

## Winterbourne View Local Stocktake June 2013: Thurrock Council

**Context:** Thurrock Council has a co-terminous boundary with Thurrock CCG. However, for the work to deliver transformed services as a result of Winterbourne View, Thurrock Council is working in partnership with its neighbouring councils, Essex County Council and Southend Borough Council, as well as the other 3 CCGs in Southend and south Essex. This approach is allowing a broader, coordinated and joint approach to be taken in meeting a complex set of needs and a complex market of health and social care providers.

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>1.1 Local arrangements in Thurrock are established and evolving as the work progresses. A South Essex Winterbourne Strategy Group (SEWSG) has been meeting since December 2012 with membership of Thurrock Council and Thurrock CCG alongside Essex County Council, Southend Borough Council; 3 other CCGs (Basildon &amp; Billericay; Castle Point &amp; Rochford; Southend); and the south Essex Commissioning Support Unit.</p> <p>Thurrock Council and Thurrock CCG are also partners in a wider Challenging Behaviour Project across north and south Essex as well as Southend. This project is capturing work which crosses these wider boundaries whilst the SEWSG is focussed on leadership in south Essex and driving forward the work streams specific to south Essex.</p>		
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning &amp; providers).</p>	<p>1.2 Children's commissioners from Thurrock Council, Thurrock CCG and the Commissioning Support Unit have been engaged in the groups identified in 1.1. The wider groups of partners in Thurrock have been engaged through the South Essex Learning Disability Steering Group. These are: NHS England Essex Area Team; general and specialist health providers;</p>		

<p>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.</p> <p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>advocacy groups. Housing and social care providers have not yet been engaged, but it is anticipated that this will form part of the work on a joint commissioning plan. Engagement with the east of England SCG to achieve effective joint commissioning has been problematic. Invitations to meet with health colleagues and requests for information to be shared have led to one meeting in April between the south Essex SCU and the SCG. Information on reviews by the SCG was then received in May outlining the outcome of reviews on the 7 Thurrock, Southend and Essex people, 5 of whom are from Thurrock. The information on the outcome of the reviews was simply whether the person should stay in a long stay unit rather than providing information on how and why that conclusion had been reached. Thurrock Council and the other partners are concerned at the difficulty of having an ongoing, fruitful partnership with the SCG.</p> <p>1.3 The SEWSG is leading the work on reviews and planning for those Thurrock people who are in-patients. Further work is being undertaken to identify the planning work for the wider group of people which will be undertaken through the SEWSG and the work which will be undertaken on a broader Southend, Essex, Thurrock basis.</p> <p>1.4 Thurrock Learning Disability Partnership Board, which has recently been amalgamated with the Disability Partnership Board to become the Thurrock Disability Partnership Board, has received a full briefing regarding Winterbourne and will receive regular progress reports regarding Winterbourne as</p>		
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<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p> <p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p> <p>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 &amp; Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>the work is now a standing item on the agenda</p> <p>1.5 Thurrock Health and Well Being Board is fully engaged with the local Winterbourne agenda having to date received two board reports, the third being presented to approve this local Winterbourne stocktake</p> <p>1.6 Disputes will be resolved primarily through the SWESG. This group has access to joint senior management fora for escalation of issues which cannot be resolved.</p> <p>1.7 Accountabilities and governance procedures are currently being mapped. These are complex in the context of the south Essex and Essex-wide partnerships.</p> <p>1.8 There are no current risks identified for people who are in-patients.</p> <p>1.9 For Discussion</p>		
<p><b>2. Understanding the money</b></p> <p>2.1 Are the costs of current services understood across the partnership.</p>	<p>2.1 The costs of current in-patients and health funded people in the community are understood across the partnership. Work is being completed to identify the cost of current Thurrock Council funded services for Thurrock people with a learning disability and/or</p>		

