

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Tuesday, 12 May 2015, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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বাংলা। আপনি যদি এই দলিলের বিষয়বস্তু বুঝতে না পারেন এবং আপনার জন্য অনুবাদ করার মত পরিচিত কেউ না থাকলে, অনুগ্রহ করে সাহায্যের জন্য 01905 765765 নম্বরে যোগাযোগ করুন। (Bengali)

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اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کر سکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

کوردی سۆزانی. ننگیر ناتوانی تێبگهی له ناوچرکی نهم بپلگهی و دهستت به هیج کس ناکات که وهیگیزیتوه بۆت، تکلیه تملظون بکه بۆ ژمارهی 01905 765765 و داوی رینۆینی بکه (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Adult Care and Well Being Overview and Scrutiny Panel Tuesday, 12 May 2015, 10.00 am, County Hall, Worcester

Membership

Councillors:

Mr T A L Wells (Chairman), Mrs J L M A Griffiths (Vice Chairman), Mr R C Adams,
Mr C J Bloore, Mr A Fry, Mr P Grove, Mrs A T Hingley, Mr C G Holt and Mr J W Parish

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest	
3	Public Participation Members of the public wishing to take part should notify the Head of Legal and Democratic Services, in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 11 May 2015). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Review of the Care Market	1 - 2
6	Winterbourne View Update	3 - 54

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All the above reports and supporting information can be accessed via the Council's website at
http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

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REVIEW OF THE CARE MARKET

Summary

1. The Director of Adult Services and Health will brief the Adult Care and Well-being Overview and Scrutiny Panel on plans to carry out a review of the care market in Worcestershire.

Background

2. The Panel has held a number of discussions during 2014/15 around adult social care services, in particular care services for older people, and also the Council's monitoring of domiciliary care providers. Suggestions were made for greater weighting of service user issues/complaints as part of the risk analysis process.

3. The resilience and sustainability of the care market is part of the Panel's 2015 work programme, recently endorsed by the Council's overarching Scrutiny Board.

4. In parallel, the Directorate of Adult Services and Health plans to review the care market in Worcestershire, and a tender exercise is underway to appoint a suitable independent body to do this. The aim of the exercise is to gain a better understanding of a number of key areas:

- What does the market look like – especially in terms of resilience and sustainability?
- What demand pressures are falling on the market now and are likely to fall on the market in the future?
- Given the range of demand and current supply, how might the County begin to stimulate the market to deliver change?

5. The scope for the review includes adult social care services to older people, people with learning disabilities, people with mental health problems and physical disabilities, and extends to the market both for Council funded individuals and self-funders.

6. The Council's website contains information on the tender information for the review, which can be viewed at:
<https://e-services.worcestershire.gov.uk/etendering/TenderDetails.aspx?id=1519>

Purpose of this Meeting

7. The Panel will be briefed on the Directorate of Adult Services and Health's plans to commission an independent review of the care market in Worcestershire.

Next Steps

8. As part of the discussion with the Director, members will have the opportunity to give initial thought to the Panel's own work on care provider market resilience and sustainability, and how best to add value to this area.

Contact Points

County Council Contact Points:

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this Report:

Emma James/Jo Weston, Overview and Scrutiny Officers:
01905 766627

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following background papers relate to the subject matter of this report:

Agenda and Minutes of Adult Care and Well-being Overview and Scrutiny Panel on 1 July 2014 and 22 January 2015

Tender document link: <https://e-services.worcestershire.gov.uk/etendering/TenderDetails.aspx?id=1519>

The above documents can be found on the Council's website at: <http://worcestershire.moderngov.co.uk/uucoverpage.aspx?bcr=1>

WINTERBOURNE VIEW UPDATE

Summary

1. The Head of the Council's Integrated Commissioning Unit has been invited to provide an update on progress made on the Winterbourne View multi-agency action plan.

Background

2. The events exposed by Panorama in 2011 relating to Winterbourne View (a private hospital for people with learning disabilities and autism, in Bristol) have led to a number of changes in the way in which the Council commissions services for people with learning disabilities whose needs present as challenging to services. This work has taken place both locally and nationally, and was considered as part of this Panel's 2011 in-depth scrutiny of Safeguarding Adults. Regular updates have also been provided to the Council's Health and Well Being Board.

3. At local level, Worcestershire developed a protocol and action plan to ensure that placements were safe and effective. Changes were made to the way that specialist, generally locked in environments for people with learning disabilities are commissioned, which has also been extended to commissioning for people with mental illness and for children with complex needs.

4. Progress against the action plan and placements in Worcestershire was reported to the Council's Health and Well-being Board in May 2014, at which point all points had been completed or were nearing completion.

5. Monitoring of outcomes from Winterbourne View forms part of the Panel's 2015 work programme, recently endorsed by the Council's over-arching Scrutiny Board. As part of its remit, the Panel also meets regularly with the Independent Chair of Worcestershire's Safeguarding Adults Board, and a further discussion is planned later this year.

6. Further information on the headlines from the action plan and an update on people remaining in hospital has been requested for the Panel's discussion.

Purpose of this Meeting

7. The Panel will seek assurances about progress made on the Winterbourne View action plan

Next Steps

8. Arising from the discussion, members are asked to determine whether any further information or action is required at this stage.

Supporting

- Appendix 1 – Worcestershire Joint-Agency Action Plan Post

Information

Winterbourne View

- Appendix 2 - NHS Funded Placements for Children and Adults - Protocol for Effective Management
- Appendix 3 – Position relating to people in locked hospitals with a Learning Disability, Autism and/or Mental Illness

Contact Points

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01905 766627

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following background papers relate to the subject matter of this report:

- Agenda and Minutes of Health and Well-being Board on 13 May 2014 – available on the Council's website at:
<http://worcestershire.moderngov.co.uk/uucoverpage.aspx?bcr=1>
- Safeguarding Adults Scrutiny Report (November 2011) - available on the Council's website at:
http://www.worcestershire.gov.uk/downloads/file/3280/safeguarding_adults

WORCESTERSHIRE JOINT-AGENCY ACTION PLAN POST WINTERBOURNE VIEW UPDATED VERSION FEBRUARY 2014

Priority Activity	Action	Achieved by:	Lead	Progress highlight
1.Pre-Placement	<p>1.1 The Worcestershire Approach: Worcestershire's Protocol will be signed off at JCE for adoption and roll out across all areas. The protocol will demonstrate Worcestershire's localised multi-disciplinary approach to adults/children and young people with complex needs by outlining the requirement for:</p> <ul style="list-style-type: none"> • Appropriate use of local respite beds for prevention of crisis/or crisis intervention • Appropriate and creative use of higher end community based providers when needs escalate • Appropriate use of local mental health inpatient beds and place of safety for adults (S136 Suite) • Avoidance of out-of-county hospital placements, unless all of the above have been exhausted • A joined-up approach that is multi-disciplinary and includes family/independent advocacy and commissioners when considering an appropriate response (referred to as "all parties" below) • Consideration of Pre-Placement Checklist for the range of non-residential placements for children and young people. • Service Provider Response – adding section for Provider to advise how many children/young people they have placed and contact details of Social Worker to enhance pre-placement risk assessment and sharing of intelligence. • Development of a complex needs care pathway for adults with a learning disability that dovetails with Worcestershire's pilot "Criminal Justice Pathway", "Liaison and diversion" and incorporates the "Challenging Behaviour Quality Standards". If additional capacity/funding was identified we would be able to track all adults on the pathway, follow them as case studies and evaluate the effectiveness of Worcestershire's Approach (to include patient/care experience). The pathway would be wider than just specialist hospital placements but would capture all cases that were prevented from going into hospital by alternative/creative solutions. • There is a Business Case to go to JCE November 2012 with proposals for a localised service response for Worcestershire for adults with a learning disability and complex needs, with a December 2012 paper to explore a flexible response to health funding to support hospital diversion. An LD specific action plan will be developed to ensure delivery of the new model. 	December 2012	Sarah Edwards	COMPLETED
		April 2013	Paddy Fox	COMPLETED
		October 2012	Paddy Fox	COMPLETED
		April 2013	Sharon Paterson	COMPLETE This forms a major part of the My Big Health Aim document and is backed up by new complex needs team
		December 2012	Gerry Flanagan	COMPLETED

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<ul style="list-style-type: none"> Consider further development of the market around placements for children and young people, for example, to meet needs around attachment issues. 	March 2013	Paddy Fox/ Mark Cage	COMPLETED Local business case completed to go to tender for preferred therapists
	<p>1.2 Funding for placements:</p> <ul style="list-style-type: none"> A funding request form to be designed and signed off by JCE, to provide an audit trail for the JCU and CCGs. This will need to be completed in all cases to evidence that any options and risk appraisals were carried out with involvement by all parties. A Worcestershire consultant will need to have outlined expected outcomes from the placement. This will be referred to in the Protocol and will define roles and responsibilities, alongside designated levels of sign-off for in and out-of-office hours to be agreed. There is recognition that in many cases this could be an emergency request for a bed, however paper work will still need to be completed retrospectively by the Case Manager, signed by Team Manager, with evidence of Locality Manager involvement. All LAC children in an out of area placement have social care led placements with a financial contribution to the cost of the placement from NHS Worcestershire, where applicable. 	December 2012	Sarah Edwards	COMPLETED
	<ul style="list-style-type: none"> All LAC children in an out of area placement have social care led placements with a financial contribution to the cost of the placement from NHS Worcestershire, where applicable. 	April 2012	Paddy Fox	COMPLETED
	<p>1.3 Quality, Safeguarding and Contracts:</p> <ul style="list-style-type: none"> An accredited list of providers that have already had a pre-placement quality checklist/review in the last 6 months is held with the Complex Needs Commissioner/ Brokerage/ Emergency Duty Team to ensure in an emergency, bed-capacity has been identified for use (as a last resort when all other options have been exhausted). The protocol will refer to the pre-placement quality checklist that must be completed prior to admission for those placements that are not on the accredited list. As part of the pre-approval for a placement, the Lead Commissioner for that area and local Safeguarding Team must be contacted to gather any soft intelligence, safeguarding issues etc., before placing. For children and young people, a pre placement agency residential checklist to be developed and launched across social work teams, along with a LAC Quality Assurance Checklist. Residential framework in place. The Protocol will highlight a requirement to provide notification to the Lead Commissioner and Local Authority Contracts Team for a host area when placing. Brokerage to send out this letter when purchasing the placement. All existing placements require a retrospective letter. The NHS Contract to be in place with quality KPIs (Key Performance Indicators) for all fully funded health placements. Expected outcomes determined by Consultant/ Practitioner/Commissioner should to be inserted into the Contract, when a placement is made. This will be built into the Protocol. 	December 2012	Sarah Edwards	COMPLETED
		December 2012	Julia Chesterman	COMPLETED
		August 2012	Paddy Fox	COMPLETED
		December 2012	Mark Cage	COMPLETED
		December 2012	Jeremy Paul/ Andrea Payne/ Mark Cage	COMPLETED
		December 2012	Sarah Edwards	COMPLETED
		December 2012	Ruth Krivosic/ Sarah Cox	COMPLETED Built into care plan

