

APPENDIX B: Barnet Self-Assessment against Winterbourne View Reviews

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>1: Redesign services to invest in flexible good quality local services and away from sending people away from home. The use of in-patient services for assessment and treatment varies hugely across the country in terms of numbers of people and length of stay.</p> <p>1A.i: clear vision of what we want to offer, a shared value base and a commitment to see it delivered;</p> <p>1A.ii: The voice of users and families is heard and acted on;</p> <p>1A.iii: All parts of the system understand and apply the law;</p> <p>1A.iv: There is good understanding and application of positive behavioural support and that physical restraint is only ever a last resort.</p> <p>1A.v: Providers, commissioners, the workforce and regulators are clear about their roles and act on their</p>	<p>1B.i: Health and Wellbeing Strategy (Integrated Commissioning Plan), JSNA, NCL Primary Care Strategy, ASCH Business Plan and CCG Commissioning Intentions set a clear vision for the provision of integrated services closer to people’s home.</p> <p>1B.ii: Good examples of involving PWLD and family carers in service development and design through the LDPB and it’s subgroups as well as the LD Parliament.</p> <p>Service users also involved through the Safeguarding User Forum, a subgroup of Barnet Safeguarding Adult Board.</p> <p>1B.iii & 1B.v: Contract framework in place providing clarity of roles and responsibility in respect of the law</p> <p>1B.iv: Workshop in November</p>	<p>1C.i: As part of the Integrated Commissioning Plan, work has commenced on the development of Complex Care pathway. It includes consideration for alternatives to out-of-area services for people with complex needs and behaviour that challenges services</p> <p>1C.v: LBB creating the Integrated Quality in Care Home Team’ to monitor quality of services. (Identified Lead- Helen Coombes)</p>	<p>1Dii: Ensure PWLD and their carers are involved in decisions about placements, move on and discharge planning by monitoring access to independent advocacy and involvement of family carers in review meetings. (Identified Lead- Alan Brackpool)</p> <p>1D.iv: Monitor workforce training on safeguarding, use of restraint, MCA and DOLS as part of NHS contract monitoring process and via the Barnet SAB.</p> <p>1D.v: Implementation of a notification system to relevant agencies (local CLDS/GP/Commissioners) for people returning back or</p>

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<p>responsibilities;</p> <p>1A.vi: Incentives in the system to ensure good models of care which give the best care and outcomes for individual people</p>	<p>involving health and social care staff to review the impact of Winterbourne on practice.</p> <p>There is evidence of training to provider staff on use of physical restraint, MCA and DOLS</p> <p>1B.v: Clear structures in place in respect of safeguarding using the Pan-London Safeguarding Protocols. Barnet, Safeguarding Adults Board, a multi-agency arrangement has strategic oversight for safeguarding in Barnet.</p> <p>1B.v: A multi-disciplinary Move On Team set up in the CLDS to ensure effective move on & step-down arrangement of all placements. Move on Procedure developed to clarify process and responsibility. CLDS also has systems in place for reviewing all patients in Assessment & Treatment Units and patients readiness to be discharged and coordinating this with the A+T service provider (identified</p>		<p>being place out of Borough.</p> <p>1D.vi: Need to consider pooling of health and social care resources and opportunities to collaborate across CCGs to develop alternative community based services for people with complex needs.</p>

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	Lead- Helen-Duncan-Turnbull)		
<p>2: Voice of people with learning disabilities and their families</p> <p>2A.i: Providers need to actively promote open access for families and visitors, including advocates and visiting professionals. This is about increasing transparency.</p> <p>2A.ii: The DH is establishing HealthWatch both locally and nationally. It will act as a champion for those who use services and for family carers, ensuring that the interests of people with learning disabilities are heard and understood by commissioners and providers of services across health and social care.</p>	<p>2B.i: Barnet LINK leading on developing Enter & View programme on residential services, primary care access and mental health inpatient services.</p> <p>Service users involved in the Safeguarding Adults Board, validation process in respect of the 2011/12 provider Safeguarding Adults Assurance Framework.</p> <p>There are robust structures in place to engage people and their carers through the Barnet Learning Disability partnership Board and it's subgroups as well as the Learning Disability Parliament.</p> <p>2B.ii: LBB leading on the development of HealthWatch service specification to increase consumer voice including the procurement of new service (Identified Lead- Andrew Nathan)</p>	<p>2C.i: HealthWatch to commence April 2013 (Identified Lead- Andrew Nathan)</p>	<p>2D.i: Review and update information provided to PWLD and family carers at point of placements and monitor involvement of PWLD and carers via placement and contract reviews</p> <p>2D.ii: Liaise with Barnet LINK & HealthWatch (once in place) to involve PWLD and carers on 'Enter & View' programme (Identified Lead- Temmy Fasegha)</p>
<p>3: Implementing Personalisation</p>	<p>3B.i: See 1B.ii above</p>		<p>3D.i: Involving PWLD and</p>

