

## Winterbourne View - Bath and North East Somerset local action plan January 2013

Standard	no	Requirements	Recommendations	Actions/Comments	BANES specifics	BANES Action	By When
There is an effective commissioning process in place for services for people with LD	1	There is a single commissioning strategy, based on an integrated commissioning approach		Review current commitment to joint commissioning Establish joint commissioning arrangements and develop single agreed strategy	Integrated commissioning already in place. Need to articulate a commissioning strategy that reflects existing practice – see 3 below	Confirm commissioning strategy/intentions for supporting people with challenging behaviours	Sept 2013
	2	There is an agreed service model based on person centred, best practice principles	35,99	Review current provision/model against Mansell Report 2007, and DOH Interim Report 2012 Agree new service based on the above, linked to resource levels	BANES has a service specification for challenging behaviour services	Review existing model and revise as necessary	June 2013
	3	The commissioning strategy and service model should a) Be based on the JSNA and should aim to meet the needs of the whole population within the local area	46,47 111,44	Engage with Public Health over the adequacy of JSNA over identifying needs of whole population Incorporate into commission strategy		Refresh JSNA	On-going
		b) Seek to reduce the number of people using the in-patient A&T units c) Aim to meet the needs of people whose behaviour challenges within the community wherever possible	94,29,31 32,42,97 33,16,81	Review current approach to managing people with challenging behaviour and identify options for improving capacity to manage people within the community		Set up short life group with Sirona and other partner providers and articulate within Comm Strategy	Set up group by April 2013

		<p>d) Ensure the generic mental health service support people with LD and autism to be supported in their own communities and familiar localities</p> <p>e) Risk stratify services within the model</p> <p>f) Explicitly seek to reduce the inequalities experienced by LD people</p> <p>g) Commit to reducing the use of anti-psychotic medication</p> <p>h) Make available effective advocacy services to patients, users and their families</p>		Draw up pathway and criteria for use of A&T placements	This is already in place with AWP	Clarify model for 2013/14  Share with Sirona Complex Health needs service	March 2013  March 2013
				Draw up options/development plan for increasing capacity for residential provision for people who challenge within the County			
				Draw up criteria for risk stratification of services	Number of systems already in place – risk register with Sirona CHNS; Commissioner contract review framework	Review existing systems and revise criteria for risk stratification of services	Sept 2013
				Define and agree targets for reduction in inequalities for people with LD: incorporate into commissioning strategy			
				Review use of anti-psychotic medication for people with LD/autism, and set targets for reduction.		Agree with Sirona CHNS	June 2013
				Review current advocacy services should be reviews especially lined to non-compliant services	BANES commissions independent advocacy.	QA against Advocacy Performance Mark	Sept 2013

	4	The roles and responsibilities of the commissioning bodies are clearly defined and agreed	78,87,43	Agree lead commissioning arrangements between NHS Wiltshire/CCG/Wiltshire Council, and draw up formal agreement	S75 agreement in place for CCG & LA in BANES	Revise S75 agreement to include people with Autism	Dec 2013
	5	The roles on responsibilities of commissioners and care co-ordinators are clearly defined and agreed, including the specific communication processes between the two	12,21	Review current roles and responsibilities Identify optimal arrangements in line with best practice and the interests of users Draw up formal agreement outlining these that is agreed between all partners. To include a formal schedule d over the communication process	Could/need to include in contract variation with Sirona	Agree revised documentation for care co. reviews – already in hand Include specific requirements for reviewing CB services	Mar 2013
	6	There is a specific exercise to follow-up all previous Winterbourne patients a) To ensure the impact of any abuse experienced or witnessed is minimised b) Who remain in hospital with a view to return them to their own communities	2,88	Review current arrangements/care plans for all ex - Winterbourne service users	Previously completed for 2 BANES service users	Agree fresh review of ex patients of WV and current hospital placements with Sirona CHNS.  Discharge plans to be in place	June 2013
There is an effective contracting process in place for services for people with LD	7	A standard contract is used for all spot placements and provider services which includes appropriate quality and safety measures	3	Review current contracts use for placements and identify changes needed in line with requirements 8-13 Initiate negotiations with providers over changes to contracts	agreed	Review current contract and specifications including use of NHS contract for CHC funded placements  Implement in line with new National Service specification yet to be published	October 2013