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<p>1.4 Training and supervision:</p> <ul style="list-style-type: none"> Roll out of Winterbourne View Lessons Learnt sessions with LD Community Teams, and key messages distributed to all ACS staff. Any cases of concern that may lead to a hospital placement to be flagged up fortnightly in Community Team Meetings and discussed in supervision (Protocol to specify and identify a monthly flagging system to Complex Needs Commissioner). Staff seminars and workshops held across Children's frontline staff. For children and young people, build culture across the workforce about QA is everyone's business, develop ongoing training plan. 	<p>October 2012</p> <p>October 2012</p> <p>October 2012</p> <p>Paddy Fox</p>	<p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Paddy Fox</p> <p>March 2013</p>	<p>COMPLETED</p> <p>COMPLETED via complex needs panel</p> <p>COMPLETED and on 2nd roll out</p> <p>ONGOING</p>
2. In-Placement	<p>2.1 The Worcestershire Approach:</p> <ul style="list-style-type: none"> The Protocol will clearly state the Worcestershire approach is an out-of-county hospital placement is an absolute last resort; this should not be seen as a long-term placement option. The Protocol will outline the requirement of a joined-up approach that is multi-disciplinary and includes family/ independent advocacy and Commissioners to ensure that a focused and targeted discharge plan and care pathway with outcomes will be agreed pre-admission/upon admission, and alternative creative solutions must be considered to ensure a safe and timely move back to Worcestershire within a community setting 	<p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards</p> <p>Sarah Edwards</p>	<p>COMPLETED</p> <p>COMPLETED</p>
	<p>2.2 Quality, Safeguarding and Contracts:</p> <ul style="list-style-type: none"> The Protocol will include the requirement of the Care Co-ordinator/Case Manager to complete the Placement Review Checklist, to ensure that the standards required by Worcestershire are being maintained in the placement. Any issues regarding the placement will be fed back to the Complex Needs Commissioner to ensure any contractual issues are dealt with in an appropriate manner. Contract monitoring through Key Performance Indicator reporting will be managed by the Complex Needs Commissioner/ Complex Needs Officer (roles and responsibilities will be outlined in Protocol). The Protocol will ensure that all adults placed in a hospital environment must have an allocated independent advocate with whom they have regular contact. The Care Co-ordinator must remain in contact with the individual and the advocate to ensure the safety and efficacy of the placement at all times The monitoring of appropriate use of physical/behavioural interventions/behavioural management plan is recognised by Worcestershire as a priority for monitoring and will be highlighted in the Protocol and training design. The monitoring of appropriate use of good quality integrated care plans are recognised as a priority for monitoring and this will be highlighted in the Protocol and training design. The Hospital Placement Multi-Disciplinary Team and Worcestershire Community Multi-Disciplinary Team/adult/ child/family/independent advocate must all have a good understanding of, and are signed up to, the care plan. If there are disputes regarding above that this is fed back to commissioners and dispute resolution fed back. 	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p>	<p>COMPLETED</p> <p>ONGOING through quarterly contract reviews</p> <p>COMPLETED</p> <p>COMPLETED but ongoing via placement reviews</p> <p>COMPLETED In protocol</p>

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<ul style="list-style-type: none"> • The monitoring of family access and participation is recognised by Worcestershire as a priority and will be highlighted in the Protocol and training design. This must include being informed of any safeguarding incidents if the adult lacks capacity or a child (unless the family member is directly involved), if the adult has capacity consent needs to be obtained. • The Protocol will provide a link to appropriate guidance for tracking DOLs and Mental Health Act cases – http://www.worcestershire.gov.uk/cms/safeguarding-adults/safeguarding-adults-board/policies-and-procedures.aspx • The Protocol will outline roles and responsibilities for complaints, allegations, safeguarding process and include at what point the Complex Needs Commissioner/Commissioner should be informed/ involved. • An integrated IT system to ensure the Multi-Disciplinary Team/CHC/Commissioners can access information and document on one shared electronic system. • For children and young people, agency residential providers to be informed that all notifiable events must now be reported to JCU in addition to the individual who has case management responsibility. • A central monitoring has been developed to collate data and information relating to Schedule 5 notifiable events to capture trends, patterns and intensity. • Providers to notify JCU to any changes to their Children's homes OFSTED rating. • Serious incidents, complaints and allegations are reported to the CAMHS commissioner. • Feedback sheets in use for planned QA visits to obtain views of children and young people in placement and their allocated social worker. • West Midlands draft Information-Sharing Protocol in place. • Shared intelligence mechanism across West Midlands Consortium through Operational Commissioning and Contracts Group. • Monthly West Midlands Quality Assurance Meetings set up to facilitate improved QA measuring tools, joint visits as appropriate and shared intelligence. • RAG rated visits schedule in place for children and young people's placements. 	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>April 2013</p> <p>December 2012</p> <p>December 2012</p> <p>Sept 2012</p> <p>Sept 2012</p> <p>Sept 2012</p> <p>December 2012</p> <p>October 2012</p> <p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>Sarah Edwards</p> <p>IT departments</p> <p>Sarah Edwards</p> <p>Paddy Fox</p> <p>Paddy Hobbins Fox/Jill Paddy Fox</p> <p>Paddy Fox</p> <p>Angela Kirton</p> <p>Paddy Fox</p> <p>Paddy Fox</p> <p>Paddy Fox</p>	<p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>INCOMPLETE</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p>
	<p>2.3 Movement of adults / children:</p> <ul style="list-style-type: none"> • The Protocol will highlight when a best interest meeting is appropriate to involve family/independent 	<p>December 2012</p>	<p>Sarah Edwards</p>	<p>COMPLETED</p>


Priority Activity	Action	Achieved by:	Lead	Progress highlight
	<p>advocate to ensure adults and children are not moved unnecessarily.</p> <ul style="list-style-type: none"> An escalation process within the JCU and CCGs will be outlined in Worcestershire's Protocol to ensure that adults and children are not forced to move unnecessarily or in unrealistic timescales for appropriate planning by the provider in order to free up bed capacity. Children's Social Care to hold disruption meetings upon the event of a placement breakdown or if a placement is at risk of breaking down. 	<p>December 2012</p> <p>Jan 2013</p>	<p>Ruth Krivosic/ Sarah Cox</p> <p>Paddy Fox</p>	<p>COMPLETED</p> <p>ONGOING Paddy to review with Sally Stokes</p>
	<p>2.4 Training and supervision:</p> <ul style="list-style-type: none"> Training and roll-out plan to be designed to include priority areas highlighted in this Action Plan, will also look at encouraging a cultural shift and mind set. Section 117 and CHC training to be completed for appropriate staff. Training and separate protocol to be in place to ensure that serious incidents are raised for Health and Local Authority funded placements. Reviewing Policy and Protocol to include access to and monitoring of where the adult/child spends the majority of their time. The Team Manager will ensure that each case has a named worker and a named Consultant throughout placement. Through supervision, the Team Manager will agree how often visits and monitoring contact should be in place (in conjunction with the Complex Needs Commissioner in terms of funding). The Protocol will be dependent upon how long funding has been agreed for, discharge plan and level of security. Contact would include monitoring of progress on the behavioural management plan, the wider care plan, incident reports, and contact with the adult/child as appropriate and the independent advocate. 	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>December 2012</p>	<p>Sarah Edwards/ Hilary Green</p> <p>Sarah Cox</p> <p>Sarah Edwards/ Sarah Cox</p> <p>Ruth Krivosic (C/YP/MH tbc)</p>	<p>COMPLETED started 2nd round</p> <p>COMPLETED</p> <p>Spot check – Feb-14</p>
3. Performance and Reporting	<p>3.1 Performance: Adoption and roll out of:</p> <ul style="list-style-type: none"> Worcestershire's Approach Roll out of Worcestershire Protocol Worcestershire's reviewing policy A clinical audit tool to be designed which will audit Worcestershire's delivery of this action plan (to include patient/carer experience). Clinical audit to take place by March 2013 to ensure delivery of this action plan, spot check audits to take place as and when required, if resources agreed a focused / commissioned work could form part of audit 	<p>December 2012</p> <p>December 2012</p> <p>December 2012</p> <p>March 2013</p>	<p>Sarah Edwards/ Ruth Krivosic (MH/C/YPtbc)</p> <p>Sarah Cox</p> <p>Band 7 post/ Sarah Edwards/ Sharon Paterson/ Pamela Mariga</p> <p>Band 7 post/ Sarah Edwards/ Sharon</p>	<p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>COMPLETED</p>