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<p><i>The Department expects the NHS and local authorities to demonstrate that they have taken action to assure themselves and the public that they provide personalised care and support with choice and control in all settings – including hospital. Criteria includes;</i></p> <p>3A.i: Co-production - involving people who use services in designing and planning them;</p> <p>3A.ii: Community building - and moving towards community based support;</p> <p>3A.iii: A capabilities approach to disability - looking at people's strengths and promoting what they can do;</p> <p>3A.iv: Integrated services, covering health, care, housing and leisure; and</p> <p>3A.v: Personalisation as a foundation on which other strategies build.</p>	<p>3B.ii: Development of other flexible housing options in Barnet (Warren Shawe Lane, Pert Close, Sarnes Court), which also involved PWLD in the development and design of the services. A bid for funding of further housing support developments is being made and due to go to the Cabinet late November.</p> <p>3B.iv: Integrated CLD Service and pooled budget agreed in Feb 2012. MDT structures being implemented informed by audit of user population and JSNA findings.</p> <p>3B.v: Barnet is a trailblazer site for 'Right to Control', a MDT approach to support planning and budgets.</p> <p>Progress is being made to embed personalisation and self-directed support in Barnet. 620 people with learning disability have a personal budget or direct payment. Barnet Centre for Independent Living a user led and run organisation also provides</p>		<p>carers in 'Complex Care Pathways development through LDPB, LD Parliament and other existing forums.</p> <p>3D.ii: See 1D.vi</p> <p>3D.v: CCG to explore learning from personal health budgets pilots with view of implementation in Barnet for continuing health care.</p>

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	support planning, information, advice and sign posting.		
<p>4: Providers and Ensuring Quality of Service</p> <p>4A.i: The Department expects providers to deliver high quality services. The Department will also discuss with providers action to develop a voluntary accreditation scheme</p> <p>4A.ii: The Social Care Institute for Excellence (SCIE) is shortly to publish <i>Making it Real</i> outcomes with a generic quality frameworks that providers may need to adopt</p> <p>4A.iii: Department of Health (DH) is working with the <i>Think Local, Act Personal</i> group and providers to identify the barriers in the housing market to increasing the availability of different housing options for people with learning disabilities with behaviour which challenges and to encourage and facilitate local</p>	<p>4B.iv: Integrated CLDS and Continuing Health Care Team responsible for review placements and reporting of concerns to Safeguarding Leads.</p> <p>Contract arrangements in place across the NHS & LBB to monitor services and provide assurance on service quality. CCS leads on contract management on behalf of NHS Barnet CCG with monthly/bi-monthly meeting in place. Supply Management team on behalf of LBB.</p> <p>Pan-London safeguarding protocols in place to ensure timely sharing of safeguarding incidents and alerts.</p>	<p>4C.iii: LBB leading on a framework procurement exercise supported living services for vulnerable adults. (Identified Lead- James Taylor)</p> <p>4C.iv: Proposals between the CCG and Council to develop joint procurement arrangements for Continuing Health Care.</p> <p>4C.iv & 4C.v: To use findings from the 2011/12 LD Health Self Assessment Framework and provider returns from Local Safeguarding Adult Assessment Framework to update contractual monitoring arrangements.</p> <p>Develop network of key professionals including CLCS, Acute Liaison Nurse, Carers'</p>	<p>4D.iv: Set up system for NHS Barnet CCG to share placement information with LBB to ensure better information sharing</p> <p>Also refer to 1D.v</p>

