

## Winterbourne View Joint Improvement Programme

### Stocktake of Progress

**Local analysis:** Leicestershire

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.

The JIP Team

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Key Strengths	Areas for Development / Potential Development
<b>1 Models of partnership</b>	
Evidenced consistent oversight, accountability and governance across the agencies in the delivery of the programme and existing processes. Expert reference group developed.	This may also be a development area
	Welcome support and engagement with the JIP, areas currently identified is associated with the financial flows, including CHC and 117 funding
<b>2 Understanding the money</b>	

<p>Comprehensive cost analysis being developed inclusive of Children. Current Sec 75 arrangements are being reviewed to reflect the New NHS Landscape, Pooled budget arrangements in place for Adults social care however the 100% is projected to move out migrate out from the pool. Childrens services have aligned budgets. Includes transitions through the early identification approach.</p>	
<p><b>3 Case management for individuals</b></p>	
<p>Further clarity around the positive sub regional arrangements in practice, also the interface between the roles of the NHS Provider and the Case manager. Good understanding of the differing organisations accountabilities . Reviewing existing arrangements to ensure that the review process is fit for purpose.</p>	
<p><b>4 Current Review Programme</b></p>	
<p>Recruiting to a new Strategic LD Commissioner to provide focus on developing a comprehensive understanding of the future needs, including C&amp;YP. Good use of Advocacy and allocation of a case worker for those people immediately affected. Plan to extend the cohort to include risk of admission and prevention. Stakeholder reference group in place, also recognising the interface with Francis and interfacing work. Reviews undertaken, Positive areas to share include the Childrens complex cases work and area of potential support Specialist commissioning</p>	
<p><b>5 Safeguarding</b></p>	
<p>Area of good practice dedicated Quality and Improvement Team working with existing independent providers</p>	
<p>Good relationship with CQC and hold a list of homes across the sub region subject to alerts and compliance issues; engaged in the Joint action group aligned with the Community safety partnership and LD locality groups. Area of good practice dedicated Quality and Improvement Team working with existing independent providers; also interested in the cross boundary management of the Dols team work. Both Children and Adults SG Boards engaged</p>	
<p><b>6 Commissioning arrangements</b></p>	

Further clarification on the pen pictures from the provider to inform commissioning, embedding the performance of the reviews into the local performance dashboard. Further work underway to establish the future commissioning intentions inclusive of the LATs and CCG? Looking at the development of a more robust housing offer, once progressed positive to share. Inclusion of Children. Challenges identified is access to appropriate accomodation currently and funding where major adaptations are required.	This may also be a development area
<b>7 Developing local teams and services</b>	
Regular contract monitoring, identified potential additional advocacy for young people not in care. Further work identified to be undertaken to include more detail upon appointment of the specialist commisisoner	This may also be a development area
<b>8 Prevention and crisis response capacity</b>	
Good work in reflecting back to past cases and circumstances and talking with families about alternatives that would be meaningful, to help shape future provision.. Idea to share with other areas	Further work on a Crisis response to be undertaken.
<b>9 Understanding the population who need/receive services</b>	
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<b>10 Children and adults – transition planning</b>	
Positive collabrotive working across Children and Adults informing the key objectives of the programme across both departments and inform future commisioning.	
<b>11 Current and future market capacity</b>	
Personalised Housing and Support	
<b>Other</b>	
<b>Dimensions of the stocktake about which you have requested support</b>	
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	Information sharing and register management

Winterbourne View Local Stocktake:				27 Leicestershire
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 existing arrangement local 2 - Included in existing arrangement with other(s) 3 - New arrangement	3	A joint Learning Disabilities Programme Board with clear terms of reference, governance structure and stakeholder reference group has been established. It includes representation from Clinical Commissioning Groups (CCGs), Local Authority (LA), Local Area Team (LAT) children's and adults' commissioners. This Programme Board will oversee the development and delivery of the Winterbourne View action plan. The Board links back to the Health and Wellbeing Board via an Integrated Commissioning Board (ICB) that includes District Council representation.
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 Commissioners 7- Other providers	5, 6, 7	A stakeholder reference group has been established to support this work. This includes families of children, young people and adults, commissioners and NHS providers. It is planned to use this group as a longer term stakeholder/advisory group for the Winterbourne View delivery plan. Additional members will be brought in as required. There will be a degree of overlap with other LA's and CCGs in the Leicester, Leicestershire and Rutland area, and particularly in relation to work with providers. Shared actions will be discussed within an existing joint forum.