Priority Activity	Action	Achieved by:	Lead	Progress highlight
	by health checkers to audit patient / carer experience.		Paterson/ Pamela Mariga (MH/Children tbc)	
	<p>3.2 Reporting :</p> <ul style="list-style-type: none"> KPIs to be agreed and then reported in each area to the JCU monthly with quarterly reports of KPIs to JCE, Safeguarding Boards, Performance/Review Board and the CCGs governing body Quality and Patient Safety Committees. The information will need to include anonymised individual patient data on period of time that each person has been in a locked or secure environment without a gap in the community, the type of environment: Locked, Low, Medium or High Secure and the distance from Worcestershire. Quarterly Commissioning reports to be provided to JCE, Safeguarding Boards, the CCGs governing body Quality and Patient Safety Committees and Performance/ Review Board. Reporting template to be agreed and anonymised ex-Winterbourne View resident updates to be included. The ongoing monitoring/audit of this Action Plan ultimately sits with the JCU, thus governance is through the Joint Commissioning Executive. 	December 2012	Sarah Edwards/ Sharon Paterson/ (Children's tbc)	COMPLETED
		December 2012	Sarah Edwards/ Sharon Paterson/ Ruth Krivosic/ (MH / Mark Cage)	COMPLETED
		December 2012	Sharon Paterson	ONGOING
4. Locality Lead Commissioner/ safeguarding role	<p>4.1 Host Responsibility: The Protocol will state that each area will take responsibility for their own commissioned placements, regardless of geographical location and will not rely upon or assume that the host area of an NHS or Independent Provider will quality assure on their behalf. This position may alter dependant on the DOH's final report.</p> <p>Safeguarding system to be in place for out of county alerts and process for communication.</p>	December 2012	Sarah Edwards	COMPLETED
		December 2012	Sarah Cox	
	<p>4.2 The Protocol will cover when to notify the Lead Commissioner for an area, and the roles and responsibilities to ensure that:-</p> <ul style="list-style-type: none"> if a Pre-Placement Checklist is completed for any out-of-area placement and there are concerns about a provider, the host commissioner for that area will be informed 	December 2012	Sarah Edwards (C/YP tbc)	COMPLETED
	<p>4.3 The Complex Needs Commissioner will take lead responsibility for undertaking an annual review in partnership with the Care Quality Team of any independent hospitals in Worcestershire.</p> <ul style="list-style-type: none"> the Pre-Placement Checklist will be completed and distributed to surrounding counties for information, with a disclaimer to ensure that each placing area has a responsibility to cover out their own quality checks. 	December 2012	Sarah Edwards (C/YP tbc)	COMPLETED

NHS Funded Placements for Children and Adults -Protocol for Effective Management

Sarah Edwards
Complex Needs Commissioner



Worcestershire Health and Care 
NHS Trust


*Wyre Forest
Clinical Commissioning Group*


*Redditch and Bromsgrove
Clinical Commissioning Group*


*South Worcestershire
Clinical Commissioning Group*

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‘Starting now and by June 2014, we must – and will – transform the way services are commissioned and delivered to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support for all people with challenging behaviour.’

Transforming care: A national response to Winterbourne View Hospital’

Department of Health Review: Final Report - December 2012

1. Introduction

- a. This protocol was developed in response to the findings of ‘Transforming care: A national response to Winterbourne View Hospital’ to ensure against future abuse of people using NHS funded placements.
- b. The Worcestershire approach first and foremost aims at maintaining a high quality of life in local community settings. Any consideration to use an out of area placement must be a last resort i.e. when all other options have been excluded.
- c. Placements must be purposeful, with outcomes for the individual agreed at the beginning and a planned end point for the treatment. People should not remain in placements longer than they need to and every effort must be made to plan for their future at an early stage. Planning for discharge should start at the point of admission to a placement and where possible, during the pre-admission phase.
- d. All staff must remember when considering a placement, regardless of location, that all precautions laid out in this protocol must be complied with to ensure the most vulnerable people we work with do not find themselves in potentially dangerous or destructive environments.
- e. As different services use a number of professional titles to undertake similar tasks this document uses the term Case Co-ordinator to mean a Care Co-ordinator, Case Manager or allocated Social Worker.
- f. Where a person requires a hospital admission relating to mental illness a local bed must be sought by the person’s clinical team, before any other options are considered.
- g. Where an NHS funded placement is considered a further level of scrutiny will be taken by the relevant funding panel, prior to any funding agreement.
- h. Whilst it is the role of everyone who visits placements to report observations relating to ill treatment or inappropriate service, it is the specific role of the following people to be responsible for ensuring the safety and effectiveness of any placement made.
- i. The Adult Mental Health and Learning Disabilities Complex Needs Commissioning Team makes the final decision regarding funding based on the outcomes of the Pre-Placement Checklist, the needs addressed by a robust assessment of need and risk which are balanced against the options available. To facilitate this process, the Complex Needs Commissioning Team with the provider, undertake Part A of the Pre-Placement Checklist (appendix f) and work with Case Co-ordinator completing Part B.
- j. During the placement the Complex Needs Commissioner will ensure a placement review is undertaken to assess if the placement meets the agreed standards.
- k. The Complex Needs Commissioner and the Reviewing Officer will liaise with Case Co-ordinator throughout the placement. It is the role of Complex Needs Commissioner to work with Safeguarding and other teams, in relation to units for which Worcestershire is the host authority. ‘Looked After Children’ placements, which include an element of health funding, are Local Authority led.
- l. The Case Co-ordinator is the person who co-ordinates the professionals involved or directly carries out the assessments of need and risk, Part B of the Pre-Placement Checklist, identifies and short lists placements and seeks funding (Adult Services only) for the proposed placement. For Children’s Services, the checklist (appendix f) is carried out in partnership with the Children Service’s Placements Team.
- m. During the placement the Case Co-ordinator must:

- Maintain regular contact with the placed person
 - Attend regular reviews, placement plan meetings or 'Looked After Children' meetings
 - Ensure the agreed care plan reflects the actions to achieve effective discharge for the person
 - Report any potential safeguarding issues to relevant safeguarding teams and the Specialist Placement Commissioner.
- n. The Team Manager (Adult or Children's Services) is the person who provides supervision to the Case Co-ordinator throughout the placement, paying attention to issues of effectiveness and safety in relation to any patients.
- o. Other people and Teams play key roles in ensuring the safety of placed people. These include the Brokerage Team who work to find placements, the Contracting Team who ensure that key performance indicators are within contracts and families and carers who support the placed person and visit placements.

2. Pre-placement

- a. Placements must be purposeful, with outcomes for the individual agreed at the beginning and a planned end point for the treatment. People should not remain in placements longer than they need to and every effort must be made to plan for their future at an early stage. Planning for discharge should start at the point of admission to a placement and where possible, during the pre-admission phase.
- b. When considering the need for an adult or child placement, whether it is to be provided by an independent provider locally or any provider outside Worcestershire, a Pre-Placement Checklist must be completed [Appendix f] which meets the required standards prior to the person visiting the unit.
- c. If a Check-List identifies issues the Case Co-ordinator must discuss these with the Commissioner who will recommend a way forward.
- d. The outcomes of checklists which meet the required standards must also be shared with the commissioners and funding panel agreed prior to any agreements being entered in to.
- e. Within Children's Services a number of frameworks are in place for different placement types i.e. residential and fostering, where initial screening has taken place as part of the tender process.
- f. A routine Pre-Placement Checklist is not currently in use for Foster Placements, 52 and 38 week education placements, supported living, supported lodgings, safebases, Unaccompanied Asylum Seeking Children (UASC), supported living, domiciliary care, secure placements, Child and Adolescent Mental Health Services (CAMHS), tier 4 placements, all other tier 3 placements, and West Midlands Specialist Commissioning (adult and children's placements).

3. During Placement

- a. As well as the reviews of the placed person's individual needs, focusing on the outcomes and discharge planning, a review of the quality and safety of placement provision should take place on a six monthly basis using the Placement Review template [Appendix g].
- b. Whilst a person is resident at a placement they must have an allocated independent advocate with whom they have regular contact. The Case Co-ordinator must remain in contact with the individual and the advocate to ensure the safety and efficacy of the placement at all times. Children's services hold a contract with NYAS independent Advocacy Service and Adult Services have Onside Advocacy.
- c. For 'Looked After Children' there is a RAG (Red, Amber or Green) rated visit schedule in place, with children and young people in residential placements taking priority. For 'Looked After Children' regular reviews are chaired by independent reviewing officers and attended by the allocated Social Worker who is required to complete a statutory 'Looked After Children' Quality Assurance Checklist.

4. Discharge from Placement

- a. Planning for discharge should start at the point of admission to a placement and where possible, during the pre-admission phase.
- b. For children and young people any changes to an individual care plan must be agreed through the 'Looked After Children' reviewing process as per care planning regulations.
- c. Issues Arising in Placements
 - i. Any issues relating to safety, quality or effectiveness within a placement must be reported to the commissioners immediately, alongside any required reporting to Safeguarding.
 - ii. For children and young people, issues within a placement relating to safety, quality or effectiveness should initially be raised with the appropriate children's social care team and their team manager and then escalated to commissioners.
- d. This protocol should be read in conjunction with the Pan West Midlands Safeguarding Policy; the Out of Area Safeguarding Arrangements (ADASS); policies and procedures of the Worcestershire Local Authority and Worcestershire Health and Care NHS Trust and Worcestershire Children's Services Handbook.

5. Host Commissioner

Where an independent hospital is located within Worcestershire, the Worcestershire Joint Commissioning Unit is the host commissioner. This is an important role and one which must be carried out regardless of whether the people placed are Worcestershire residents or not.

Overarching Principles

6. Aims

- a. Wherever possible to work with people to avoid admission to placements and to utilise local community resources
- b. Identify, at an early stage, people with complex needs or the potential to display adverse behaviours to avoid the necessity of emergency admissions
- c. Deliver a service to people as close to their home as possible.
- d. Balance distance from home against clinical effectiveness
- e. Provide a service to people who are registered with a Worcestershire GP [subject to exclusions in appendix 1 (a) and 1 (b)]
- f. Ensure that the views of the person involved and their families and carers are central to the assessment and care planning process
- g. Ensure placements are fully scrutinised for effectiveness and safety
- h. Manage a timely review process for all people placed with out of county providers.

7. Objectives

- a. Undertake regular evaluation of out of county placements to ensure appropriateness of placement and facilitate repatriation to Worcestershire services
- b. Ensure comprehensive assessments and care plans are in place and reviewed appropriately to ensure the placements meets individual need
- c. Determine a cost effective range of local treatments to prevent unnecessary out of county admissions
- d. Deliver treatment packages that are inclusive and sensitive to equality and diversity issues
- e. The views and experiences of people, their families and carers should be actively sought and clearly documented regarding service provision within out of county placements.

8. Expected Outcomes

- a. Equality of access to services across Worcestershire and reduced need for admission to independent sector out of area placements, reducing the length of stay in out of area placements
- b. Support from local services which can deliver the most appropriate treatment to prevent out of area admissions and enable people to remain in Worcestershire.
- c. Improved and sustained contact with family and friends

9. Pre-placement - Seeking a placement

- a. It is the role of the Case Co-ordinator to identify potential placements for an individual, based on assessment of need and risk, taking into account the views of the person, their families and carers. The decision to seek a placement must not be taken lightly and every effort should be made to enable the person to remain at home, with additional support wherever possible. However, it is recognised that there are occasions where all local options have been full explored and a placement must be considered.
- b. The Case Co-ordinator will carry out Part B of the Pre-placement Checklist (appendix f) on any proposed placements. This will examine all aspects of quality of the residents experience, prior to taking the person to view the unit or raise hopes. Poor outcomes on Part B of the Pre-placement Checklist will result in discussed with the Complex Needs Commissioner and the placement being deemed unsuitable.

