivery of the Winterbourne View Concordat and review commitments

I am writing to you at the start of your taking on your statutory functions to stress the pivotal local leadership role that Health and Wellbeing Boards can play in delivering the commitments made in the Winterbourne View Concordat¹ which represents a commitment by over 50 organisations across the sector – including the Local Government Association, NHS England, the NHS Confederation, Royal Colleges and third sector organisations – to reform how care is provided to people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. There is widespread agreement across the sector that the care of this group of vulnerable people requires fundamental change.

The abuse of people at Winterbourne View hospital was horrifying. For too long and in too many cases this group of people received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up in hospital unnecessarily and they are staying there for too long.

NHS England, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services and the Association of Directors of Children's Services each committed to working collaboratively with CCGs and Local Authorities to achieve a number of objectives by 1 June 2014, including that from April 2013, health and care commissioners will set out:

“a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) process;

- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.*
- We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.*

Health and wellbeing boards have an opportunity through their role in agreeing the CCG and Local Authority Joint Plans to challenge the level of ambition in the plan and ensure that the right clinical and managerial leadership and infrastructure is in place to deliver the co-produced plan.

Health and wellbeing boards will, no doubt, also want to take an active interest in how far the other commitments in the Concordat, particularly those relating to care reviews having been completed by June 2013, have been achieved, as well as satisfying themselves that commissioners are working across the health and social care system to provide care and support which does not require people to live in inappropriate institutional settings.

It will only be through creative local joint commissioning and pooled budgets working with people who use services, their families, advocacy organisations and carers and other stakeholders (including providers) that we will deliver more joined-up services from the NHS and local councils in the future and see real change for this very vulnerable group.

Health and wellbeing boards are well placed to agree when a pooled budget will be established (if not already) and how it will promote the delivery of integrated care – care that is coordinated and personalised around the needs of individuals; which is closer to home and which will lead to a dramatic reduction in the number of inpatient placements and the closure of some large in-patient settings.

The Department of Health has supported the establishment of an NHS England and Local Government Association-led Winterbourne View Joint Improvement Board. This Board will be working closely with a range of partners to develop and implement a sector-led improvement programme working with local health and social care communities to deliver real and lasting change in the support and

care for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. It will shortly be in touch with you separately to take stock of progress in your area so that any appropriate level of support can be arranged.

Due to the very public nature of these failures in care, I am sure that you will want to ensure that your health and wellbeing board is able to provide transparent public information and assurance on progress locally.

Further information about the work of the improvement programme, including a recently issued framework for conducting reviews of care locally, is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via Chris.Bull@local.gov.uk

Yours sincerely,



NORMAN LAMB

We hope to publish progress around the country in meeting the commitments made in the Concordat in the Summer.

Thanks so much for your work on this incredibly important issue!



31 May 2013

Dear Chief Executive,

Winterbourne View Joint Improvement Programme – Local Stocktake

I am writing to you to ask for your assistance in completing a stocktake of progress against the commitments made in the Winterbourne View Concordat which was signed by a broad range of agencies and organisations.

The Concordat was the joint response of agencies including the LGA and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat sets out the commitment to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

You will recall that the Concordat contains a number of specific commitments that will lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014.

The purpose of the stocktake therefore is to enable local areas to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally.

Given his personal interest in the programme, Norman Lamb, Minister of State for Care Services, has recently written to Chairs of Health and Wellbeing Boards (HWBs) explaining the significant leadership role that HWBs should play in ensuring that the Concordat commitments are achieved. We are therefore sending this stocktake to local authorities given your leadership role in Health and Wellbeing Boards.

However, this stocktake is not simply about data collection but is to assist in your discussions locally with Clinical Commissioning Groups (CCGs) and other key partners including people who use services, family carers and advocacy organisations, as well as providers. The stocktake can only successfully be delivered through local partnerships. We would specifically ask that the responses are developed with local partners and shared with your Health and Wellbeing Board. We would also ask that CCG's sign off the completed stocktake.