<p>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.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.</p> <p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> <p>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.</p>	<p>autism who have challenging behaviours and/or mental health conditions.</p> <p>2.2 The sources of health funding for the Thurrock people through Thurrock CCG are confirmed. The group of people funded by the SCG is also confirmed. The group of people being funded by Thurrock Council has been confirmed.</p> <p>2.3 There is no S75 agreement currently in place. .</p> <p>2.4 Currently there are no arrangements in place to share financial risk. Joint funding arrangements are being actively considered and discussed to then form part of a new S75 partnership agreement.</p> <p>2.5 This will be included in the work in 2.4</p> <p>2.6 This will be included in the work in 2.4</p> <p>2.7 This will be included in the work in 2.4</p>		<p>Support to consider and draw up effective S75 agreements to meet the requirements of the complex range of partners would be welcomed.</p>
<p><b>3. Case management for individuals</b></p> <p>3.1 Do you have a joint, integrated community team.</p>	<p>3.1 Currently, Thurrock Council and health community learning disability teams operate separately, but with close working relationships established. Reconfiguration will be included in the joint work on pathways and in a future S75</p>		

<p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>agreement.</p> <p>3.2 The current roles and functions of the Thurrock Council learning disability community team and the specialist health community team are generally, but not always, clear. Work will be done (as in 3.1) to identify and agree redesigned pathways which will then achieve clarity.</p> <p>3.3 The Thurrock Council community team has capacity for the current in-patient reviews and re-provision programme. Two independent support planners have supported the teams with the resettlement planning for 2 Thurrock people who have been in-patients for over a year.</p> <p>3.4 Leadership of the review programme for Thurrock people rests with the SEWSG.</p> <p>3.5 All Thurrock in-patients have a care manager and a named worker and/or advocate. The independent support planners have specifically ensured that the views of the person and their family are listened to and heard when designing resettlement plans.</p>		
<p><b>4. Current Review Programme</b></p> <p>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.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>4.1 There is agreement about the number of Thurrock people affected by the programme. CPA processes are being reviewed with providers as a result of the independent resettlement planning (3.5) to ensure that there are effective arrangements in place to support people and their families.</p> <p>4.2 Arrangements for people funded through the SCG are not clear There are currently 3 Thurrock people</p>		

<p>4.3 Are the necessary joint arrangements (including people with learning disability, Carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p> <p>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</p>	<p>who the SCG have reported are ready to move on and 2 people who are not ready. However, the SCG do not plan to be involved in resettlement planning for the 3 people although commissioning responsibility for the current placements rests with them. It is unclear therefore how any difficulties in achieving changes by providers to CPA plans will be resolved when the current SCG commissioner is not engaged in the work.</p> <p>The SCG have not engaged social care staff in their reviews, representing another area of concern about the joint working arrangements with the SCG.</p> <p>4.3 The joint working arrangements outlined here are in place through the South Essex Learning Disability Strategy Group. The engagement of Thurrock Healthwatch in the work is currently being discussed and they will be kept regularly informed.</p> <p>4.4 Local registers of Thurrock people with behaviour which challenges who are funded by Thurrock CCG are in place. These are being used to scope and plan future commissioning plans.</p> <p>4.5 Ownership and monitoring of local registers rests with the Executive Nurse in Thurrock CCG and are reported into the appropriate CCG forum. Maintenance of registers rests with the south Essex Commissioning Support Unit (CSU). The CSU is reconfiguring its placement team and, as part of this, will be identifying a commissioning case manager for each person. Alongside this will be consideration and agreement of the respective roles of the commissioning case manager and the community based care/case manager so that there is a single,</p>		
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<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p>	<p>clear first point of contact for each individual and their family. It is expected that this will be completed in the next 3 months.</p> <p>4.6 Advocacy services within Thurrock are available for people and their families to support and assist individuals to participate fully in their assessment, care plan and review ensuring that the individual's views and wishes are identified, listened too and acted upon.</p> <p>4.7 The people in in-patient services all have Thurrock Council care managers and are subject to CPA:</p> <ul style="list-style-type: none"> <li>• Concerns have been raised through the independent resettlement planning work about the quality of CPA processes across NHS and independent providers. These are being actively addressed with providers.</li> <li>• Thurrock Council care management reviews are quality checked through professional supervision and through funding approval mechanisms.</li> <li>• Independent support planners have ensured a high quality review and resettlement plan for the person who has been an in-patient for over a year.</li> </ul> <p>People in the community receiving only health funding have a commissioning case manager through the CSU, although these arrangements are being reviewed as described in 4.5.</p> <p>The SEWSG has recognised that ensuring that reviews and support planning are of a high quality is key to the transformation of services and of people's</p>		
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<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p> <p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>and is including this in the work on a joint commissioning plan. It is difficult to comment on the quality of the SCG reviews as documentation has not been shared nor have local commissioners been engaged in the process.</p> <p>4.8 This is an area that needs further development as part of the joint commissioning plan.</p> <p>4.9 The required reviews (i.e. of in-patients) have all been completed.</p>		
<p><b>5. Safeguarding</b></p> <p>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.</p> <p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.</p>	<p>5.1 Thurrock is fully engaged with local safeguarding arrangements for individuals placed out of area with some positive examples of good joint working. Both our safeguarding team and our contracting team are fully aware of the protocols requires and liaise with other local authorities on a regular basis.</p> <p>5.2 Thurrock has very positive relationships with providers through monitoring and contract compliance visits together with regular provider forums. Here information is shared and models of service provision discussed. Developing good and positive risk assessments is a requirement of the contract process.</p>		