10. Pre-placement - Funding

- a. It is the responsibility of the Case Co-ordinator to present the case and planned options to the appropriate panel (based on primary diagnosis). The Learning Disability and Mental Health panels meet on a bi-monthly/monthly basis. The documentation required for panels is available upon request from the Complex Needs Commissioning & Monitoring Officer and must be accompanied by an up-to-date risk assessment in all cases. For sources of funding see appendix j. The applicant will be notified of the decision by letter following the panel. It is the responsibility of the Case Co-ordinator to ensure that Continuing Healthcare checklists are completed and presented to the panel. The following funding sources are available:
 - i. **The Mental Health Funding Panel** agrees funding from the Mental Health (NHS) budget for hospital admissions and specialist treatments. On occasions this will fund follow-on placements to reduce time in out of area hospitals. It is the initial agreement route for Social Care funded packages of care, prior to Resource Allocation panel. At times, where a person presents with a range of complex needs, the funding will be shared between Health and Social Care Budgets. A Continuing Health Care checklist should be completed see 10 a 1v, or rationale given as to why a person does not have a primary health care need.
 - ii. **The Learning Disability Complex Placements Panel** agrees funding through the Learning Disabilities [NHS] budget for specialist treatment related placements. In addition, this board looks at complex cases and makes decisions about what is the most appropriate source of funding.
 - iii. **Appeals Panel** is convened if an individual, their advocate or their Case Co-ordinator wishes to appeal against a funding decision (appendix c)
 - iv. **Continuing Healthcare Funding** is accessed via a Continuing Health Care Checklist which provides evidence to all panels that this has been considered. If a checklist has not been completed then there must be some rationale as to why an individual does not have primary health care needs. Continuing care assessments and reviews are carried out by locality staff. Funded placements are made and reviewed using the National Framework.
 - v. **Section 117 [Aftercare] Mental Health Act 1983** is not a specific budget; however, the Department of Health made money available in 2012/13 to the Local Authorities to cover the cost of agreed s.117 aftercare action plans. Decisions are taken in the Mental Health and Learning Disability Panels with regard to how people under s.117 MHA'83 are funded.

Section 117 does not exclude Continuing Health Care funding. Section 117 only covers the element of care which prevents relapse of a person's mental health. This criteria would indicate, at times, shared funding between Continuing Health Care and either the Local Authority or NHS Mental Health or Learning Disability Services. People who are subject to s.117 and receive service from more than one specialism e.g. Mental Health and Learning Disability, who subsequently require funding for external services may require a s.117 Panel to be convened where all funding decisions will be taken.

11. Pre-placement - Emergency Presentations

- a. Referrals for mental health emergency admission to out of county placements will be managed by the Worcestershire Health and Care NHS Trust Mental Health Assessment Team, with their on call duty manager taking management responsibility. Emergency placements for people with Learning disabilities will be carried out either via the Case Co-ordinator or through the Local Authority Emergency Duty Team, who hold a list of available placements.
- b. When faced with this situation, it is essential to seek in the first instance a Worcestershire based competent, skilled provider, potentially in a Social Care setting. Negotiation may be required where additional support is required. In the case of a person subject to a section of the MHA83, or needing informal hospital admission, this will be for a short period of assessment, generally up to 4 weeks to gain an understanding of the person's presentation and develop an effective plan to return the person safely to the community. For information regarding access to emergency beds see Appendix e.

12. Pre-placement - Non-Emergency Presentations

- a. Requests for non-emergency out of county placements will be referred and managed by either the Mental Health Funding panel or the Learning Disability Complex Placements Panel.

13. Pre-placement - Roles and Responsibilities

a. Complex Needs Commissioning Team

- i. Advise Case Co-ordinator on potential placements and assists in the carrying out of pre-placement checklist and receives policies and information relating to the legislative framework.
- ii. Assists Case Co-ordinator to carry out part B of Pre-Placement Checklist, and liaises with providers to obtain further clarification.
- iii. If an unsatisfactory checklist is submitted the Case Co-ordinator must notify the commissioners.
- iv. Contact other commissioners and safeguarding teams to seek their views on individual placements.
- v. Ensures an NHS contract is in place and reviewed, based on Key Performance Indicators.
- vi. Has a decision making role on the funding panel and the responsibility to notify Brokerage and Contracting of new placements.
- vii. Notify the Case Co-ordinator within 48 hours of the decision being taken.

b. Case Co-ordinator

- i. As different services use a number of professional titles to undertake similar tasks this document uses the term Case Co-ordinator to mean a Care Co-ordinator, Case Manager or allocated Social Worker.

- ii. The Case Co-ordinator ensures an holistic needs assessment and risk assessment of the person is undertaken.
- iii. Explores all options available for the management of the person in independent living or with family or residential options within Worcestershire, prior to any consideration of out of area placements.
- iv. Works with the person, their family and carers throughout to seek the most appropriate and least restrictive option.
- v. Develops a robust outcome focussed care plan, with timescales, for the provider to implement.
- vi. Develops a relapse plan to ensure the appropriate action is agreed and taken in the event of adverse issues arising during the placement.
- vii. Source an appropriate placement from approved providers.
- viii. Safeguarding is of paramount importance and the Case Co-ordinator must question the prospective provider about their experience of recognising and reporting safeguarding incidents and their relationship with local safeguarding teams. They must discuss any issues arising from the Pre-Placement Checklist with the Complex Needs Commissioner and then seek funding agreement prior to carrying out an introduction of the person to the placement. At the relevant panel, the funding source will be identified.
- ix. Complete the appropriate documentation and send to the Complex Needs Commissioning & Monitoring Officer, who will arrange for the case to be presented at the relevant funding panel.

c. Operational Team Manager

- i. Work with the Case Co-ordinator, through supervision to ensure the best options are found for the individual and then to make initial agreement or recommendation.
- ii. Ensure Brokerage and Contracting send a notification letter to host Clinical Commissioning Group when a Worcestershire person is admitted to an out of area unit.
- iii. To liaise between Brokerage and contracting to ensure that placements are up to date on the system. It is also essential that every placement has an NHS contract in place and that the qualifications of the responsible manager and the ownership of the establishment are stated and confirmed in the contract.

During the Placement - Roles and Responsibilities

d. Complex Needs Commissioning Team

- i. Ensures that placements made are appropriate and effective through monitoring and liaising with providers. Carry out six monthly, or sooner if indicated, reviews of the placement using the Placement Review template [appendix g] and alerting all relevant people from Case Co-ordinator to Safeguarding teams, should issues arise. They must also check the Care Quality Commission website on a monthly basis.
- ii. Contracts will be monitored for compliance to Key Performance Indicators on a quarterly basis. It is the role of the Complex Needs Commissioner to notify host commissioners of any safeguarding issues arising in a placement. They must ensure that Brokerage and Contracting are notified of any changes.

e. Case Co-ordinator

- i. Report issues to the Complex Needs Commissioner, whether these be relating to the individual or to the placement. Ensure that safeguarding issues are dealt with swiftly, appropriately and efficiently and are reported to local and Worcestershire Safeguarding

teams. Report adverse incidents to the Complex Needs Commissioner and their Team Manager.

- ii. Use the care planning process to monitor outcomes and moves toward effective discharge, by developing care plans in conjunction with the placed person, their family or carers and the provider. Ensure independent Advocacy available to individuals whilst in placement. Carry out individual patient reviews as indicated and to ensure that the next review is always booked and reviews are carried out in accordance with relevant reviewing policies.
- iii. It is essential that throughout the placement records are kept of physical health checks, issues arising and outcomes, and family visits. It is important to talk to families regularly to ascertain their views of how things are for the person and their impressions of the placement itself.
- iv. Where an Accident and Emergency Department is used, liaison must occur with A&E staff.
- v. It is the responsibility of the Case Co-ordinator to ensure that assessments under the Mental Capacity Act 2005 are appropriately implemented to ensure that we are acting in the person's best interest.

f. Operational Team Manager

- i. Work with the Case Co-ordinator during the placement, through supervision and report issues to Complex Needs Commissioner, ensuring that special attention is paid to potential safeguarding issues relating to either the individual or the placement more generally.

g. Advocacy

- i. All placed people must have access to independent advocacy, regardless of Mental Health Act 1983 status.
- ii. The Case Co-ordinator is responsible for ensuring this happens and it must be monitored at reviews and issues and irregularities reported to Complex Needs Commissioner. This is likely to be funded via the host authority; however, from time to time there may be a charge to Worcestershire for this.

h. Discharge from Placement - Involvement of the placed person

- i. The person, their families and carers will be as fully involved as possible in decisions regarding future care.

i. Discharge from Placement - Planning for Discharge

- i. Discharge Planning starts at the beginning of a placement and wherever possible, prior to admission, care plans should focus on this from the day of admission. Along with the general discharge plan, consideration must be given to s.117 [Aftercare] Mental Health Act 1983 status and the need for a specific discharge plan to be in place.
- ii. Where a dispute arises between the provider Medical Consultant and the local Medical Consultant over timing of discharge, the Medical Director and/or Chief Executive of the relevant local Clinical Commissioning Group will be asked to intervene. Penalties may be imposed upon providers where they do not co-operate to facilitate timely discharge of an individual.

j. Discharge from Placement - Post Discharge

- i. Following discharge, a follow up visit must be made to the person within the first 7 days. There must also be a relapse plan in place to ensure the continued success of the person following discharge.

- k. Roles and Responsibilities at the point of discharge – Complex Needs Commissioning Team**
 - i. Ensure that any future funding requirements are in place for new placements and ensures that Brokerage and Contracting are notified of discharges.

- l. Roles and Responsibilities at the point of discharge - Case Co-ordinator**
 - i. Carries out discharge planning throughout the admission and ensures that relapse and s.117 plans are in place.
 - ii. Carries out 7 day follow up and continuing support following discharge.

- m. Roles and Responsibilities at the point of discharge - Operational Team Manager**
 - i. Provides support to the Case Co-ordinator throughout the discharge process to ensure a safe, smooth transition.