The stocktake is also intended to enable local areas to identify what support and assistance they require from the Joint Improvement Programme. The core purpose of the programme is to work alongside local commissioners to enable you to deliver your local plans. Further information on the Winterbourne View Joint Improvement Programme is available on the [Local Government Association Website](#)

The deadline for the completed stocktake is Friday 5th July 2013. The stocktake should be returned to Sarah.Brown@local.gov.uk if you require any further information or have any questions please send these to Sarah Brown in the first instance.

I am fully aware that there will be other requests for information over the next few months relating to progress with Learning Disabilities and Autism. The Winterbourne View Programme will work to ensure that we do not ask for information that is duplicated elsewhere, as the purpose of this stocktake is to ensure support is provided to local areas and that we work together to deliver commitments in the Concordat.

Yours sincerely

A handwritten signature in black ink, appearing to read 'CB', followed by a stylized flourish.

Chris Bull

Chair of the Winterbourne View Joint Improvement Board

Cc

Chairs of Health and Wellbeing Boards
CCG Accountable Officers
CCG Clinical Leaders
Directors of Adult Social Service
Directors of Children's Services
NHS England Regional and Area Directors

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

Winterbourne View Local Stocktake June 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).	An established Tees Integrated Commissioning Group is taking the lead with representation from the respective LA's and Tees CCG's.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	The Tees Commissioning group has established a task and Finish Group linked to WBV, and includes representation from Education / Health / Social Care and links to ambitions within the Housing Care & Support Strategy.		
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.	All Individuals have been identified, individual Service design has been commissioned which aims to inform local need, this will include scope to increase / improve local housing for people with complex needs		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes, reports are provided and will be monitored through the Learning Disability Self Assessment Framework.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	An initial report will be presented to H&WBB on 24 th June 2013 and subsequent progress reports will be presented as required.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The terms of Reference for the existing Tees Integrated Commissioning Group will be reviewed to include local resolution processes		x
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.	Yes, reports already progressed through CCG, Safeguarding Boards, H&WBB and Local Area Team is involved in particular supporting a Tees Review of Advocacy		

1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Yes, Concerns that OR processes may limit the scope of the work to Residential Care, with particular pressure on LA's who have A&T units within their locality.		x
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Yes, Individual Service Design, and Advocacy are areas where additional expertise has been sourced.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Current indicative costs have been presented and shared		
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.	Still work required to determine how to progress in particular with CHC / Section 117 MH Act / and Tees risk Share cases		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	No S75 in place, good effective local arrangements are informal		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No pooled budget but shared resources, good evidence where this has worked but on informal basis.		
2.5 Have you agreed individual contributions to any pool.	No		
2.6 Does it include potential costs of young people in transition and of children's services.	N/A		
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.	Nothing scoped as yet, requires formal agreement, will be directed by outcomes of ISD's		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	Co-located (TEWV NHS Trust – HBC LD social work team)		
3.2 Is there clarity about the role and function of the local community team.	Some recent changes linked to Payment by results not fully understood		x
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes		
3.4 Is there clarity about overall professional leadership of the review programme.	No, seen as a shared response, but areas such as Court of Protection, legal costs etc still to be ratified.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes, independent Individual Service Designs (ISD's) commissioned from Nationally recognised organisation with good track record.		
4. Current Review Programme			
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.	Yes, agreed on the numbers of people who will be affected, further work will be explored as part of ISD process		

4.2 Are arrangements for review of people funded through specialist commissioning clear.	No, risk share protocol in place for some but specialist commissioning process not clear.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	The work is informally monitored through the Learning Disability Partnership Board (LDPB) with attendance by Local Healthwatch, Advocacy providers, local organisations; no formal plan is in place as yet.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Yes, commissioners are confident that registers across Health and Social Care are being used effectively		
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	Yes, the Tees Integrated Commissioning group meet regular to update and identify the key leads for individuals		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Advocacy is available to all, however those placed in out of area (Sub – region) often miss out on Advocacy as contracts do not extend to some of those individuals.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	ISD's are commissioned by an independent organisation with a good track record. This information forms the basis of the review. HBC approach to personalisation is well established across Social Work teams.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Reviews are holistic and will include support plans with specific guidance to support individuals, including best approaches to understand behavioural support.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes, all of the people identified have had a review, some will require follow up reviews include further progress updates following ISD's. (ongoing process)		
5. Safeguarding			
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.	Yes, all of the people placed out of area are regularly reviewed, attendance at safeguarding meetings prioritised and where concerns are raised action taken to mitigate the risk		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Regular monthly allocation meetings are held and individuals discussed with Housing, supported process through Choice based letting and for those with distinct / specific Housing preference information is presented at a Strategic Housing Care and Support Group meeting.		