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	A dedicated joint post linked to the Learning Disabilities Programme Board has been established to develop the local plans and services. All key stakeholders were involved in the appointment of the post holder to ensure we chose a person that all stakeholders are confident they can work with and can deliver. One of their first tasks will be to work with the current individuals in inpatient settings, their families and stakeholders to establish what would have helped them, if anything, to remain in their communities. This will be the start of a co-produced vision for what we need to do in Leicestershire to reshape the offer to children, young people and adults with complex needs.
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	5	Yes, the Learning Disabilities Partnership Board will receive regular updates and will be asked to monitor our progress alongside the previously mentioned stakeholder advisory group.
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	The Health and Wellbeing Board is fully engaged. They received a report on support to people with learning disabilities on 13 June 2013 (which included a Winterbourne View Concordat progress report) and have requested further updates.
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	1	For individual cases there are a number of opportunities to discuss and resolve differences at different levels. Primarily for individual case issues the three main partner organisations meet at the Learning Disability Discharge Planning Group and the Children's Complex Care Funding Panel. For wider issues all key commissioners are represented at the Learning Disabilities Programme Board and should differences arise that cannot be resolved in that forum they will be escalated to the ICB.
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	1	Yes, the ICB has taken the responsibility for delivering the local plan through its Learning Disabilities Programme Board. A specific Winterbourne View subgroup has been established which includes representation from CCGs, LAT and the LA. The terms of reference for this group will make clear the responsibility of each partner to ensure that the appropriate internal and external reporting structures are in place.

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	0	There are no issues specifically related to the current or ex inpatients, but we are currently working with a neighbouring authority (Leicester City Council) on issues related to ex campus individuals who chose to live in the County. Historically where Ordinary Residence issues arise we do ensure that we have taken this into account in our budget setting.
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	We have identified a couple of areas where we would welcome support but recognise for us it is still quite early days and we may require additional support as we progress and would like the opportunity to have a conversation later in the year when we expect to have a better idea on support requirements. The two areas we have identified to date include the challenges of information sharing, in particular between the CCG and NHS England, the application of the National Framework for Continuing Health Care (CHC) in relation to the Behaviour, Cognition and Psychological domains in the Decision Support Tool for people with learning disabilities and Section 117 funding arrangements.
<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	Developing a comprehensive understanding of costs across the partnership is an objective of the Learning Disabilities Programme Board. The target is for this to be first reported in August 2013.
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 sources of funds to meet current costs including funding from CHC and NHS. Children placed in registered hospitals under Child and Adolescent Mental Health Service (CAMHS) Tier 4 provision and adults in specialist services are commissioned and funded by NHS England

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	1	We have a S75 agreement in place between the old Primary Care Trust and LA for existing learning disability individual placements. Work is underway to update this in light of the new NHS landscape and completion is expected by Autumn 2013.
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	There is a pooled arrangement for adult service users which currently includes 100% CHC and joint packages between Health and Adult Social Care. During 2013/14 the 100% CHC will migrate out of the pool. Decision- making around whose care is funded via pooled arrangements is robust and governed by a joint funding panel. In children's services whilst there is not a pool there are aligned budgets in place across Health, Social Care and Education to fund local enhanced holistic packages or external placements where appropriate, to meet the needs of children with complex needs, including those in transition. All patients in secure hospitals are funded by NHS England.
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	1	For this year initial contributions have been agreed between adult social care and CCGs. This will be reviewed on a bi-monthly basis to reflect changes to numbers and packages of service users within the pool and mid-year reports will be used to adjust contributions.