14. Governance Arrangements

- a. All funding requests are made through the respective funding panels, giving a clear decision making trail. Placements are checked prior to use, using the agreed pre-placement checklist and review system. These are held centrally by the Complex Needs Commissioner and this document is used to back up funding panel decisions.
- b. The Care Quality Commission website is checked on a monthly basis to ensure continued compliance. Reporting against placement activity and safeguarding is made via the Quality and Safety committee.
- c. All placements are monitored to ensure adherence to Equality and Diversity Legislation and have Equality and Diversity policies in place, which are in line with Worcestershire policies.
- d. Performance Management Information as required in the contract, pertinent to the out of county placements will be reviewed on a quarterly basis by the Joint Commissioning Unit.

Governance Framework		
Outcome	Actions	Evidence
Placements will be screened for quality prior to further consideration	Prior to patients visiting proposed placements, Case Co-ordinator will ensure that they have screened the placement using the agreed Pre Placement Checklist	Checklists monitored and held by Complex Needs Commissioner
Patients will be reviewed at regular intervals	Case Co-ordinators and where appropriate, commissioners will attend all reviews and record the placement review on the agreed template	Placement reviews monitored and held by Complex Needs Commissioner
Patients will be effectively discharged.	Discharge planning will commence on the day of admission and will be discussed and planned at case conferences and pre-discharge meetings. People will be discharged when the Case Co-ordinator agrees that the outcomes of care plan relating to assessment and treatment are completed.	Discharge plans within Care Programme Approach documentation within case notes.
All Patients will be assigned an independent advocate	Regardless of Mental Health Act status it is a requirement of Worcestershire that all inpatients are allocated an independent advocate	Six monthly Placement Reviews records the presence of advocate monitored and held by Complex Needs Commissioner
Multi-disciplinary Team Meetings are updated on the needs of people in placements	People in placements within or out of area must continue to be discussed at Multi-disciplinary Team Meetings	Evidence of discussion at local Multi-disciplinary Team Meetings made available to Complex Needs Commissioner
Placements will be reviewed at least annually	Case Co-ordinators use the Placement Review Template and Care Programme Approach documentation to evidence a comprehensive review.	Placement reviews monitored and held by Complex Needs Commissioner
All placements have a current NHS contract	Contracts are monitored on an on-going basis	Contracts monitored and held by the Joint Commissioning Unit
Safeguarding alerts reported to the Complex Needs Commissioner	Case Co-ordinator and providers advise Complex Needs Commissioner of all safeguarding alerts	Contract monitoring ensures safeguarding reports match reported incidents
All safeguarding alerts dealt with in accordance with local policies.	Appropriate and timely investigations are undertaken in line with local policies.	Clinical Commissioning Group Quality and Safety Committees monitor, on quarterly basis, Winterbourne Key Performance Indicators Dashboard
Reviews attended by Case Co-ordinators and other members of local team	It is essential that local team members attend reviews at placements and report back to the Complex Needs Commissioner	Audit of Framework or IT other systems undertaken and adverse outcomes reported Clinical Commissioning Group Quality and Safety Committees

Appendix a

Exclusions from the Worcestershire Adult Mental Health Placements Budget

The budget allocation is to fund specialist mental health out of county placements but does not fund:

- People over the age of 65, either for new placements or for people reaching 65 during the lifetime of the placement. However, those patients transferred to placement on s.3 Mental Health Act 1983 would be funded from placement budget until patient discharged from s.3 of the Act. People in this group will be monitored and reported on weekly to the Specialist Placement Commissioner.
- People considered eligible for Continuing Healthcare but not detained under the Mental Health Act 1983.
- People with a learning disability
- Child and Adolescent Mental Health Services [CAMHS] Tier 4 placements. These placements are commissioned by West Midlands Specialised Services Agency (WMSSA).
- Low, Medium and Secure Forensic Placements and Perinatal and Eating Disorder Specialist Placement are commissioned by West Midlands Specialised Services Agency (WMSSA)
- Nursing Home Placements are fully funded nursing care placements.
- Gender Re-assignment is managed through the Clinical Commissioning Group Acute Commissioning
- People needing treatment for an Eating disorder
- People needing perinatal inpatient treatment
- Section 117 Mental Health Act 1983 residential nursing care
- Requests for funding for services related to substance misuse

Appendix b

Exclusions from the Worcestershire Learning Disabilities Placements Budget

The budget allocation is to fund specialist learning disability out of county placements but does not fund:

- People considered eligible for Continuing Healthcare and not detained under the Mental Health Act 1983
- People with a diagnosed mental illness as their primary diagnosis
- Child and Adolescent Mental Health Services [CAMHS] Tier 4 placements. These placements are commissioned by West Midlands Specialised Services Agency (WMSSA).
- Low, Medium and Secure Forensic Placements are commissioned by West Midlands Specialised Services Agency (WMSSA)
- Nursing Home Placements are fully funded nursing care
- Gender Re-assignment is managed through the Clinical Commissioning Group Acute Commissioning
- Requests for funding for services related to substance misuse

Appendix c

Funding Panel and Decision Appeal Process

In the first instant, appeals should be lodged with the original panel by writing to the panel chair. The case will then be reconsidered by the panel. In the event of the appeal not returning an acceptable outcome, a further appeal should be made to the relevant Clinical commissioning Group. This process applies to Mental Health, Learning disabilities and Children's funding.

Appendix d

The Worcestershire County Council and Worcestershire Health and Care NHS Trust Criminal Justice Care Pathway (CJCP) will be inserted following sign off by all relevant agencies

Appendix e

Emergency Mental Health Extra Contractual Referral (ECR) Psychiatric Intensive Care Unit (PICU) Guidelines

- a. If a bed is required for a patient, but every effort to locate a bed within the Worcestershire Health and Care NHS Trust Psychiatric Intensive Care Unit [PICU] has failed, it may be necessary to transfer a patient to a facility outside of Worcestershire. If this is the case follow the process below:
 - i. Out of county Psychiatric Intensive Care Unit beds can only be accessed via the Assessment Team
 - ii. The relevant commissioning organisation should be contacted to gain authorisation to access an Extra Contractual Referral bed and negotiate funding.
 - iii. The Service Manager on Call should be contacted to gain authorisation from their Director on call to access an extra contractual bed.
 - iv. Every effort should be made to have the transferred patient returned to Worcestershire as soon as possible.
 - v. In the event of the patient having to remain at an out of county unit for some time, as a minimum, a weekly dialogue regarding the patient will take place between the involved Medical Consultants. This dialogue should always consider the return of the patient to Worcestershire as soon as clinically appropriate or when a bed is available at the Worcestershire Health and Care NHS Trust Psychiatric Intensive Care Unit [PICU].

Psychiatric Intensive Care Units (PICU) ECR/Out of Area Treatment Locations (Care Quality Commission approved and Subject to changes)	
Hospital Address	Telephone No.
Birmingham and Solihull Mental Health NHS Trust 50 Summerhill Road, Birmingham. B1 3RB	0121 301 1194 0121 301 1199
Wooton Lawn Gloucester	07825645482 Bed Managers 01452894559
St Georges, Stafford	01785221545
Stonebow Hereford	01432364046
AWP Bristol	08459000075 01793836820 Switchboard
Aylesbury, Portland Ward (Female)	01296565377 Ward
Bushey Fields, Dudley	01384362392 Bed Manager
WEST LONDON MENTAL HEALTH NHS TRUST Trust Headquarters, Magnolia Lodge, St Bernard's Wing, Uxbridge Road, Southall, Middlesex. UB1 3EU	020 8354 8853
Cygnets Hospitals	0845 0704170 Bed Booking - 24 Hour
Priory Group, Birmingham	0121434434
St Andrews Group of Hospitals	0800 434 6690 Admission Office

Emergency Learning Disability Placement Guidelines and Options

In the event of a person requiring a bed in an emergency situation, every effort should be made to utilise local beds via the Worcestershire Health and Care NHS Trust.

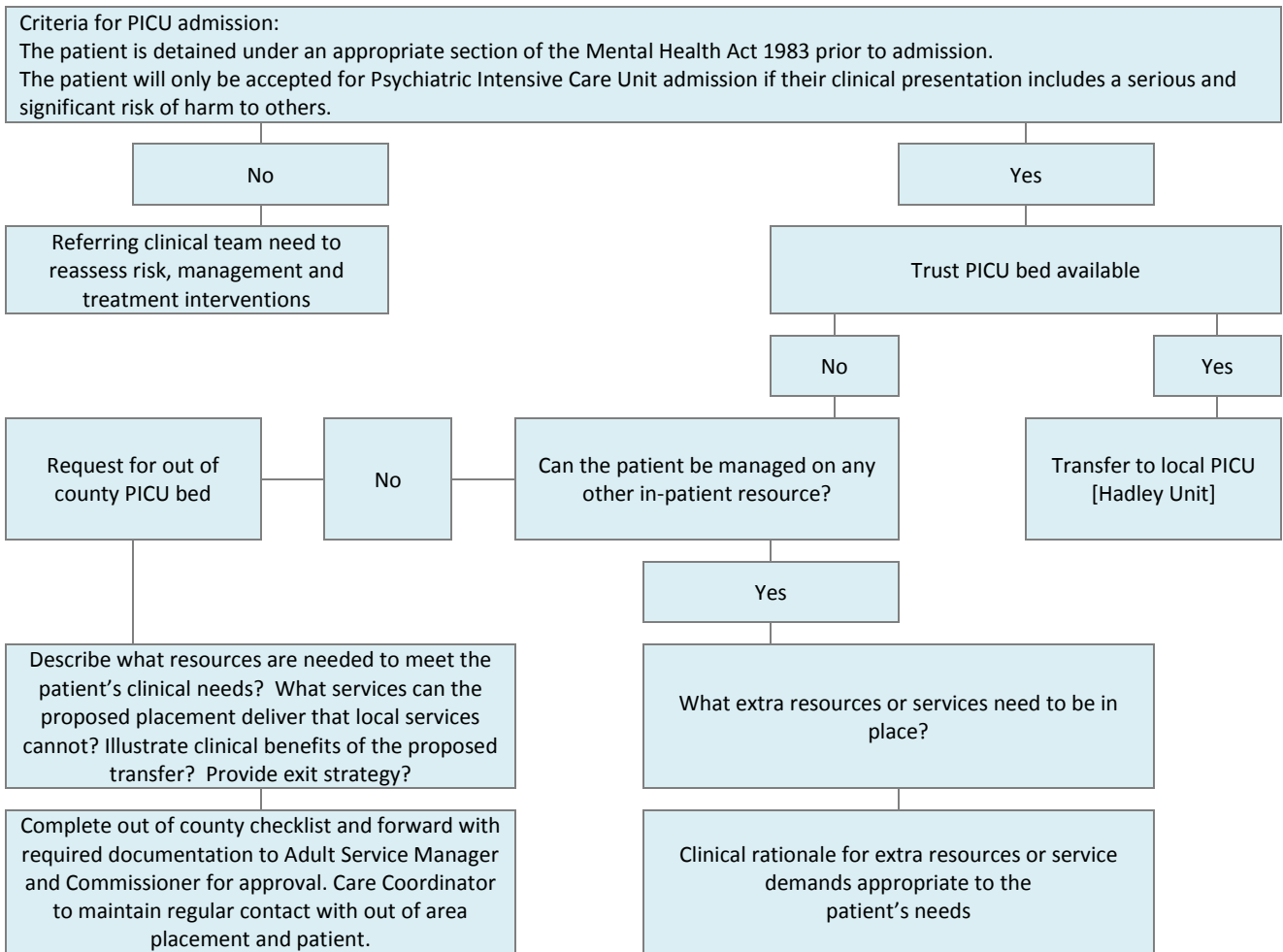
In the event of a local bed not being available, approval to use an independent sector bed should be sought via locality managers or other on call managers through the Local Authority Emergency Duty Team out of normal office hours.