	8	<p>The contract requires the provider to provide evidence of</p> <ul style="list-style-type: none"> <li>a) Effective governance within the provider</li> <li>b) Service provision is in line with the Statement of Purpose for the Service Provider</li> <li>c) They are engaged in activities that they are registered to provide</li> <li>d) How they are discharging their responsibilities under the MHS (1983)</li> <li>e) There is unimpeded access to the complaints by patients, users and families</li> <li>f) Provision of the right environment and skilled staff to meet the needs of patients and users</li> <li>g) An effective reporting mechanism for staff who have concerns over service provision, including a whistleblowing process</li> <li>h)</li> </ul>	<p>24,93,45 57,59,58 27,66,89 90</p>	<p>See requirement 18</p> <p>There is a compelling case to include a requirement to demonstrate effective governance by Board members, including mandatory visits</p>	<p>8-13 Need to be clear – is this for ALL social care &amp; health contracts?</p>	<p>As 7 above</p> <p>Engagement with providers to agree revised contract and reporting mechanisms</p> <p>Agree role of Sirona and individual case managers to monitor through reviews</p>	<p>July 2013</p> <p>July 2013</p>
There is an effective contracting process in place for services for people with LD	9	<p>The contract requires the provider to report as agreed on</p> <ul style="list-style-type: none"> <li>a) Requirement to report adverse/serious untoward incidents</li> <li>b) Incidents of absconding</li> <li>c) Police attendance in the interests of patient/user safety</li> <li>d) Criminal investigations</li> <li>e) Safeguarding investigations</li> <li>f) DOLS applications and renewals</li> <li>g) Lengths of stay</li> </ul>	<p>3,6,7 8,9,10 11,17,30 41</p>	<p>See requirement 18</p> <p>This may require an agreement to report generally on incidents for whole service</p>	<p>8-13 Need to be clear – is this for ALL social care &amp; health contracts?</p>	<p>As 7 above</p>	

There is an effective contracting process in place for services for people with LD		h) Levels and outcomes of complaints i) Detention status of patients at point of discharge j) To identify if a discharge is to be a facility within the same company/associated company/NHS trust					
	10	The contract requires the provider to demonstrate that staff meet minimum requirements with regard to a) Signing up to appropriate codes of conduct b) Induction and training standards c) Meeting the needs of people who challenge d) Access and use of appropriate supervision e) Understanding and application of DOLS standards f) Training and application of restraint and seclusion in line with agreed policy	25,30 115,27	See requirement 18  SCR recommends "encouragement" re code of conduct requirement			
	11	The contract requires the provider to a) Use the Care Programme Approach where appropriate, with a clear focus on discharge planning b) Undertake care planning and activities are in line with best practice including <ul style="list-style-type: none"> <li>Based on personalisation principles</li> <li>Involve and are owned by the individual</li> <li>Work to agreed outcomes</li> <li>Are in appropriate and</li> </ul>	17,30, 113a,92 114,72 106,19 35,40	See requirement 18			