<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>5.3 Thurrock's Contracts and Commissioning Teams together with fieldwork services are aware of all inspections carried out in Thurrock and of any issues identified. Thurrock take a very proactive approach through the Contracts team to work in partnership to address and work on those issues</p> <p>5.4 Both the Adult and Children's Safeguarding Boards are aware of the Winterbourne agenda and programme of change. The Chairs of both Safeguarding Boards attended the Health and Well Being Board where Winterbourne was first discussed. The Adult Safeguarding Board and the Executive Group have received updates regarding progress and the next Children's Safeguarding Board will be updated. However Children's Services are kept up to date with the progress of the South Essex Winterbourne Steering Group.</p> <p>5.5 This is part of the role of the Thurrock Adult Safeguarding Board and Adult Safeguarding Team.</p> <p>5.6 Regular programmes of training are provided which are attended by all partners work is being undertaken to develop more robust information sharing and learning from good practice.</p>		
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<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>5.7 Learning Disability is a key part of the Community Safety Partnerships agenda there is a Staying Safe Sub Group of the Disability Partnership Board with a key member being the Community Safety Manager, the Adult Service Manger who is the Safeguarding lead and has an operational lead for learning disability also sits on the Community Safety Partnership. This is an area that will be moved forward on the agenda of this group which has a firm foundation in understanding learning disability. A key piece of work with full Community Safety Partnership involvement has been a number of days training provided for people with learning disabilities supporting them to gain skills to be safe in their homes and community. It is envisaged that this could be extended to support service users and those who facilitate their care as people move from hospital and long stay settings.</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>5.8 The Safeguarding Board has a broad membership including commissioning, the safeguarding team manager and the service manager responsible for safeguarding and fieldwork services. There are also links established with CQC. The Council has links through the Safeguarding Board with all agencies and provides regular training, monitored through the Safeguarding Board, for all staff to ensure their capacity to recognise causes for concern and act on them appropriately.</p>		