It is also possible in emergency situations to increase the level of care in an existing care situation by adding service from the independent care sector to enable a situation to be appropriately managed.

It is important to ensure that the placement found mirrors the level of need or behaviour displayed. The table below gives contact numbers for potential emergency beds, with hospital beds shown last, however, Brokerage and Contracting should be contacted in the first instant as they are aware of vacant beds locally, available for use. This information is also held by the Emergency Duty Team.

In addition to beds above Learning Disability specific beds are listed below (subject to change)	
Hospital Name	Telephone No.
Midway	01217069902
Craegmoor, Hamilton House, Bromyard Road	01886832456
Church View Respite	01527488307
Cambian Group (Hospital) Ricky Hammond	07833680538
Brooklands (Hospital)	01213294900
Pinetree Court Cardiff (admissions and referrals)	02920394410

Flowchart for Psychiatric Intensive Care (PICU) Referrals



Pre-Placement Checklist (Adults & Children/Young People)

Date of visit:	
Name of Provider:	
Name of Placement:	
Placement Address:	
Name of Reviewer:	

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This document is to be completed during or after your first visit and prior to the funding panel (AMH Panel, LD Complex Placements Panel or MARG) and the patient/service user visiting the placement.

The checklist is divided into two areas. The first is Policies and Procedures:

- Safeguarding (including Child Protection if applicable)
- Staffing policies, training, rotas and use of agency staff
- Understanding of the legislative framework
- Care planning
- Discharge planning

- Record keeping

If it is an adult placement - this can be sent to the Provider prior to your visit for them to collate the documents required. This can be done in paper form or as attachments to the document and should be done by the Complex Needs Commissioner/Complex Needs Reviewing Officer.

If a child/young person's placement - this can be completed in consultation with Agency Placements.

The second part you are required to look at is Patient Experience. Using the questions as prompts during your visit; ensure you talk to existing patient/service users to ascertain their level of satisfaction:

- Are they happy?
- Are they achieving their goals?
- Have they ever made complaints and if so what happened to them?
- Do they have visitors?
- How do they get on with staff?

All areas of the Checklist are RAG (Red, Amber, Green) rated. If your assessment of the placement highlights any RED or AMBER ratings, proceed with the checklist. The RED or AMBER issues must be discussed with your line manager (and Agency Placements if a child/young person's placement) and the Complex Needs Commissioner/Complex Needs Reviewing Officer. It may be that the placement would need to put remedial measures in place or that the placement must be dismissed as an option.

Red – no evidence seen or provided, standard not met

Amber – evidence that standard was not met, the provider has identified this, and has a robust action plan in place, agreement made to review within a time-limited period (i.e., 3 months to allow the changes to take place and become engrained)

Green – Evidence that the standard has been met

This document should be completed for every placement.

The instructions below clearly show the process and steps to be taken:

1. Identify one or more potential placements
2. Ask the Complex Needs Commissioner/Complex Needs Reviewing Officer to instigate Part 1 of the checklist if an adult placement, or in consultation with Agency Placements if a child/young person's placement
3. Carry out Part 2 of the checklist
4. If the placement shows a RED OR AMBER RATING
 - Continue with the checklist
 - Discuss with your Line Manager and the Complex Needs Commissioner (or Agency Placements if a child/young person's placement), who will decide on what remedial action, if any, is to be requested of the placement.
 - If no remedial action or remedial actions fail then seek another placement
 - IDENTIFY ANOTHER PLACEMENT AND BEGIN THE PROCESS AGAIN
5. If the placement show NO RED RATINGS
 - Take Patient to view and ascertain their views
 - If they wish to proceed, bring the checklist with all other required documentation to appropriate funding panel (AMH Panel, Complex Placements Panel or MARG if Health funding is required)
 - Make no agreement to the provider until the whole process is agreed and completed

Part 1 - POLICIES AND PROCEDURES – Regulatory

Adult Placement - To be completed by provider

Ch/YP Placement - To be completed by Social Worker in consultation with Agency Placements

General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating
Last two OFSTED inspection dates & types	1. Date Type: Full/Interim 2. Date Type: Full/Interim		1. Inadequate/Adequate/Satisfactory/Good 2. Inadequate/Adequate/Satisfactory/Good	
If a residential education placement when was the last OFSTED of the school? What was the outcome?	Date:		Inadequate/Adequate/Satisfactory/Good/	
Have ChS placed with this provider at this address before?	If yes, contact placing social worker for feedback. If no, ask Agency Placements to contact other LAs for feedback			
Impact Risk Assessment	Ask the provider to forward a copy and cross reference with Social Workers who have other child/young people placed			
Outcome of discussions with other LA Social Workers who a child/ young person placed at the home	Any concerns/issues raised?			
Education only placements	Contact the Education Team: Can they facilitate a joint visit? What are their experiences of the school? Feedback from annual reviews?			
Last CQC compliance inspection date	Date: To be provided by provider/verified by CQC		1. Compliant 2. Compliance concerns <ul style="list-style-type: none"> • Minor • Moderate • Major 	

Details of any compliance actions including improvement notices	As above, available on the CQC/ OFSTED website and to be provided by provider			
Details of any enforcement actions	As above			
Current MHA inspection reports	Applicable if the placement takes people detained under the Mental Health Act			
Other inspection reports	e.g. Internal Inspections			
Premises related inspections carried out in the last twelve months	Have there been any health and safety inspections/Reg 33 and the outcomes of any actions. If it is an NHS unit please provide PEAT inspections			
Policy for use of agency/ bank staff to cover	Please provide your policy relating to use and how you recruit them			
Are there HR policies/ procedures in place?	Please provide <ul style="list-style-type: none"> • Disciplinary processes • Capability • Recruitment • Safer recruitment • Whistle blowing • Training and supervision • Equality and Diversity 			

Part 2 - To be completed by purchaser/Social Worker

PREMISES

General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating
Is the placement CQC/OFSTED registered?	Check CQC/OFSTED website to ensure the placement is registered. Also check it is registered to take the needs of your patient/service user, e.g. Autistic Spectrum Condition			
Location	Is the placement address within Worcestershire?			
Appropriate facilities	<p>Does the establishment have all of the physical attributes required to meet your patient/service user's needs:</p> <p>Prompts</p> <ul style="list-style-type: none"> • All single bedrooms • En suite bathrooms • Assisted bathrooms • Manual handling arrangements and equipment to support (e.g. hoists) 			
Surroundings/Buildings/ Grounds	<p>Does the surrounding area have all the necessary amenities?</p> <p>Do the property (external as well as internal) and the grounds look cared for/well kept?</p> <p>Are décor, furnishing and fittings to a good standard?</p> <p>Are maintenance issues addressed within a timely manner?</p> <p>Is the home clean and tidy?</p>			
Arrangements in place to meet DoH single-sex accommodation requirements	Ask about this to find out how this requirement has been met. Observe when visiting the premises			
Are there any potential	Carry out a visual check			

ligature risks?				
Are patients/service users able to bring possessions in to make their room more personal?	Ask existing patients/service users and staff, observe the environment – is it very clinical?			
STAFFING				
General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating
Adherence to policies	Having previously received copies of policies, ask how they are enforced for <ul style="list-style-type: none"> • Disciplinary processes • Capability • Recruitment • Safer recruitment • Whistle blowing • Training and supervision • Equality and Diversity 			
Recruitment and management process	Ask staff and manager if they all have <ul style="list-style-type: none"> • Job description/person spec • DBS/CRB check • Two references taken up • Relevant, verified qualifications • Relevant professional registration • Appraisal/supervision and how often 			
Induction arrangements	Ask what is in place for both substantive and temporary staff			
Training needs analysis	Have the areas where training is required been identified and is there a plan in place to ensure that all staff receive the identified training?			
Staff Training	Ask Manager/staff if they have received training in:- <ul style="list-style-type: none"> • Child absconsion (if applicable) 			

	<ul style="list-style-type: none"> • Sexual exploitation • Food Hygiene • First Aid • Safe Handling of Medication • Attachment • Behavior Management • De-escalation • Control and restraint • Conflict resolution • Safeguarding • Management of self harm/suicide attempts • Mental Capacity Act • Mental Health Act • DoLs • Equality and Diversity • Dignity and respect • Relevant therapeutic interventions based on patient/service user needs 			
Competence of staff	In the areas listed above, ask staff questions on their skills, in particular ask “how would you” questions			
Sickness levels over the past twelve months	Look for high and/or repeated levels of sickness. Check levels of long/short term sickness. CQC/OFSTED may have published this information as part of their compliance inspection, if not, ask manager for the information			
Level of bank/agency staff cover over last 12 months	Ask for level of cover and talk to staff			
Number of staff subject to disciplinary processes in the last twelve months	Ask Manager for :- <ul style="list-style-type: none"> • Numbers of staff • Types of issues • Question outcomes 			