		<p>accessible formats</p> <p>c) Have effective systems of clinical supervision in place</p> <p>d) Have an adequate complaints process in place</p> <p>e) Provide access to adequate advocacy services</p> <p>f) Access by visitors to agreed and defined standards</p> <p>g) Have an adequate restraint and seclusion policy that meets commissioners requirements</p>				
	12	<p>The contract requires the provider to provide evidence in regard to the Registered Manager</p> <p>a) On their qualifications and continued professional development</p> <p>b) That their normal place of work promotes ready access by all patients/service users and staff within the service</p> <p>c) Actions being taken to replace them as required</p>	60,113 61	<p>See requirement 18</p> <p>This is a boarder issue for CQC, but reflects the central role the Registered Manager has in delivering high standards within a service</p>	8-13 Need to be clear – is this for ALL social care & health contracts?	
	13	<p>The contract requires the provider to allow access by commissioning and operational staff undertaking inspection, monitoring and casework to all areas of the provider service at all times</p>	70			Recruit to additional Contract support officer post to enhance contract monitoring and contract compliance
	14	<p>Commissioners will have agreed methodology for determining value-for-money for provision, based on outcome data, which will be applied to placements</p>	38,39,22	<p>Commissioners work with Operational staff to review how outcomes are currently incorporated into the care planning process, with particular emphasis on placements to A&amp;T</p>	B&NES/Sirona is already introducing new documentation to improve assessment and review processes	Agree and implement revised assessment and review documentation with Sirona from April 2013
						May 2013
						April 2013

There is an effective contracting process in place for services for people with LD				<p>services. To agree changes to care planning processes to ensure outcomes are clearly defined.</p> <p>Commissioners to</p> <ul style="list-style-type: none"> <li>Identify how outcomes can be collated to help support the future use of placements</li> <li>Define a VFM methodology that can be used in agreeing placements</li> </ul>	B&NES operates a Single Panel process to assure VFM.	Ensure that this includes enhanced review/monitoring for people with complex needs/challenging behaviours – build into contract monitoring with Sirona	April 2013
	15	<p>There is an agreed process for commissioners</p> <p>a) To agree new providers prior to a placement being made</p> <p>b) To agree new placements to a provider that is currently or has been previously used</p>	83	<p>To review what criteria are currently used to agree the use of providers</p> <p>To agree what criteria are to be used for agreeing the use of a provider, and to set up a clear process for applying these to providers.</p> <p>To ensure that there are adequate information systems in place to allow this process to operate effectively.</p> <p>These would be additional checks made beyond the checks made by CQC</p>	<p>a) Covered by accreditation framework</p> <p>b) Covered by panel processes</p>	Review current accreditation processes and specification for enhanced services	June 2013
There is an effective system of inspecting and monitoring services	16	There is an agreed process for assessing the performance of providers against their contract	4,5,69 20	<p>Review current review processes</p> <p>Draw up and agree processes that meet the standards covered in requirements 17-27</p>	Already covered with contract review framework	Continue with existing contract review framework	Ongoing

17	The monitoring process includes inspection processes that directly review the provision of care and support	62	Review current arrangements for reviewing services Agree what would be required to ensure that there is direct inspection of service provision, and who is responsible for undertaking this work – this needs to be linked with requirement 5	Covered in contract review framework – programme of visits already in place	Continue with existing contract review framework	Ongoing
18	There is a set of standards defined for the requirements set out in the contract	5,6,6,8 9,10,11 17,30,41 45,57,58 59,60,113 113a,115 92,114	Undertake an exercise with commissioners, operational staff, users and families and providers to draw up standards for the contractual elements covered in 8-13 Agree the standards and incorporate into contracts and monitoring processes	These are already in the contract review framework	As per 8 above	July 2013
19	The monitoring process has processes for a) Care co-ordinators within operational services to provide feedback on placements, including safeguarding concerns and alerts b) Families, self and peer advocates to feedback on the quality of service provision	15,21,84	Review current processes/practices Draw up processes to ensure this requirement is met	a) Already in place b) Not sure	Draw up processed to ensure this requirement is met	Sept 2013
20	The monitoring process is aligned to the risk stratification of providers	46	Determine the level of monitoring required generally for each level of risk. It should be recognised that this approach should not be used rigidly, and that levels of monitoring	Need to clarify		