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	1	The pool does include potential costs for transitions as we have an early identification scheme for these young people, but not other children's services. Revisiting the pooled budget and how it operates is part of the action plan for the forthcoming year. Historically growth within the pool has been based on actual cost of the young people when they enter adult services.
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	0	Not at present, however, this is an objective of the Learning Disabilities Programme Board following on from the comprehensive reporting of Learning Disabilities expenditure in Leicestershire.
<b>3. Case management for individuals</b>				
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	3	We have co-located community teams in adult services. Children's social care, education and health hold joint funding meetings monthly.
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	2	There is a monthly Leicester, Leicestershire and Rutland multi-agency meeting, attendees include Specialised Commissioning and local clinicians from LA and NHS commissioners present. Here all adults with Learning Disabilities who are inpatients are discussed if they: Are in secure hospital requiring a move to a different level of security; Require admission to secure hospital settings; Are ready for discharge and a local discharge plan is to be agreed. The process is slightly different in children's services. A dedicated multi-agency commissioning group meets monthly to discuss and coordinate local resource and funding to meet the needs of Leicestershire children with complex needs. This process is informed by clinicians and professionals working with the individual children and families.



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	3	As part of co-ordinating the review process we have recognised the need to revisit our local arrangements and pathways to ensure they are configured to provide the best service to individuals. This will identify where there may be a need for revised arrangements.
20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	2	Collaborative management arrangements are supported by clinical leads for Learning Disabilities in CCGs and a quality lead. NHS England's Specialised Commissioning Team applies the national Access Assessment Commissioning Guidance (May 2012) procedure for determining the level of security a patient requires and the admission process into and through secure care.
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	3	Within the Leicestershire Partnership NHS Trust (Agnes Unit) the Care Programme Approach is utilised for reviews. Family carers, named workers and advocates are included where appropriate. All reviews of Learning Disability inpatients have now been undertaken within the required timescale. To assess the quality of the reviews, commissioners have undertaken an audit of case notes against the Winterbourne View 'Getting it Right - Checklist for Commissioners'. Approximately 70% of the case notes identified that the reviews had been undertaken in the interests of patient/relatives and supported by named workers and advocates. Where this was not the case commissioners are working with providers to address the gaps. NHS England case managers review and ensure patients are safe, that there is an appropriate and timely treatment plan with a discharge strategy developed. It is the responsibility of the provider to involve the patient or their representative, families, external professionals and advocates. Case managers encourage this and delivery is monitored through the contract process. In children's social care services, those part/fully funded by social care are likely to be deemed children in care of the LA and as such would have independently chaired reviews under Care Planning regulations 2011.
<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	There is agreement about who is affected by the programme, ie the current inpatient population however, consideration is being given to extending the cohort through identification of individuals who are at risk of admission to ensure that we can plan more effectively for their needs to be met. Each individual affected by the programme has a case manager and access to an advocate. The case managers attend all the reviews to ensure the person's outcomes are being met. Once in post the new Learning Disabilities lead strategic commissioner will be working with the case managers to gain a better understanding of future needs.
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 )	2	From a children's complex care perspective, there is an identified Children's Complex Care Manager who has ensured full transfer of financial responsibility to the appropriate CCGs. The Complex Care Manager retains the responsibility for the maintenance of cases and records. For young people in specialist commissioned placements, reviews are carried out by the provider. At present we do not have any young people currently placed. NHS England case managers review all patients as per the NHS England Case Manager Guidance 2013.
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	3	As already referred to we are in the process of establishing our overall programme arrangements and have an agreed stakeholder reference group. At this stage we have not involved people with learning disabilities directly as we wish to do further work with all stakeholders once our strategic commissioner is in place to ensure that any involvement is truly meaningful and engages the cohort affected by the programme. We have met recently with local Healthwatch and they are considering their role. It is likely that they will include Winterbourne View in an existing task and finish group on the Francis report.
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	3	The inpatient register has been developed; work is underway to expand the dataset to ensure that there is adequate information to inform the development of future services.

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 CCG retains the register and provides case management for their funded patients. NHS England has a database for all Learning Disabilities children and adult patients that are in secure hospital or CAMHS services placements funded by NHS England. The first point of contact is the NHS England case manager for specialist commissioned cases. The Learning Disabilities Discharge Planning Group, with membership from CCG, LA and Specialised Commissioning manages the register of LD patients across Leicester, Leicestershire and Rutland. This is the current arrangement for managing the register but further guidance would be welcomed.
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	2	Advocacy is available to people detained under the Mental Health Act and usage will be monitored as part of the contractual arrangements and via the quality audit referred to in 3.5.
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	3	For local providers the quality of reviews are assured via the Care Programme Approach process, quality indicators in contracts and quality visits to the Assessment and Treatment Unit by commissioners. With regards to CHC funded cases further assurance is being sought to ensure the quality of the review. As already identified plans are in place to carry out a quality audit on reviews to offer additional assurance to the Programme Board. This audit will be completed by 5 July 2013.
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	3	The reviews address support needs, but in order to enhance the understanding of behaviour support required in individual situations, pen portraits relating individual patients are being produced by providers. This will be included in the quality assurance process that the CCG is undertaking. For NHS England, Case Managers and the Supplier Managers monitor people and ensure they are at the centre of the care approach through the contract process and case reviews. Evidence is collated to demonstrate providers are implementing 'My Shared Pathway'; with evidence of use of easy read documentation and/or total communication systems. The 'My Shared Pathway' has been a CQINN since 2012/13.