Turnover of staff over the last twelve months	Ask for the level of staff turnover to ensure that the placement will provide continuity of care			
Current staffing levels	How many staff per shift per head of occupancy? This may be available on the CQC/OFSTED website as part of compliance inspection. Check with Manager - look at current rota for the week of your visit – check ratio of staff who have completed NVQ3			
SAFETY				
General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating
Safeguarding policy/procedures	Ask Manager/ staff for existence and understanding of policies, to include <ul style="list-style-type: none"> Local Authority safeguarding policy and evidence of use if applicable Evidence of their involvement/contact with local Safeguarding teams 			
Safeguarding record over the last twelve months	How many Safeguarding incidents have you had within the last twelve months?			
Policies	Do they have policies on the use of : <ul style="list-style-type: none"> Control and Restraint Infection Prevention and Control; Health and Safety Governance, to include the management of alerts Ask how many times they have used control and restraint over the past twelve months? 			
Incident management process to include reporting Serious Untoward Incidents	Ensure they have: <ul style="list-style-type: none"> Incident policy Learning for incidents and 			

	<p>dissemination</p> <ul style="list-style-type: none"> • Openness policy 			
Incident Reports	<p>Ask for information and numbers over the last six months on:</p> <ul style="list-style-type: none"> • Medication errors • Falls • AWOLs • Deaths • Self harm/suicide attempts • Use of seclusion • Assaults • Use of control/restraint • Safeguarding alerts 			
Risk assessment and management	<p>Does the home draw these up in consultation and agreement with all relevant parties? Is there a multi-agency approach?</p>			
Learning from incidents, missing from home, physical interventions etc	<p>Ask the Manager how learning from incidents is acted upon and disseminated Ask staff</p> <ul style="list-style-type: none"> • What has changed as a result of learning from incidents? • Are debriefing sessions held with the Team? • Do they discuss such issues in Team Meetings on a regular basis? • Is this discussed in individual supervision? 			
Missing from home	<p>As the manager and staff:</p> <ul style="list-style-type: none"> • What is the home's policy? • Does the manager undertake a return interview and debriefing session with the child/young person? If not, who and within what timescales? • What do they explore with the child/ 			

	young person? <ul style="list-style-type: none"> • What action is taken as a result? • What sanction (if any) is imposed? • Can they give example? • Who do they share this information with? 			
Use of computer and mobile phones	Ask staff and children/young people: <ul style="list-style-type: none"> • How do staff ensure safety when accessing internet etc? • Is there a parental control device fitted on the home's computer? • Is usage of the home's computer supervised and monitored? If so, how? • What is the home's policy on children/young people's usage of mobile telephones? 			
Learning from complaints	Ask Manager for: <ul style="list-style-type: none"> • Number of complaints in the last twelve months • The nature of complaints • From whom (e.g. patient/service user, carer, parent, staff, etc) • Does this reflect what is in the Reg 33 reports? • What changes have happened as a result of learning from the complaints 			
Rapid Tranquilisation	Ask if there is a policy on rapid tranquilisation <ul style="list-style-type: none"> • How often is it used • When was the policy last reviewed 			
ORGANISATIONAL				
General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating

Does this placement use Recovery Star or other appropriate recovery tools?	Ask staff and patient/service users whether anything like this is in place. If not, what else would they use?			
Medical/professional support arrangements	Ask about: <ul style="list-style-type: none"> • Access to GP services • Access to MH specific professionals • Psychiatrist/psychologist/Social Worker/OT/Nurse/other • Frequency of sessions 			
Expected relationship with local Care Co-ordinators	Ask Manager and staff <ul style="list-style-type: none"> • What kind of contact they would expect to have with the local Care Co-ordinator – frequency and type • What information they would view as critical to share between reviews 			
Processes in place for managing patient/service users detained under the Mental Health Act	Ask manager for: <ul style="list-style-type: none"> • Process for monitoring and managing MHA administration • Number of AWOLs over the past twelve months • Number of current detained patient/service users • Incidents arising from use of s17 leave 			
RECORDS				
General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating
Care planning and CPA documentation	Assure that care planning system is of a high standard and meets our requirements <ul style="list-style-type: none"> • Risk assessment • Assessment • Reviewing • Consent to information sharing • Care plan documentation 			

Care plans evidence appropriate professional involvement	Ensure that there is involvement of appropriate clinical professionals and involvement of care managers			
Risk assessment and Management	Talk to Manager to ensure that a risk assessment and management process is in place which is designed for people with mental illness and is evidence based.			
Information Governance arrangements	Ask Manager and staff about: <ul style="list-style-type: none"> • Their understanding of confidentiality • Information sharing protocols • Patient/service user agreements to share information 			
Deprivation of Liberty authorisation	Ask Manager for the number for the last three years			
Mental Capacity Act assessments?	Ask Manager for the number for the last three years			
PATIENT/SERVICE USER EXPERIENCE				
General Area	Specific detail to look at	Findings based on Observation (OB) or Discussion (DIS) or Paperwork (PW)	CQC/OFSTED Outcome	RAG Rating
Celebrating achievements and sanctions	Ask children and young people: <ul style="list-style-type: none"> • If they have done something really well or good, how do staff respond? • What happens if their behaviour has been challenging? • Can they give examples? 			
Disability Discrimination Act compliance evidence	Ask to see available reports and visual inspection of access and availability of resources			
Patient/service users are involved in the development of planning and services	Ask to what extent patient/service users are involved in developing policies and services and how are they involved in making quality improvements			
Patients are listened to and	Are patient/service users involved in staff			

actions taken	<p>recruitment? Is there a patient/service user place on a Management Committee? How is the patient/service user's voice heard? Is there access to advocacy? Are patient/service users involved in the staff appraisal process?</p>			
Care Planning and reviewing arrangements are robust	<p>Ask for their policy on reviewing patient/service users and talk to existing patient/service users using the following prompts:</p> <ul style="list-style-type: none"> • Is the person always fully involved in their review? • Was their current care plan developed with their full involvement and the involvement of their families/carers? • Does the person hold a copy of their own care plan? • What is the frequency of reviews? • What is the format for reviews - are they patient/service user friendly? • What are the expectations on who should attend? • To what extent can the person influence this? • Are they able to access their records? 			
Are nutrition arrangements healthy and centered around choice?	<p>Ask patient/service users, manager and staff about:</p> <ul style="list-style-type: none"> • Management of special diets, allergies, etc. • Availability of food and liquid over the 24 hour period • Do they meet cultural needs? 			
Discharge Planning – is this	Ask Manager and key worker how			

robust and does it start at an early stage?	<p>discharge planning happens: Does planning for discharge begin at the point of admission? Is a discharge date set at the point of admission? What is the average length of stay? Do they have any issues in moving people on?</p>			
Visitors are encouraged and the philosophy is one of openness	<p>Ask existing patient/service users about arrangements for friends and family to visit:</p> <ul style="list-style-type: none"> • Are visitors allowed? • Visiting times or any time? • Are visitors confined to certain areas of the building? • How open is the building to visitors? • How often do people get visitors? 			
Information for patient/service users/carers/family on service is robust	<p>Ask if people have been informed about</p> <ul style="list-style-type: none"> • The place • Their diagnosis • Their treatment and care • Have their family and/or carers been given similar information? 			

Decision of Reviewer:

How many RED ratings have you given this placement?	
How many AMBER ratings have you given this placement?	
How many GREEN ratings have you given this placement?	
Are you happy with the placement?	Yes/No*
Have you shared your findings with your line manager?	Yes/No*
Will you be taking the Patient/Service User to visit?	Yes/No*
Have you kept Placement Referrals Team up to date? (if applicable)	Yes/No*

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Name of Reviewer:	
Signed:	

PLACEMENT REVIEW

(Adults & Children/Young People)

Name of Patient/Service User:	
Date of Birth:	
Name of Care Co-Ordinator/Social Worker:	
Placement :	
Date of Review:	
Name of Reviewer:	

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This document is to be completed on a quarterly basis or more frequently as required. On a regular basis, these will be reviewed at Funding Panel (AMH Panel, LD Complex Placements Panel or MARG). The Review is divided into two areas.

The first is Patient Experience. Using the questions as prompts at your visit ensure you talk to your patient/service users to ascertain their level of satisfaction.

- Are they happy?
- Are they achieving their goals?
- Have they ever made complaints, and if so, what happened to them?
- Do they have visitors?
- How do they get on with staff?

The second area to look at is those relating to policies and procedures. Within this you are required to look at

- Care planning
- Staff values, attitudes and issues
- Procedural issues

All areas of the Checklist are RAG (Red, Amber, Green) rated. If your assessment of the placement highlights any RED or AMBER ratings, proceed with the checklist. The RED or AMBER issues must be discussed with your line manager (and Agency Placements if a child/young person's placement) and the Complex Needs Commissioner/Complex Needs Reviewing Officer. It may be that the placement would need to put remedial measures in place or that the placement must be dismissed as an option.

Red – no evidence seen or provided, standard not met

Amber – evidence that standard was not met, the provider has identified this, and has a robust action plan in place, agreement made to review within a time-limited period (i.e., 3 months to allow the changes to take place and become engrained)

Green – Evidence that the standard has been met

If your review of the placement highlights a RED or AMBER rating, then there are grounds for insisting that changes are made to the placement. This may mean the placement taking remedial action or, in some cases, a change of placement may be indicated. This must be discussed with your line manager and the Placement Budget Manager/Commissioner, who will manage this process.

The instructions below clearly show the process and steps to be taken.

1. Carry out the review, ensuring that you spend 1:1 time with the patient/service user and take time to spend around the establishment observing and talking with other patients and staff.

2. If the review shows a RED or AMBER rating

- Discuss with your line manager and the Complex Needs Commissioner/Complex Needs Reviewing Officer, who will decide on what remedial action, if any, is to be requested of the placement.
- If remedial action is believed not to work then seek a new placement and go through the checklist process.

3. If the review shows all GREEN ratings

- Ensure that care and discharge planning is in place

Funding Panel (AMH Panel, LD Complex Placements Panel or MARG) can be used if issues arise and you require advice on care planning or new placements.

Patient Experience			
Criteria	What to look for/prompts to be discussed with patient/service user	Comments and information	Reviewer's RAG Rating after visit
How does the patient/service user feel about the placement?	<ul style="list-style-type: none"> • Is the patient/service user hesitant in responding? • Does the patient/service user express any concerns? 		
How does the patient/service user spend their day?	<ul style="list-style-type: none"> • Are they on the unit all day? • Do they have any activities in the wider community? • Do they have a range of activities on offer? • Do they receive relevant treatment? 		
Privacy	<ul style="list-style-type: none"> • Do they have a key to their room? • Do they have private time/space? 		
Has the patient/service user been offered independent advocacy?	<ul style="list-style-type: none"> • Ask if they have been offered an advocate • If they accepted it, then ask how it is working for them • If they refused, ask their reasons 		
Does the patient/service user feel listened to and valued in this service?	<ul style="list-style-type: none"> • Do they feel they are part of what goes on in the placement? • Do they feel included? 		