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<p>solutions. The project should be completed by April 2013.</p> <p>4A.iv: Commissioners responsible for funding placements should be proactive in ensuring that patients are safe. If responsibility for monitoring a placement or the on-going coordination of care is delegated to nurses and social workers, then commissioners should ensure that they are informed about safeguarding concerns and alerts. Decisions about funding placements should be based on outcome data. Arrangements should be in place for sharing information about safeguarding incidents and alerts between those responsible for monitoring patient safety, the provider and commissioner and this should be routinely monitored through contracts</p> <p>4A.v: Organisations providing NHS funded care should be required to demonstrate accountability for effective governance to</p>		<p>Nurse and Primary Care Nurse to ensure better coordination across the pathway and to improve information sharing (Identified Lead: Temmy Fasegha & Jasvinder Perihar)</p>	

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commissioners and Council Adult Safeguarding			
<p>5: Commissioning and Contracting:</p> <p>5A.i: DH will provide statutory guidance to support health and well-being boards to develop joint health and well-being strategies, and will revise statutory guidance for the Joint Strategic Needs Assessment (JSNA) to reflect the needs and circumstances of the new system.</p> <p>5A.ii: The Department is working with the NHS Commissioning Board Authority and ADASS to develop a model service specification by March 2013.</p> <p>5A.iii: Assessments for NHS CHC need to be undertaken by professionals who have clear knowledge of NHS CHC domains and with understanding of learning disabilities. There is anecdotal evidence that commissioning of care packages could be improved, looking at more innovative models often</p>	<p>5B.i & 5B.viii: Barnet has a published JSNA and Health and Wellbeing Strategy, which reflect needs of PWLD and other vulnerable groups.</p> <p>5B.ii: Barnet Continuing Health Care Team composed of multi-disciplinary professionals that undertake CHC assessments making use of national mandated assessment and decision making tools.</p> <p>5B.vii: LBB has led on programme of reviewing and updating contracts and service specifications to ensure compliance.</p> <p>See 4b for further details.</p>	<p>5C.iii: See 4C.iv</p>	<p>D5.iv: Map social care and health resources invested in the care of people with complex needs and who challenge services as part of the 'Complex Care are workstream of the Integrated Commissioning Plan with a view of achieve better outcomes and value for money. (Identified Lead: Vivienne Stimpson)</p> <p>5B.ix: Update contracts and Individual Placement Agreement to include additional reporting requirements as set out in 5A.ix. (Identified Lead: Individual placements-Alan Brackpool/LBB Contract-Supply Management/NHS Contracts- Commissioning Support Service)</p>

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<p>commissioned by local authorities. NHS commissioners can make arrangements for local authorities to commission on their behalf. Local authorities need to stay engaged with CCGs about people with learning disabilities accessing CHC.</p> <p>5A.iv: Health and care commissioners need to work together to review funding arrangements for people with behaviour which challenges and develop local action plans to deliver the best support to meet individuals' needs.</p> <p>5A.v: The Department will work with the NHS Commissioning Board Authority to agree by January 2013 how best to embed Quality of Health Principles in the system using NHS contracting and guidance. These principles will set out the expectations of service users in relation to their experience</p> <p>5A.vi: We will also work with the</p>			

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<p>Towards Excellence in Adult Social Care (TEASC)²³ to agree how similar Quality of Life principles should also be adopted in social care contracts to drive up standards.</p> <p>5A.vii: Local authority commissioners should review existing contracts to ensure they include an appropriate specification to meet the needs of the individual and appropriate information requirements to ensure the commissioner is able to monitor the care being provided.</p> <p>5A.viii: CCGs, Local Authorities and the NHS Commissioning Board should be commissioning services with regards to the needs identified in the Joint Strategic Needs Assessment, the priorities agreed in joint Health and Wellbeing Strategies and where appropriate, the health aspects of the National Planning Policy Framework.</p>			