There is an effective system of inspecting and monitoring services				may need to be increased in response to concerns regardless of the risk stratification			
	21	The monitoring process reviews providers at unit and corporate level	47,53	Commissioners to have process for monitoring placements at unit and organisational level, including collating key information sets	BANES uses a contract review framework and programme to review providers, + accreditation framework	Continue with existing arrangements	On-going
	22	The monitoring process includes capacity to access services at any time as required	70	Review the current working arrangements of staff who could be involved in review work (link to requirement 26) Identify any changes required to ensure there is capacity to meet this requirement, and draw up action plan to make required changes. Build requirements and processes for out-of-hours reviews/inspections of overall review process (requirements 16 and 26)	System already in place to allow for unscheduled contract reviews  Links to safeguarding and whole homes review process	As above	On-going
	23	Service reviews include pharmacy led review of medication regimes/usage	26,68	Commissioners to identify criteria and process for when this would be required	Joint work with medicines mgmt. over this	Liaise with Medicine management – draw up schedule of reviews linked to contract review programme	Sept 2013
	24	The monitoring process is undertaken by staff who can demonstrate relevant competency to undertake this work. This may include the use of “experts by experience”	63,64	Review the competencies required to undertake the agreed review process (requirement 16) Review the current competencies and capacity of staff involved in	Experts by experience – programme agreed with Your Say	Agree programme with Your Say for programme of visits across Health and Social Care	June 2013

There is an effective system of inspecting and monitoring services				review work (link to requirement 5) Identify actions required to ensure there is sufficient capacity to meet this requirement including a) Capacity to review competency on an on-going basis b) Training and development requirements for staff			
	25	There is an agreed protocol and procedure for information sharing over safeguarding alerts and concerns between operational services, commissioners, regulators and providers	23,53,77	Review current agreements and identify and changes required in regard to <ul style="list-style-type: none"> <li>Current protocols and processes</li> <li>Current implementation of protocols and processes</li> </ul>		Develop and implement 'trigger protocol'	October 2013
	26	There is an agreed structured process for working with providers who are not meeting contractual requirements including a process for ending contracts and decommissioning services	69	Review current practice in regard to providers who are not meeting contractual standards and/or there are concerns over quality of care and support Agree a clear process for all agencies to follow in order to meet this requirement: link to requirement 36 in regard to CQC role  There will need to be agreement over the principles around working with providers, including the extent to which	Default and breach process already in place as part of contract	Review and refresh as necessary	October 2013

				agencies will support contracted providers to improve and meet required standards			
	27	There is an effective process for monitoring the quality and effectiveness of advocacy services	29	Undertake review	Contract monitoring already in place for commissioned advocacy service	Undertake quality performance audit using national toolkit – Action for Advocacy	Dec 2013
There is an agreed process in place for reviewing the effectiveness of inspection and monitoring processes	28	This is not specifically identified in the recommendations, but the overall criticism of regulatory and review processes would indicate that there needs to be a robust review process on an on-going basis that ensures processes are effective					
	29	See requirement 5			See 5		
There is a clear process for managing individual placements	30	<p>The case management process will</p> <ul style="list-style-type: none"> <li>a) Use CPA will be used where appropriate</li> <li>b) Have a clear focus on discharge planning</li> <li>c) Monitor length of stay</li> <li>d) Ensures that MCA and DOLS requirements are being met appropriately</li> <li>e) Ensure that people with LD or autism who are not subject to the MHA (1983) are not subject to the same restrictions as people who are</li> <li>f) Ensure that the requirements of the MHA (1983) are being met appropriately</li> <li>g) Will ensure that plans to</li> </ul>	17,18,34 67,79,80 86,82,107	<p>Review current arrangements for case managing placements</p> <p>Draw up agreed process and standards for case management process This will include how requirements 31-33 will be met</p>	<p>30-33 Agreed – need to agree with Sirona</p> <p>Already in place via the Sirona CHNS</p>	Meet with Sirona to review agreed processes	April 2013

		move a person between units run by the same provider are in the person's best interest					
	31	Expectations over communication between care coordinators and families will be clearly defined	13				
	32	Availability of clinical expertise to care-co-ordinators will be defined and agreed	14			Review with Sirona	April 2013
	33	There is an agreed process for pharmacy led reviews of placements where required	26		Joint work with medicines mgmt. over this	As 23 above	June 2013
	34	There will be a specific review of current placements within A&T units to ensure there are clear plans for discharge	28	Specific exercise required to review current placements	No current placements	No action necessary	
	35	There will be a periodic review of the case management process to assess if it's meeting best practice standards	55	Draw up process of jointly reviewing case management processes between the relevant agencies	Already covered in contract with Sirona and role of safeguarding teams to audit	Review though contract review meetings with Sirona at organisational and individual commissioner level	On-going

