

Winterbourne View Local Stocktake:				39 Shropshire
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	<p>Joint governance structure in place as well as joint work streams for delivery. These are at an early stage of development but there is history of established joined up working locally Shropshire Council are working with a national charity who have offered a capital grant for the development of purpose built accommodation in county to support the repatriation of individuals currently living out of county. These proposals have been shared with the LD partnership board and the adult safeguarding board. Our Joint Training team for Adult Social Care & Health provides an extensive programme of learning opportunities specifically for people working in adult learning disability including the Award & Certificate training at level 2 Award in Adult Learning Disability, City & Guilds certificated. The programme also includes learning opportunities for service users, family carers and volunteers e.g. Keeping Yourself Safe and Hate Crime / Mate Crime, Preparing for Employment etc. This is further enhanced by access to our general training programme including; Common Induction Standards, Safeguarding, MCA & DoLs and. This training delivery model is funded by various partners including the CCGs and Shropshire Council.</p>
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, 4, 7,	<p>Work being carried out with involvement of all local service providers, service users and carers as well as our neighbouring CCG/ Council. Shropshire Council manages an Approved Training Centre ATC to deliver MAPA® training under licence to the Conflict Prevention Institute CPI with who we have Trusted Partner Status. This model is BILD accredited and promotes the reduction of physical interventions. This is evidenced in Shropshire by the reduction in the number of services who need to access higher levels of training. The partners in this work stream are Shropshire Council, Telford & Wrekin Council our Care Workforce Development Partnership CWDP and Independent Care Sector providers in T&W and Shropshire who have met the requirements to be added to our licence to receive this training, these organisations will have completed a Training Needs Analysis TNA and received a service visit as part of the Add to Licence process. The partnership works to a multi-agency MAPA® Policy. Provider contracts in Shropshire require restrictive interventions training for adult learning disability providers. This process and training provision informs both the contracting and Safeguarding agendas with any concerns identified being reported appropriately.</p>

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	3	Currently being formulated. The planning function is supported by the completion of the Skills for Care National Minimum Data Set returns; this is promoted and supported by the local CWDP Council. The Joint Training for Adult Social Care & Health programme is available to all assessment and provider services in Shropshire. An extensive training programme is offered and bespoke training can be provided or brokered as required. This supports the planning function, reviews and support for people 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	1	Yes, the LDPB is cited on this work and receiving regular reports on progress. Yes the Learning Disability Partnership Board has been regularly receiving reports regarding the local response to Winterbourne View and is monitoring progress. Links are established with the CCG and the LDPB. A joint programme Board has been set up with Telford and Wrekin to oversee 3 strands of work, one of which is Winterbourne View and there are arrangements in place for the Health Programme Board to report to the LDPB regarding Winterbourne View work, as well as to the Safeguarding Board and the CCG.
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	3	Reports to H&WB scheduled and the forward plan is being developed to include regular reports on learning disability services including annual health checks, progress on the Winterbourne View concordat and progress into the confidential inquiry into premature deaths.
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	Yes
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

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	None known at present
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 are already drawing on a number of resources to develop our plan
2. Understanding the money				
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	4	The costs of existing users placed out of county are known, including the contribution made by the CCG and the Local Authority on an individual case by case basis.
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	4	Known costs are documented for existing people placed out of county. One individual is placed and funded by specialist commissioning. The cost of this placement is unknown.
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	0	S75 agreements are not in place adult LD services. A S75 agreement exists for young people up to age 18 in education.
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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	0	There is not a pooled budget other than for young people, as above.
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	0	Yes for young people, as above. The Joint Training for Adult Social Care & Health programme is a partnership arrangement funded through various partners including the CCGs, Shropshire & Telford & Wrekin Councils, the South Staffs & Shropshire NHS Foundation Trust (Adult Mental Health) and independent care sector money.
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	See 2.5
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	3	There is an emerging market development plan which will result in a market position statement and set of commissioning intentions led by the Local Authority which could potentially contribute to savings.
3. Case management for individuals				