<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p> <p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <p>5.5 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.</p> <p>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.</p> <p>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.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>Yes, commissioners monitor CQC reports and regular updates are presented to Adult Services Committee, including quarterly safeguarding statistics.</p> <p>Report presented to both the Tees Valley Safeguarding board, the Hartlepool Adults Safeguarding board, paper for information is required to update the Children's board.</p> <p>Members of the board are aware of the process, the concordat recommendations and are regularly appraised regarding concerns / alerts. An established complex case panel provides additional opportunity to track and monitor complex case issues, give direction to Social Workers and develop multi agency strategies where appropriate.</p> <p>Yes, the Tees Integrated Commissioning group has set up a task and finish group supporting the recommendations of the WBV concordat</p> <p>Hartlepool Community Safety partnership, neighbourhood leads are currently supporting officers on a potential new scheme to support people returning back to their local area.</p> <p>CQC regular attend safeguarding meetings, attend regular business update meetings with contracts and commissioning and are routinely copied into all safeguarding alerts</p>	
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p> <p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p>	<p>Commissioning intentions are formed on the basis of ISD outcomes.</p> <p>Yes</p> <p>Yes registers identify both fully funded CHC, joint funded and LA track people placed out of area (for example HBC LD currently OOA 15)</p> <p>The Tees integrated Commissioning Group Terms of reference reflect the ongoing need to work in collaboration for existing people and those that may</p>	

<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>require support in the future</p> <p>No formal plans in place, contract discussion with Specialist Health providers continue</p> <p>Discussions and initial source costs have been identified, there is work required to understand potential future costs for Health and Social Care</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>Changes are being made to implement a new Advocacy framework form April 2014.</p> <p>Work progressing on a local delivery plan</p> <p>The commitment is clear, however timescales are causing some concern, where new facilities may be required (eg. Purpose built provision / changes in contracts etc)</p> <p>The definition of 'appropriate' requires further clarification, issues around what MHRT and local commissioners may see as 'appropriate'</p>	x	
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>Discussion underway in respect of the impact assessment of moving people closer to their own localities</p> <p>Yes, contractual arrangements in place, scoping exercise to improve this linked to new contracts from April 2014</p> <p>Yes at present Hartlepool has 19 BIA assessors registered.</p>	x	
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Yes, this is linked to the potential to change and divert resources from A&T to Community crisis teams.</p> <p>Not progressed, recently set up partnership meetings with Acute and Mental Health FT. WBV has been an agenda item and will require further discussion</p> <p>Not progressed as yet</p>	x	x

<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Work is being developed with IPC to look at developing a robust market position statement based on data from JSNA, local consultation and provider feedback.</p> <p>Yes, diversity and equality are included as an integral part of the ISD process</p>		
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<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Tees integrated Commissioning group considers the needs of Children and young people as well as adults. The Hartlepool Transitions Operation Group (TOG) track and monitor young people in order to inform future commissioning arrangements.</p>		x
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>Providers have been briefed informally, a Provider event is planned for Tees to support local market positions statements</p> <p>A Previous provider event identified Gaps in specialised LD and Forensic provision, further work is required to review provision for Hartlepool and across Tees</p> <p>Tees Commissioners are developing a new Tees Advocacy services following the recommendations from WBV and subsequent 'working together for change ' reviews</p>		x

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

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Signed by: 

Chair HWB



LA Chief Executive



CCG rep.....