<p><b>6. Commissioning arrangements</b></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 to deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p>	<p>6.1 This work is being done through SEWSG. Any commissioning requirements for a pan Thurrock/ Southend / Essex approach will be fed into the broader piece of work. There has been early identification of the need for emergency response services to support people in crisis as part of their discharge plan and as part of the redesign of services to prevent admissions.</p> <p>6.2 All these fora are joint agency (Thurrock health commissioners, Essex CC, Southend).</p> <p>6.3 This information has been developed and shared across the partnership.</p> <p>6.4 This is the shared intention of the partners. There is recognition that a substantial reduction in hospital placements and therefore the available beds is likely to require a joint commissioning approach across Thurrock, Southend and Essex (i.e. 3 local authorities and 5 CCGs).</p> <p>6.5 Please see 1.2 and 4.2 responses regarding difficulties in joint working and planning. A major concern for Thurrock Council and Thurrock CCG is the current position that SCG funding will not follow the person. This does not meet commitments made in the Transforming Care document regarding local authorities not being disadvantaged by people's transfer of care. The current arrangement can only increase budget pressures on LAs.</p>		<p>Provision of pump priming funding for alternative community based emergency response services will enable the decommissioning of existing in-patients services to be matched with alternative services to prevent admission.</p> <p>Support is needed to achieve a fair and transparent transfer of funding between the SCG and local health and</p>
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<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</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>The failure to transfer funding also disconnects the decommissioning of current SCG placements from the need for reinvestment in local services to replace them. This potentially will cause real tensions in the partnership and, of course, put significant obstacles in the way of offering different placements and lives for people in SCG funded placements.</p> <p>6.6 For those people who are in-patients in Thurrock CCG commissioned services (i.e. not SCG funded), the potential costs have been identified where resettlement plans have been developed. However, these will remain under scrutiny as plans further develop. A budget strategy is starting to be outlined to enable the transfer of funding for community based services to be achieved. This will require some significant work across the local authority and CCG partners to achieve the decommissioning and recommissioning of services that is required.</p> <p>6.7 Thurrock council has just completed a tender process that has resulted in the decommissioning of the Council's advocacy Services this has afforded the opportunity to strengthen the advocacy framework offering comprehensive support.</p> <p>6.8 Early work has started. However, because there is a need to consider whether some services will be commissioned across the partnerships outlined, there is a considerable amount of work to be done in assessing current markets and commissioning needs to ensure that the delivery plan for the current group</p>		<p>social care economies</p>
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<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>of in-patients supports the longer term plans to meet the commissioning needs of all the partners.</p> <p>6.9 Thurrock Council and Thurrock CCG are confident that 2 Thurrock people funded by CCG commissioners who have been in-patients for over a year will be discharged by 1 June 2014. Monitoring of other in-patients is ensuring that discharge is within 6 months.</p> <p>6.10 There are no other Thurrock people funded by the CCG who fall into this piece of work. There is a lack of confidence in achieving this for the ? SCG funded people because of the current financial arrangements highlighted in 6.5</p>		
<p><b>7. Developing local teams and services</b></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>7.1 The work to develop local teams and services is moving forward with the completion of work on current and future pathways. The resettlement plans for current in-patients has highlighted some key service requirements, whilst a market position statement is being developed across Thurrock, Southend and Essex.</p> <p>7.2 All advocacy providers are performance monitored through a performance workbook, regular meetings are help with providers and feedback from service users both formal and informal informs the monitoring process. The new contracts have support the council to have the opportunity to increase the key performance indicators and the role of service users in that monitoring framework.</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>7.3 Plans are currently being considered to examine how to increase the capacity to provide best interest assessors to support care planning; this is an ongoing piece of work.</p>		
<p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b></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>8.1 The need for crisis response services has already been identified and is being built into commissioning requirements. Assessing the capacity needed will be undertaken across Thurrock, Southend and Essex , with a methodology to be agreed.</p> <p>8.2 This will be included, but work has not yet started.</p> <p>8.3 The SEWSG plans to include workforce and skills development in its work.</p>		
<p><b>9. Understanding the population who need/receive services</b></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>9.1 Thurrock is producing a market position statement which will include work around provision of support for people who have behaviour that challenges services and who may have complex needs. Thurrock is also part of the Essex wide work around needs analysis and commissioning of support for those with behaviour that challenges.</p> <p><b>9.2</b> This approach is integral to the planning, development and commissioning of care services in Thurrock.</p>		

<p><b>10. Children and adults – transition planning</b></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>10.1 Commissioning arrangements do take into account the needs of young people in transition with the recent development of a new and vibrant transition strategy being delivered through a working group with all partners as members including parents and the voice of young people</p> <p><b>10.2</b> Considerable work is being undertaken regarding future needs and this is currently being collated to inform strategic intent and commissioning of services.</p> <p>Young people with challenging behaviours who are coming through transition and are funded by Thurrock CCG have been identified. Work has not yet started to collate their future service needs.</p>		
<p><b>11. Current and future market requirements and capacity</b></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>11.1 Yes an assessment of the local market capacity is in progress with amongst other pieces of work the production of a market position statement to support the local care economy development</p> <p>11.2 Part of the work within 11.1 includes gap analysis this is still in its early stages but will inform the councils commissioning intentions</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.	11.3 Local and national examples of innovative practice are being collected for sharing across Thurrock, Southend and Essex as part of the broader piece of work being undertaken.		
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Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name.....

Organisation.....

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Signed by:

Chair HWB .....

LA Chief Executive .....



CCG rep.....