17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	0	No, but we work closely with LD nurses and where there is a H&SC need we jointly work.
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	1	Each team (LA and health) is clear on roles and accountability.
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	1	Yes, resources will be prioritised as required to deliver the WBV Joint Improvement Programme.
20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Yes
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	1	Reviews are supported by staff and service users who can access training to facilitate active involvement in the review process. Separate training for staff to undertake family carer assessments is also available. We work positively with local advocacy groups OSCA and Taking Part who are active in Shropshire. Taking Part supports the delivery of training for service users re. Transition, Safeguarding, Hate Crime / Mate Crime and the employment agenda. We also work with Experts by Experience Learning Facilitators to deliver training.
4. Current Review Programme				

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. Agreement with regards to numbers affected by the concordat has been agreed by the WBV task and finish group established by the Safeguarding Board. The Task and Finish group now evolved into a LD programme board with 3 sub-streams – Winterbourne View, self-assessment and confidential inquiry.
23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Futher discussion / in process 4 Not applicable (i.e.none funded by specialist commissioning)		1. NHS England provides Shropshire CCG with list of all patients who have care commissioned them. NHS England meets quarterly with the CCG and list and progress is updated. The Local Authority is made aware of individuals funded by NHS England. There is one currently for Shropshire.
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 - Futher discussion / in process		1. Under the auspices of the adult safeguarding board, jointly with Telford & Wrekin, there is a learning disability programme board covering the Winterbourne View action plan, the health self-assessment and the independent confidential inquiry into premature deaths. Local Advocacy organisations contribute to this (see 4.1 above). Joint Training is one example of joint arrangements, see 1.1 & 1.2.
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		1. CCG keeps list of all patients with ALD/Autism who have care commissioned. Commissioned care is split into full and part health funding.

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	· lists of individual commissioning arrangements are held by the Continuing Healthcare Team. The Local Authority maintains a register of all adults with learning disability placed out of county.
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	We work positively with local advocacy groups OSCA and Taking Part who are active in Shropshire. patients requiring advocacy are identified at assessment and review and appropriate provision is made.
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	1	· Reviews are supported by staff and service users who can access training to facilitate active involvement in the review process. Separate training for staff to undertake family carer assessments is also available. We work positively with local advocacy groups OSCA and Taking Part who are active in Shropshire. The review documentation has recently been review and updated. Training in Record Keeping has been delivered to provider managers in the Council and Record keeping and Key Working to support workers. Reviews are completed upon documentation appropriate to the individual. Care quality and progress is part of the review process and issues are flagged to the CCG/LA.
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	1	· Within the MAPA® training provision the requirement of any challenging behaviour interventions being used must be reflected in the risk assessments and support plan documentation. The requirement for incident reporting is also highlighted. The individual organisations TNA will identify the level of training for the service, reflective of the risks identified for the service population. At review any agreement to renew care arrangements and funding would be based upon patient need and suitability of placement to meet needs. Review involves scrutiny by the care coordinator of the care plans, risk assessment and evaluation documents.

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	1	Review of all people (4) in specialist hospital settings have been completed (100%). In addition the one individual funded by Specialist Commissioning has also been reviewed.
5. Safeguarding				
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	2	We would engage with local safeguarding arrangements if required.
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	1	Regular meetings are held with providers and partners to exchange information and safeguarding issues. The individual services MAPA® TNA will identify the level of risks experienced by the service. Training around risk assessment is available through the Joint Training programme.
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	3	There are no specialist hospital beds in Shropshire.

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	Yes, an extra- ordinary meeting is taking place on 26/07/13 to discuss this.
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	3	In relation to out of County placements where we are the placing authority or the CHC team are funding the placement and the ordinary residence rules apply we would therefore continue to be responsible for any deprivation of liberty. We provide extensive training in County across all partners to ensure providers are familiar with the requirements and that care staff are aware when restraint exceeds what is permitted under the MCA. We produce guidance on identifying restrictions which we circulate to care providers. We also work closely across the West Midlands to ensure consistency of approach to deprivation of liberty. The West Midlands DoLS Leads Group has recently taken on the role of reviewing the ADASS DoLS Inter Agency Protocol.
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	1	The Joint Training for Adult Social Care & Health programme is available to staff in hospital settings with bespoke training offered re Mental Capacity Act MCA and Deprivation of Liberty Safeguards DoLS at various levels to meet the needs of different learner groups.