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	3	All reviews for children placed out of area or receiving a local enhanced package through complex care have been completed or have a clear set date to be completed. All adult Learning Disabilities/Autism Spectrum Disorder reviews have been completed and there is a timeline identified for each patient for moving on/discharge
<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, CCGs monitor through contract arrangements. NHS England through contract and serious and untoward incidents monitoring are linked into local safeguarding issues related to our responsible patients.
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	4	The Council has a dedicated Quality and Improvement Team who work with independent providers to improve quality and risk assessments both on improving assessments and developing best practice. The CCG regularly undertake quality assessment visits of its Learning Disabilities inpatient providers. Risk assessments and safeguarding are key aspects of the assessment visit schedule. The assessments are led by a team of professionals who cover a range of areas including safeguarding, risk assessments, deprivation of liberty safeguards (DoLS), nursing care and promoting best practice. These issues would also be considered as part of any safeguarding adult investigation. We also have a dedicated team who work with housing providers to ensure individual support plans and risk assessments are in place.
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	One of the units in our locality has been compliance monitored by both health and social care compliance teams; the second unit is due to be visited shortly. Information is exchanged and action plans agreed and monitored where improvements are required. All safeguarding referrals are managed by the LA in partnership with other relevant organisations.

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	The Safeguarding Adults Board and Local Children's Safeguarding Board are fully engaged and receive regular reports. They have sought initial assurances from all agencies that the recommendations were being taken forward. A post has been created in Health to co-ordinate responses and actions needed. The Boards produce a newsletter on safeguarding. The first addition featured an article on Winterbourne View to remind all staff of their responsibility around safeguarding.
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	The LA hosts the DoLS service and has a high rate of referrals and assessments commended in a recent evaluation by the Department of Health. We also have robust relationships with providers and offer an advice and support line in our residential safeguarding team that is reassuringly active. Since 1 April 2013, all supervisory responsibilities for authorising DoLS has been transferred to LAs. The CCGs hosted Safeguarding Team are represented on the Leicestershire Information Network and are able to request monitoring reports in relation to requests for DoLS authorisation from the DoLS Team. With regards to the monitoring of restraint at the Agnes Unit the Electronic Incident Reporting System is applied. Where restraint is applied the incident is recorded on the patients nursing notes with regards to technique that was applied and associated level of intervention. This information is also added to the Electronic Incident report form and escalated to the appropriate manager within the service including, Modern Matrons, the Hospital Manager, Consultant Psychiatrist, Lead Nurse for Learning Disabilities and Service Development Manager. Periodically, reports are run to identify trends and or hotspots at a local level. The use of restraint and risk assessments in relation to use of restraint and training for care staff is monitored by compliance officers. LA contracts for residential care include specific clauses on the use of restraint.
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	0	The Learning Disabilities Programme Board will be asked to consider the development of a robust system for sharing information and supporting staff in hospital. Any example ideas or good practice examples from other areas would be welcomed.

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	We have active Joint Action Groups (which are part of the community safety partnership arrangements) in all localities that are well attended. These groups focus on looking at the needs of vulnerable people living in the locality. Alongside this we have learning disability locality groups (subgroups of the Learning Disability Partnership Board) that provide peer support and have attendance from local agency staff. The groups have tackled a number of local safety and awareness issues and continue to identify areas of joint working, eg the introduction of keep safe cards and hate incident monitoring.
38	5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	1	We maintain a current list of homes in Leicester, Leicestershire and Rutland that are subject to alerts regarding safeguarding and compliance issues and this is maintained in live time. This list is shared with other LA's and health and social care commissioners, police and Care Quality Commission (CQC). Alongside this, we have quarterly cross agency information sharing protocol meetings with CQC where concerns around regulated services are shared.
<b>6. Commissioning arrangements</b>				
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	Yes, as well as the information contained in the inpatient register, pen portraits are being produced by providers/case managers to inform the commissioning requirement for the current inpatients. Alongside this we are working with our stakeholders as outlined in 1.3 above.
40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	Yes, as already identified we have a joint strategic lead post who will work to the multi-agency programme board.