	<ul style="list-style-type: none"> Do they feel their comments/ ideas/feelings are listened to? Do they appear hesitant in answering? 		
Is there evidence of Recovery Star or similar person centred work in place?	Ensure you get feedback from patient and staff about achievements and plans		
Nutrition arrangements	<ul style="list-style-type: none"> Is the patient/service user receiving the right food, in the right quantity? Is there choice? Is there easy access to food? 		
Incidents within the unit	<ul style="list-style-type: none"> Have there been any incidents either involving the patient/service user or experienced as distressing? Were they managed appropriately? Did the patient/service user receive individual support? Did the patient/service user see a copy of the incident report? 		
Has the patient/service user had visitors to the placement since the last review?	<ul style="list-style-type: none"> Have family/friends visited? Were they welcomed into the placement? Were they confined to one area, i.e. visitor's lounge, etc? 		
Has the patient/service user had a health check?	Yes/No <ul style="list-style-type: none"> If yes then state date If it is overdue then task the provider to rectify 		
Care Planning			
Criteria	What to look for/prompts to be discussed with patient/service user	Comments and information	Reviewer's RAG Rating after visit
Does the patient/service user have a copy of their care plan?	Yes/No		
Was the person involved in the development of their care plan?	<ul style="list-style-type: none"> Do you feel the care plan is realistic? Does it contain the things they want it to? 		

	<ul style="list-style-type: none"> Do they fully understand what is in the care plan? 		
How is the patient/service user accessing services identified in the care plan?	<ul style="list-style-type: none"> Check daily diaries Speak to key worker Are they available locally? Are they being accessed? If not, why not? 		
Have actions from the previous care plan been carried out?	<ul style="list-style-type: none"> Have they received the therapies outlined in their care plan? Employment/training Skills learning Leisure and recreation 		
Is there a discharge plan in place?	Does this take into account their wishes, choices and outcomes from the placement?		
Staffing			
Criteria	What to look for/prompts to be discussed with patient/service user	Comments and information	Reviewer's RAG Rating after visit
Staff values and attitudes	Talk to staff to gauge their level of understanding, dignity and respect		
Continuity of staffing and changes to the immediate care team since last review	Ask the manager/staff about changes in staffing and clarify at review		
Numbers of staff subject to disciplinary processes	Check to see if there have been any since the last visit		
Staffing levels	Ask if staffing levels have changed since the last visit		
Policies and Procedures			
Criteria	What to look for/prompts to be discussed with patient/service user	Comments and information	Reviewer's RAG Rating after visit
CQC/OFSTED Registration	<ul style="list-style-type: none"> Check for any changes since the pre-placement checklist or previous review Note changes and attach any relevant 		

	documentation		
Room and communal area	<ul style="list-style-type: none"> • Check for any room changes since the beginning of the placement or previous review • Check standard of accommodation for cleanliness – smells, damage, etc. 		
Care planning and CPA documentation	<ul style="list-style-type: none"> • Check to assure the system continues to be of a high standard and meets our CPA requirements • Ask to see and ensure that the system is compatible and captures all information required to meet Worcestershire CPA standard • Audit results 		
Incident Reports	<p>To include:</p> <ul style="list-style-type: none"> • Medication errors • Falls • Self harm/suicide attempts • Use of seclusion • Use of control/restraint • Safeguarding alerts • Assaults <p>Ensure that any incident reports relating to the patient/service user have been received by the care coordinator and Commissioner</p>		

Following the review please use the table below to record actions identified, based on what the patient/service user wants to happen, with target dates and outcomes.

Action	Who is responsible	Date by which to achieve	Outcomes

Next Review:

Date:	
Time:	
Location:	

Signature Care Co-Ordinator/Social worker	Signature Patient/Service User

Worcestershire County Council Children's Services Placement Review

Child or Young Person seen at placement address?	Yes/No	Announced/Unannounced?	
Child or Young Person seen on their own?	Yes/No	Child/YP's bedroom seen?	Yes/No
Child or Young Person's bedroom well maintained & decorated, tidy, clean & personalised?			Yes/No
Home well maintained & decorated, tidy, clean & personalised? e.g. <i>carpets, light bulbs, furnishings, photos, pictures etc.</i>			Yes/No
Weekly reports received?	Yes/No	If not, requested?	Yes/No
Child or Young Person's view of placement: <i>e.g. Staff interaction, consistency etc. Range & choice of food, Pocket monies, how they respond to boundaries/routines.....</i>			
Check Child's file: (see at least 3 of these per visit)			
Daily logs – <i>up to date? Personalised? Balanced recording?</i>			Yes/No
Activity Planner – <i>reflect child's interests, hobbies etc.? Happening regularly?</i>			Yes/No
Provider's Placement Plan – <i>reflect LA plan? User friendly? Input from child?</i>			Yes/ No
Individual Risk Assessment – <i>multi agency? Contain all risk factors & how we are mitigating against these? Reviewed? Up to date?</i>			Yes/No
Behaviour Support Plans – <i>multi agency? Reviewed? Up to date?</i>			Yes/No
Restraints Log – <i>child given opportunity to discuss incident(s)? Child's views recorded? Sanctions or disciplinary measures used appropriate?</i>			Yes/No
MISPER's – <i>reasons given by child for being missing from home recorded & action taken by the home as a result? Were you informed? Have you spoken to & seen the child?</i>			Yes/No
Complaints – <i>written record? Action taken in response & outcome of investigation recorded?</i>			Yes/No
Medication Log – <i>up to date? Signatures? Management oversight re. use of PRN?</i>			Yes/No
Health Plan – <i>up to date? Appointments maintained?</i>			Yes/No
Contact - <i>facilitated as agreed</i>			Yes/No
Life Story Work – <i>evident</i>			Yes/No
Communications Tools - <i>(if appropriate)</i>			Yes/No
Other:			

IPA – <i>being adhered to/implemented? Any adjustments needed?</i>	Yes/No	
Staff Meeting Notes - <i>evidence discussion around the child/YP's needs, risks & behaviours? Review of strategies- what are working, what isn't & agreed action as a result?</i>	Yes/No	
Staff Supervision notes – <i>as above?</i>	Yes/No	
Resident Meetings held regularly?	Yes/No	
Reg 33 report(s) – <i>up to date? Action plan adhered to</i>	Yes/No	
Any staff changes - <i>including change of manager?</i>	Yes/No	
Issues/Concerns raised from last visit &/or arisen since last visit addressed and resolved?	Yes/No	
Outcome of Stat LAC Visit & agreed actions:		
If have concerns, have you reported these to your Team Manager?	Yes/No	Date:
Completed by:	Date:	

Role of Host Commissioner

Where a person is placed in a placement in Worcestershire, the placing authority retains the following responsibilities:

'The placing authority should ensure, through contracting arrangements and in service specifications, that the provider has arrangements in place for protecting vulnerable adults or adults at risk of harm and for managing concerns, which in turn link with local (host authority) multi-agency safeguarding adults policy and procedures. This includes the requirement to inform the host authority of both individuals and placing authorities affected by the safeguarding concerns.'

ADASS out of area safeguarding protocols

The role of host commissioner has three major functions:

- a. As detailed in appendix 8 ADASS out of area Safeguarding Adults protocols
- b. Being aware of the way in which a facility operates and any quality issues and acting on those as appropriate to safeguard service users.
- c. Providing information to other authorities e.g. Prior to making a placement, it is often useful to speak to the host commissioner to find out information relating to a placement and for this reason, regular announced and unannounced visits should be made to hospitals. Worcestershire has a small number of independent hospitals, covering mental health, learning disabilities and eating disorders, with whom we hold the following specific responsibilities

In order to carry out these functions

- a. The Specialist Placement Commissioning team will visit independent hospitals based within Worcestershire to carry out an initial pre placement checklist, followed by six monthly placement reviews.
- b. If any issues arise, the local Safeguarding team will be alerted and/or commissioners from other areas and the Care Quality Commission.
- c. It is important to note that this is in addition to and complimentary to any work undertaken by the Care Quality Commission as the Host Commissioner has a responsibility to be aware of and hold quality related information about providers.
- Any quality issues will be reported to The Provider risk Group. Where potential and actual safeguarding issues are discovered Worcestershire Safeguarding service will take the lead on investigations as per the ADASS out of area safeguarding protocol. The Safeguarding Adults Risk Protocol should also be implemented at this point if appropriate.

Associated Documents

- Out of Area Safeguarding Adults Arrangements [ADASS]
- Pan West Midlands Safeguarding Policy
- Supervision Policies
- Care Programme Approach Policy and Procedures
- Reviewing Policy
- National Continuing Healthcare Framework
- Serious Incident Protocols

Amendments and updates

DATE	TYPE OF UPDATE
11/10/2013	Addition of emergency bed at Pinetree Court
14/01/2014	Removal of separate Adult & Children's Pre-Placement Checklist and Review Checklists and replaced with a combined ones
22/08/2014	Replaced wording Specialist Placements with Complex Needs Commissioning

APPENDIX 3

Position relating to people in locked hospitals with a Learning Disability, Autism and/or Mental Illness at 8th May 2015

	Planned discharge date	Additional information
Patient 1	Discharge planning meeting 21 st May	Currently on s37/41MHA, subject to Ministry of Justice conditions. Discharge to residential care has been organised and we are waiting for MoJ approval.
Patient 2	Planned for Dec 2015	In right place as continuing to receive treatment
Patient 3	Planned for Dec 2015	Transferring to mental health service as inappropriately placed in a Learning Disability hospital
Patient 4	Planned for discharge before 31 st May	New admission experiencing a crisis. Planned short admission to manage medication

NOTES

- Patients 1 and 4 will be discharged over the next few weeks. Patient 1 is ready for discharge and patient 4 is coming to the end of his inpatient treatment.
- This information is reported to the Worcestershire CCGs and NHS England on a weekly basis
- All 4 people have been reviewed within the past 3 months and Care and Treatment reviews were carried out during December.
- A new round of Care and Treatment reviews will commence in July 2015. These will focus on patients 2 and 3 where the discharge date is estimated
- Placement reviews have been carried out on the relevant placements

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