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<p>5A.ix: Commissioners funding placements should ensure that they have up to date knowledge of services e.g. (a) adverse incidents/untoward incidents, including the injuries of patients and staff, (b) absconding, (c) police attendances in the interests of patient safety, (d) criminal investigations, (e) safeguarding investigations, and (f) the occurrences of Deprivation of Liberty Safeguards applications and renewals</p>			
<p>6: Workforce</p> <p><i>The Academy of Royal Colleges and the professional bodies that make up the Learning Disability Professional Senate will work to develop core principles on a statement of ethics which will reflect wider responsibilities in the new health and care architecture</i></p>	<p>6B.iii: Whistle-blowing policies embedded in health and social care contracts. All health and social care providers contracted by the CCG and Council are required to have robust whistle-blowing arrangements in place and reminders of this are regularly given to providers.</p>	<p>6Cii & 6Ciii: Monitor implementation of whistle-blowing policies and procedures as part of contract reviews. (Identified Lead: Individual placements- Alan Brackpool/LBB Contract- Supply Management/NHS Contracts- Commissioning Support Service)</p>	<p>6Di: Use Skills for Care guidance to review workforce requirements and ensure monitoring through contract reviews. (Identified Lead: LBB Contract- Supply Management/NHS Contracts- Commissioning Support Service- CSS)</p>

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<p>6A.i: Skills for Care, the sector skills council for adult social care in England, is developing a framework of guidance and support on commissioning workforce solutions to meet the needs of people with behaviour which challenges. This will be consulted on and tested in action in summer 2012, and launched by the end of 2012</p> <p>6A.ii: There should be a condition of employment on all health and social care practitioners (registered or unregistered) to report operational concerns to (a) the Chief Executive and Boards of Hospitals, (b) the regulators</p> <p>6A.iii: All registered Health and Social Care employers should be required to advise their employees in their contracts to whom they can whistleblow, the response that the employee can anticipate from the employer and what to do if this is not forthcoming. This should include</p>			

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<p>information about the provision in the Employment Rights Act 1996 which gives protection to those making disclosures in the public interest</p>			
<p>7: Safeguarding</p> <p>7A.i: The guidance associated with the legislative framework for placing Safeguarding Adults Boards (SABs) on a statutory footing, and any subsequent review of safeguarding guidance, should reflect the findings of all the reviews associated with Winterbourne View Hospital</p> <p>7A.ii: Council Safeguarding Adults personnel must ensure that the hospital patients subject to Deprivation of Liberty Safeguards and the Mental Health Act detention, who are restrained and/or make a complaint, have opportunities to access, in private, independent professionals such as Social Workers , LA Deprivation of Liberty Safeguard Assessors, Independent Mental Capacity</p>	<p>7B.i & 7Biii: SABs were involved in the validation of provider ‘Safeguarding Adults Assessment Framework (SAAF)’ as part of the 2011/12 LD Health Self-assessment process. Barnet SAB has played an active role in engaging health partners including monitoring of their safeguarding assurance arrangements.</p> <p>NHS Barnet CCG and GPs are also represented on the SAB.</p> <p>7B.ii: Arrangements in place in the Council and CCG for DOLS and MCA including MHA detention. CCG currently responsible for DOLS application made by hospitals and the Council for DOLS application made by residential services. There has been an increase in the number of DOLS requests to the CCG and Council as</p>		<p>7D.ii, 7D.iii: Monitor provider progress in implementing improvement actions identified in their Safeguarding Adults Assessment Framework (SAAF) submissions. (Identified Lead- SAB/CSS)</p> <p>Barnet CCG QIPP Board to discuss report on CCG recurrent transfer of resources to enable Council to develop capacity to fulfil new statutory responsibilities in respect of DOLS in hospitals.</p>

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<p>Advocates and Independent Mental Health Advocates and Mental Health Act Commissioners for those detained under the Mental Health Act 1983</p> <p>7A.iii: When a hospital fails to produce a credible safeguarding investigation report within an agreed timeframe, the host Safeguarding Adults Board should consult with the relevant commissioners and the regulator to identify remedies</p>	<p>awareness has increased. 21 DOLS applications were made to the CCG in 2011/12 making it the highest across London CCGs. 43 DOLS applications were made to the council, the second highest in London. Responsibility for DOLS in hospitals and for the commissioning of IMHA transfers to the Council in April 2013. Current IMHA service already included in the S75 Agreement for Prevention Service entered into by the CCG and Council in February 2012.</p>		