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, this is known and monitored. As part of the development of our local register we will be looking to agree further additions for local monitoring, eg individuals that are a long way from home, those experiencing behaviour that challenges. This will form part of the regular reporting to the ICB via our performance dashboard.
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	0	Not currently, but as already identified we have a joint strategic lead coming into post to lead this work.
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	0	Not at this stage, but as previously stated the LAT are part of the Learning Disabilities Programme Board which is where our approach will be agreed.
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	0	Not yet, as the work has not been completed however the ICB have recognised the need to review its investment in this area.

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	There are local advocacy contracts in place for both children and adults funded by both the NHS and LA.
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	The local delivery plan is currently being developed and will be presented to the ICB when completed for agreement. It is expected that this will be in the autumn in recognition that we have yet to engage fully all the right stakeholders.
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	4	It is expected that the remaining individuals who will be ready for discharge will be supported to move within the given timescale. There are no envisaged challenges beyond sourcing the appropriate accommodation based on the needs of the individual. The ICB has already invested in resources to support the development of a more robust housing offer as part of its commitment to offer alternatives to residential care. This includes an accommodation broker who sources suitable properties and a market development officer working with the support providers. The LA monitors children known to social care via the transitions spread sheet and assessments will be completed, with the target date in mind.
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	3	As already referred to in 6.9, finding appropriate accommodation and funding if major adaptations are required.



7. Developing local teams and services			
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, the inpatient register is being analysed and enhanced to better inform this assessment. Also, as mentioned earlier a strategic commissioner role has recently been developed. The focus of which will be to assess the commissioning requirements across the partner agencies.
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 Yes, advocacy services for adults have regular contract monitoring. The quality audit will be used to supplement this regular monitoring and any issues shared with the contract manager. Apart from the Children's Rights Service for children in care, there are no commissioned advocacy services for children in the LA, however it is a target in the Transition Strategy action plan which will be reviewed in September.
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	3 The provider identifies the appropriateness of the need for best interest assessor involvement. The DoLS team receive regular referrals from this service.
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
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	0 No, as already identified this is a planned piece of work. See 1.3 above.

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	Part of our work plan includes an audit of historic cases and working with the individuals, their families and those who supported them to understand what if anything could have prevented their admission. This will help in the shaping of future provision.
54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	0	It is expected that the above piece of work will involve a workforce plan as we are aware that providers have identified training needs through our work on supported living.
<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	2	Once we have the information from the needs assessment we have an established Market Development Team who work closely with the local provider market to support the market changes.
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	3	We have an understanding of the needs of the small number of people currently affected by the review and are looking for personalised solutions. We will be looking at the wider needs of this customer group to ensure that we can ensure adequate provision. In Leicestershire, we have a wider register of people with learning disabilities. The register identifies those who are at risk of needing additional support with managing their behaviours. This will be used to inform our Joint Strategic Needs Assessment.
<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 currently commission separately for children and adults but do work closely together particularly around transition. Increasing this has resulted in jointly commissioned services. We are considering developing joint 14-25 teams but in the short term we are co-locating the Disabled Children's Team with the adult's Transitions Team from late summer.
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	3	Transitions data is available to inform the needs analysis and prediction of future demand. Further work is underway to look at how well we use this information and to identify any gaps alongside developing an understanding of the needs of those young people who may not be getting children's services now, but may require support as adults.
<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	We currently have an overarching market position statement and have recently refreshed elements of our JSNA. Both have focused on the adult social care market. As part of their development it became evident that we needed to expand this to encompass more information from both health and children's to ensure we can develop our local capacity. This is part of our action plan.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	3	See above.

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	One area which we have recently developed is around personalised housing and support. As with many local areas we have struggled to secure the right properties in a timely manner. The NHS transfer funds have been used to develop a local programme which combines work with support providers and landlords alongside an accommodation broker. A number of individuals have successfully left residential care and/or moved from their family homes.
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