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. The Joint Training for Adult Social Care & Health programme provides training for people with learning disability re Keeping Themselves Safe, Hate Crime/Mate Crime. The Community Safety Partnership supports training re Domestic Abuse highlighting issues for all vulnerable groups. A partnership of local voluntary organisations, West Mercia Police, Mencap and Shropshire Council have come together to bring the Safe Places Scheme into Shropshire, beginning in Shrewsbury and Church Stretton, building up a network of community buildings and other premises (such as shops and churches) who sign up to offer a place for a person with a learning disability, or other vulnerable people, to go if they are experiencing harassment or bullying when out in the community. The Shropshire "We won't tolerate it" Hate Crime campaign has also been promoted widely and several of the reporting sites operate from learning disability focussed services. The Tactical Equality and Diversity Advisor for West Mercia Police is a member of the LDPB and regularly provides reports on hate crime figures for disability in Shropshire.
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. The West Midlands Regional DoLS Leads Group have carried out extensive work to improve consistency and quality of practice across the West Midlands region in relation to the Deprivation of Liberty Safeguards which impact on vulnerable people in hospitals and care homes. They have agreed a West Midlands standard of good practice and have reviewed and amended the original Department of Health forms to produce west Midlands wide version. This is supported by checklists for Authorisers and Best Interests Assessors and is to be followed by a regional audit tool. Yes, regular meetings take place to exchange information and discuss safeguarding issues.
6. Commissioning arrangements				
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		1. A comprehensive review of people currently living out of county, in all setting types, has been undertaken and reported to the adult safeguarding board. This has informed the development plans outlined in Section 1.2.

40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	Yes
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 the review referred to in 6.1 includes the responsible commissioner and funding agency.
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	1	Yes
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	1	Yes

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	1	Yes and a capital grant secured. The new development could potentially deliver some revenue savings.
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	3	Current advocacy arrangements include specialist LD advocacy and there has been some discussion as to how this can be improved for people in and out of county in residential settings. There is the potential to recommission advocacy later this year and this will be considered in recommissioning plans.
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	A local plan is being developed. Locations nearer to home are being sought, however the move back into county is dependent on some new builds, including the development of supported housing, not all of which will be ready for 18 June 2014.
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	3	See 6.8

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	See 6.8
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	1	Yes
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	0	No – for advocacy provided to people out of county. This is an area for focus as part of the winterbourne view work stream under the learning disability programme board.
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	1	Yes Bespoke Learning Disability Awareness training has been provided for BIAs.
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	1	Yes – a carers emergency response service is available
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	1	Yes
54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	1	The Skills for Care, National Minimum Data Set NMDS return was completed for Shropshire Council staff and met the requirements for 2012-13. There is an on-going commitment to provide this information to Skills for Care due to the usefulness of this tool for workforce planning and development. We promote and support the completion of the NMDS return with the Independent Care sector through our CWDP.
9 Understanding the population who need/receive services				
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	1	Yes, an EINA has been completed for the proposed new service development. The Joint Training programme is accessible to the multi-agency audience. MAPA® training is also available to the partners in our MAPA® ATC (not health) though we do work closely with our community health colleagues.
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	1	Joint Training input to the Transformation Agenda, Review Systems Personal Relationships and Sexuality etc. promotes Person Centred working at all times. We work with service users employed and supported by the team as Experts by Experience Learning Facilitators to model this concept and support us in training delivery.

10. Children and adults – transition planning				
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	1	Yes, a dedicated transition worker currently in Adult Services
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	NR	
11. Current and future market requirements and capacity				
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	1	Yes
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	3	Shropshire is currently completing its market position statement building on the existing Learning Disability strategy.

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	The partnership arrangements in our Social Care & Health training team including Joint Training though well established in Shropshire is not replicated across the country. We have attracted Skills for Care Innovation Fund support in several learning areas including Supervision: enabling professional development and Stroke Care, we hope to gain support this year to develop End of Life training with the local hospice. We are also developing a programme for GPs and GP Practice staff with a focus on adult mental health and adult learning disability.
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