There are effective safeguarding processes in place across all agencies	36	<p>The local safeguarding processes and procedures included</p> <p>a) Processes to ensure people in individual placements have Unimpeded access to the complaints process Ready, private access to independent professionals. This will include people subject to DOLs, MHA detention, restraint and seclusion, or who are making complaints</p> <p>b) Processes for care coordinators to inform commissioners of relevant safeguarding concerns (see requirement 18)</p> <p>c) Processes for care co-ordinators, commissioners and CQC inspectors to work together in regard to safeguarding alerts</p> <p>d) Processes in place to respond to providers who are failing to meet required standards (see requirement 25)</p>	<p>19,109 48,49,50 73,100 56,110</p>	<p>The local safeguarding team should be involved in the overall action plan to ensure that is requirement is met in terms of</p> <ul style="list-style-type: none"> <li>- Defining roles and responsibilities (requirement 5)</li> <li>- Establishing required contractual arrangements (requirement 7-13)</li> <li>- Establishing effective reviewing and case management processes (requirements 16 &amp; 30)</li> </ul>		<p>Review and refresh existing policies and procedures –make explicit - Joint working with Sirona and Safeguarding team</p>	October 2013
	37	<p>There are local processes in place to undertake analysis of safeguarding information including</p> <p>a) Monitoring of trends across providers</p> <p>b) Analysis of A&amp;E data</p> <p>c) Whistleblowing activity</p>	<p>51,108 105,36 54,65</p>	<p>Review current processes for</p> <ul style="list-style-type: none"> <li>- Collecting and collating safeguarding data</li> <li>- Analysing data</li> <li>- Using and disseminating analysis, and the impact it has in the experience of users and families of services</li> </ul>	<p>Discuss with Associate Director for Safeguarding</p>	<p>Conduct detailed review with Safeguarding team</p>	July 2013

	38	<p>The LSAB</p> <p>a) Has reviewed the findings from the Winterbourne SCRB</p> <p>b) Has an agreed process for reviewing safeguarding activity, including SCRs, and other serious incidents</p> <p>c) Has an agreed process for reviewing the effectiveness of local safeguarding processes</p>	85,104 102	<p>Undertake specific Winterbourne review</p> <p>Review lead role in regard to oversight of safeguarding processes</p>	Discuss with Associate Director for Safeguarding	LSAB to report back	Mar 2013
ADDITIONAL ACTIONS FROM DH FINAL REVIEW	39	<p>The NHS Commissioning Board (NHSCB) will:</p> <p>Ensure that all Primary Care Trusts develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;</p>			Registers of pwld already in place	<p>Work with Sirona to:</p> <p>Refresh GP registers</p> <p>Update to include people with autism</p> <p>Ensure that registers identify people with MH or challenging behaviour</p>	April 2013
	40	<p>DH will work with the Department for Education (DfE) through the Children and Families Bill to introduce from 2014, a new single assessment process for every child and young person up to age 25 with special education needs</p>			This is already in hand	<p>Meet with Divisional Director for childrens services to disseminate DH final review</p>	Feb 2013

		or a disability, with an Education, Health and Care Plan (subject to parliamentary approval).				<p>Agree local strategy for implementing single EHC plan</p> <p>Dec 2013</p> <p>Develop commissioning intentions for supporting young people into adulthood into formal strategy, esp those with complex needs/challenging behaviour</p> <p>October 2013</p> <p>Review operational processes for ensuring safeguarding is built into transition planning processes</p> <p>Feb 2013</p>	